

PERSONAL INFORMATION

Last Name:	First Name:	Student ID:
Cell-Phone No:	Alt Phone No:	
Preferred Email:	Mailing Address:	
What program are you applying for?		

What community are you applying for accommodation in? Fort Smith Inuvik Yellowknife

Do you currently live in the campus community that you are applying to? Yes No

What type of unit are you applying for?

Aurora (Inuvik) Campus	<input type="checkbox"/> Dorm	<input type="checkbox"/> Family Unit	
Thebacha (Fort Smith) Campus	Dorm	Family Unit	Shared
<i>If you selected "Shared" please provide the name of your preferred roommate:</i>			
Yellowknife North Slave Campus	Single Occupancy Unit	<input type="checkbox"/> Family Unit	

A description of Aurora College Housing Units, information on what to bring and what not to bring, rental rates and our Community Standards can be found on our website at:

<https://www.auroracollege.nt.ca/future-students/student-housing/>

SPECIAL ACCOMMODATIONS

List any special requirements you have for housing such as wheelchair accessibility, allergies, etc.

Submit your completed application to your campus Student Accommodations Office.

Aurora (Inuvik) Campus
Student Housing

Toll-free: 1-866-266-4966

ResidenceIN@auroracollege.ca

Thebacha (Fort Smith) Campus
Student Housing

Toll-free: 1-866-266-4966

ResidenceFS@auroracollege.ca

Yellowknife North Slave Campus
Student Housing

Toll-free: 1-866-266-4966

ResidenceYK@auroracollege.ca

INFORMATION ON DEPENDENTS

(Complete this section only if you are applying for family housing)

Spouse/common-law's Name: _____

Is your spouse/common-law attending Aurora College? Yes No

Below, please identify all the dependents who will be living with you at Aurora College.
Only the dependents listed below will be allowed to live in Aurora College student accommodations.

Dependent's Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many bedrooms do you require? _____

Student Housing is assigned after April 1

APPLICANT DECLARATION

I certify that the information provided by me is true and that no relevant information has been withheld. I understand that any or all of this information may be verified in order to process my application for accommodation. I understand that if I have withheld relevant information or provided information that is untrue I may be evicted from student accommodations. I agree that I will abide by all College rules, regulations, and policies if I am admitted into student accommodations.

I certify that neither my spouse nor I own housing in the community where I am applying to attend college

Signature: _____ Date: _____

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