

# HALIFAX STUDENT HOUSING SOCIETY APPLICATION FOR MEMBERSHIP

\$30.00 Non-Refundable application fee  
(Payable by Cheque, money order or Debit)

Peter Green Hall  
1094 Wellington Street  
Halifax, Nova Scotia  
B3H 2Z9  
Fax: (902) 494-7022  
Phone: (902) 494-6888

**PLEASE PRINT**

NAME \_\_\_\_\_  
(Surname or Family Name) (First) (Middle)

STUDENT # : \_\_\_\_\_  
S.I.N. # / D.O.B.: \_\_\_\_\_

SPOUSE \_\_\_\_\_  
(Surname or Family Name) (First) (Middle)

STUDENT # : \_\_\_\_\_  
(If Applicable)

PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (Res) \_\_\_\_\_  
(Bus) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Landlord phone #: \_\_\_\_\_

EMAIL \_\_\_\_\_

**Note: It is very important to notify Peter Green Hall as soon as possible if your contact information changes. You will be removed from the waitlist if we are unable to contact you.**

CHILDREN: NAME AND DATE OF BIRTH  
Are you expecting a baby? If so, please advise the date.

*How did you hear about Peter Green Hall? (Friend, University employee, student etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIVERSITY/FACULTY \_\_\_\_\_

THE EARLIEST DATE I CAN MOVE IN IS \_\_\_\_\_  
(Month) (Day) (Year)

FULL TIME STUDENT interested in a 1 bedroom \_\_\_\_\_ 2 bedroom \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**HALIFAX STUDENT HOUSING SOCIETY RESERVES THE RIGHT TO  
REJECT THIS APPLICATION AT ITS OWN DISCRETION.**

FOR OFFICE USE ONLY		
REFERENCE VERIFICATION	COMMENTS	APPLICATION
<input type="checkbox"/> Present Address <input type="checkbox"/> Credit Check <input type="checkbox"/> Proof of Marriage/Common Law/Custody <input type="checkbox"/> Copy of Student ID <input type="checkbox"/> Application fee \$30		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Date: _____    Initials: _____