



RÉSIDENCE DU CÉGEP DE LA GASPÉSIE ET DES ÎLES
94, rue Jacques-Cartier
Gaspé (Québec) G4X 2P6
Tél. : (418) 368-2749
Courriel: residence@cegepgim.ca Web Site : www.cegepgim.ca

RENTAL APPLICATION 2016-2017

PLEASE PRINT SEX F M

FAMILY NAME: _____ NAME: _____

DATE OF BIRTH: ___/___/___ NAME OF FATHER, MOTHER OR GUARDIAN: _____
day/month/year

ADDRESS: _____ BOX NUMBER _____

TOWN: _____ POSTAL CODE: _____ TÉL. : _____

Email: _____

I WOULD LIKE TO RENT A ROOM:

IN AN APARTMENT

ROOM 9' X 9' (3 m x 3 m) 13' x 13' (4 m x 4 m) ONE COUPLE

BOYS AND GIRLS GIRLS ONLY BOYS ONLY

NON SMOKERS: 1 TO 14 FROM 42 TO 57 SMOKERS: 15 TO 22 FROM 31 TO 41

WITH THE FOLLOWING PEOPLE:

IN A PAVILION

ROOM 7½' X 11' (2,5m x 3,5m) ROOM 11' X 15' (3,5m x 5m) DOUBLE ROOM: ONE COUPLE

NON SMOKERS: York (W) Darmouth (Y) St-Jean (X) SMOKERS: St-Jean (X) Darmouth (Y)

STUDENT STATUS: Regular studies Adult education Dep

REGULAR COURSES NAME OF COURSE _____

ADULT EDUCATION NAME OF COURSE _____

PROFESSIONAL COURSES NAME OF COURSE _____

Fall semester: August 15th to December 31st 2016

Winter semester: January 1st to May 31st 2017

Fall / Winter semester: August 15th 2016 to May 31st 2017

STUDENT'S SIGNATURE

FATHER, MOTHER OR GUARDIAN'S SIGNATURE
(students under 18)

AN APPLICATION FEE OF 15\$ COVERS ADMINISTRATIVE COSTS AND IS NON-REFUNDABLE
RETURN YOUR RENTAL APPLICATION (including the amount of 15 \$) to the above address.