



**SUMMER RESIDENCE APPLICATION FORM 2024 (TERM)**  
**Rowell Jackman Hall - 85 Charles Street West, Toronto ON, M5S 1K5**

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Term summer stay periods are from:

(1) May 02<sup>nd</sup> - (10:00 AM) June 30<sup>th</sup>, 2024, and (2) July 01<sup>st</sup>- (10:00 AM) August 11<sup>th</sup>, 2024

Extensions are NOT possible beyond (10:00 AM) August 11<sup>th</sup>, 2024.

**RATES**

Residence is offered for the periods of: (1) May 02 <sup>nd</sup> - (10:00 AM) June 30 <sup>th</sup> , 2024 and (2) July 01 <sup>st</sup> - (10:00 AM) August 19 <sup>th</sup> , 2024	Single (1 occupant)	Twin (2 occupants)
Room Cost excluding Damage Deposit	\$1,800.00	\$2,810.00
Damage Deposit * The Damage Deposit is refundable upon meeting Victoria University checkout requirements.	\$200.00	\$400.00
<b>Total Room Cost including Damage Deposit</b>	<b>\$2,000.00</b>	<b>\$3,210.00</b>

**PAYMENTS**

Non-Refundable Room Deposit due with Application	\$400.00	\$500.00
Balance due (5:00PM) March 31 <sup>st</sup> , 2024 - including Damage Deposit	\$1,600.00	\$2,710.00
<b>Total Room Payment including Damage Deposit</b>	<b>\$2,000.00</b>	<b>\$3,210.00</b>

Please fax, mail or drop off your application form with required information to:

The Residence Services Desk, Margaret Addison Hall,  
140 Charles Street West, Toronto Ontario, M5S 1K9  
Telephone Number: 416-585-4524, Fax Number: 416-813-4077  
Email: [accom.victoria@utoronto.ca](mailto:accom.victoria@utoronto.ca)

Rowell Jackman Hall is an air-conditioned apartment style building with 3-, 4-, 5- and 6-bedrooms units. All residents of a unit share liability for the upkeep and damage costs of the common areas e.g. kitchen, bathrooms, living areas. Furniture is NOT to be removed from the rooms. Inspections will be completed once during the summer and again before move-out. The University provides refrigerators, stoves and microwaves in the kitchens. Bedrooms and common spaces have basic furnishings and are comfortable. Things for you to consider bringing would include a study lamp, TV, computer, kitchen supplies, and linens. **All apartments are non-smoking.**

# Summer Residence Application 2024 (TERM)

<b>IF PAYING BY VISA OR MASTERCARD, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b> <b>Credit card number:</b> _____ <b>Card holder's name:</b> _____ <b>Expiry Date:</b> _____ <b>Payment amount:</b> _____ <b>Signature:</b> _____	<b>Office use only</b> <b>DATE</b> _____ <b>TIME</b> _____ <b>STAR ID #</b> _____ <b>BAL.</b> _____ <b>ROOM #</b> _____ <b>MAILBOX#</b> _____
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NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
(Please print clearly) Last Given

E-MAIL ADDRESS: \_\_\_\_\_

GENDER: MALE  FEMALE  OTHER  STUDENT I.D #: \_\_\_\_\_

COLLEGE/UFT AFFILIATION: \_\_\_\_\_

CURRENT ADDRESS:

Mailbox #: \_\_\_\_\_ Residence Building: \_\_\_\_\_ Room number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

ROOM TYPE: SINGLE  TWIN

ROOMMATE'S NAME (if choosing TWIN): \_\_\_\_\_

I CHOOSE TO BE THE ACCOUNT HOLDER (if sharing with a room-mate) YES  NO

APARTMENT TYPE: SAME SEX  MIXED SEX  NO PREFERENCE

PREFERRED APARTMENT-MATES: \_\_\_\_\_

EXPECTED SLEEP SCHEDULE: DAY  NIGHT

ADDITIONAL DETAILS: \_\_\_\_\_

**\*Please note: VICU cannot guarantee requests, however we will put our best efforts forward to accommodate requests.**



The **NON-REFUNDABLE** deposit of \$400.00 (or \$500 for twin) must accompany this application. Payments may be made by **certified cheque, bank draft, American Express, cash, Visa, or MasterCard.**  
**ONLY CERTIFIED CHEQUES WILL BE ACCEPTED.**

Should I be accepted, I agree to vacate my room by (*circle one of the following dates*)

(1) 10:00 AM of June 30, 2024, or (2) 10:00 AM of August 11, 2024

If accepted into a Victoria University residence for the 2024 fall term, I understand I may apply later for an arrangement to be made for an interim stay at an additional cost (applicable to 2<sup>nd</sup> Term Stays only).

*\*Failure to leave on time will result in additional charges.*

By signing this application, you give consent to our collecting and using your above personal information for the sole purpose of arranging residence accommodation and services for you at Victoria University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN WITH DEPOSIT OF \$400/\$500 MADE PAYABLE TO:**

**Victoria University**  
**Residence Services, Margaret Addison Hall**  
**Telephone: 416-585-4524; Fax: 416-813-4077; Email: accom.victoria@utoronto.ca**