

GUEST APARTMENT RENTAL FORM

Please complete all sections legibly. Incomplete applications will not be processed.

This form can be filled out on your computer prior to printing. Please fax, e-mail, or drop-off to our office upon completion.

1. PERSONAL INFORMATION

Name: _____ Male Female
Last Name First Name Middle Initial

Current Address: _____

City: _____ Prov./State: _____ Country: _____ Zip/Postal Code: _____

Telephone: () _____ Fax: () _____ Email: _____

Emergency Contact Name: _____ Telephone: () _____

Arrival Date: _____ Departure Date: _____

Check-in time is after 2:00pm

Check-out time is before 10:00am

2. RATES AND TAXES

Single or Double Occupancy Rates

DAILY \$102
WEEKLY \$515
MONTHLY \$1,240

TAX RATES

For stays of thirty (30) nights or less
 (8% PST + 5% GST) + (5% CITY ACCOM. TAX + GST)

For stays over thirty (30) nights - NO TAX

3. AMOUNT PAYABLE

Please use the appropriate calculation (A or B)

A) If staying thirty nights or less:

(No. of Weeks) _____ X \$608.99 = \$ _____

(No. of Days) _____ X \$120.62 = \$ _____

B) If staying thirty-one nights or more:

(No. of Months) _____ X \$1,240.00 = \$ _____

(No. of Weeks) _____ X \$515.00 = \$ _____

(No. of Days) _____ X \$102.00 = \$ _____

TOTAL AMOUNT DUE: \$ _____

4. PAYMENT METHOD (SELECT ONE)

We require full payment in advance for individual bookings.

VISA MASTERCARD DEBIT CASH

Payments can be made in person at the Front Desk of the Arthur V. Mauro Residence. Credit Card payment can also be accepted by phone.

* Please note parking is not included in costs. If parking is required, please contact Parking Services at 204-474-9483.

FOAP (for U of M Departments only).

5. APPLICATION SUBMISSION

Return this completed application to:

**RESIDENCE OFFICE ARTHUR V.
 MAURO RESIDENCE
 101 - 120 DAFOE RD
 WINNIPEG MB R3T 6B3
 CANADA**

Phone: 204-480-1415 | **Fax:** 204-474-7662

Residence Toll Free: 800-859-8737

Email: admissions.residence@umanitoba.ca

OFFICE USE ONLY:

RMS # _____

FOAP form will be sent to Department to complete.

Date Rec'd. _____ Date Processed _____

Amt. Rec'd. _____

Receipt No. _____