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: ___________________________ Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________

Male □ Female □

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
7% 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 $603.84 = $_____

(No. of Days) ____ X $119.60 = $_____

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. ___________________