



Idlewood Inn Student Residence Application

Expected move in Date: ____/____/20____ (DD/MM/YY)

Gender - I am: Male Female

How many people do you want to share with? 0 - Single Room 1 - Double Room

Please select your preferred Residence Plan:

- \$500 shared room with the meal plan \$370 shared room without the meal plan
- \$900 private room with the meal plan \$770 private room without the meal plan

Part One: Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Email: _____

What program /course are you taking? _____

Which College or University & Campus will you attend? _____

What year of your program are you entering? 1st 2nd 3rd Other

Would you like to live with other students in your program? Yes No

Part Two: Preferences

Smoking Preference: Smoking Non-Smoking

Roommate Gender Preference: All Male All Female Co-Ed

You would prefer:

- A **very** quiet home all the time.
- A quiet home during the week with some fun and noise on the weekend.
- A home with moderate noise during the day and into the evening 24/7.

You would prefer to live in: A spotless unit A tidy unit A moderately tidy unit
 I don't care how tidy my unit is

How much free time do you plan on spending on your studies? 0-25% 25-50% 50-75% 75-100%

Are you an: An early riser A night owl

Part Three: Socializing

Do you play any sports? Yes No If "Yes" Please List:



Do you participate in any extra-curricular activities? Yes No
If "Yes" Please List:

Do you like socializing? Yes No

If yes, how often: 0-25% 25-50% 50-75% 75-100%

When do you prefer to socialize? Weekends only Weekdays only Both

How often would you like socializing in your own unit? 0-25% 25-50% 50-75% 75-100%

When do you prefer to socialize in your own unit? Weekends only Weekdays only Both

Do you have any friend(s) that may be visiting you during the year? Yes No

If "Yes", how often will they visit? Every day Weekends Weekly Bi-weekly Monthly
 Every six months

Do you plan on having a telephone landline or cellular phone? Landline Cell phone unsure

Do you enjoy talking on the phone? Yes No

If "Yes", how often? Less than an hour a day 2-3 hours a day Over 3 hours a day

What kind of music do you enjoy listening to?

Part Four: Other Information

Do you have allergies? Yes No If "Yes", please provide details: _____

Do you have any other health issues that would affect roommate selection? Yes No

If "Yes", please provide details (e.g. vegetarian preferred): _____

I require collection from Toronto Pearson International Airport. My flight details are:

Arrival Date:	Time of Arrival:
Flight No.:	Passengers:
Pieces of luggage:	Other Info:

Is there anything else you would like us to know about yourself?

Instructions: After completing the form, sign then fax to: **1-(416) 267-4115**
Or scan and email to **info@idlewoodinn.com**

Signature: _____ Date: ____/____/20____ (DD/MM/YY)

Name (PRINT) _____