

WAIARIKI HOUSE
Hostel/Halls of Residence
Long Term Accommodation Application

Phone: +64 7 350 2550
Website: www.studentaccom.co.nz
Email: info@studentaccom.co.nz

Date of Application _____

1. Name _____
2. Preferred Name _____ Nationality _____
3. Contact Address _____
4. Email Address _____
5. Phone _____ Passport/Driver License Number _____
6. Age (Circle) 18 - 25 25 - 35 Over 35
7. Learning Institution/Place of Employment _____
8. Course of Study _____
9. Expected Length of Stay _____
10. Medical Conditions of which Waiariki House should be aware of _____

11. Criminal Convictions: I have / have not had a criminal conviction in the last seven years (circle)
12. I will take accommodation as per Schedule of Accommodation Charges Rate No _____ at \$ _____ per week and undertake to abide by the terms of that schedule
13. Two weeks before the conclusion of my expected length of stay, I will confirm my departure date or make arrangements to extend my stay
14. Whether my period of stay is determined at commencement or not, I agree to give two weeks notice of my intention to leave Waiariki House. I undertake to pay the applicable rate for my actual period of stay, if less than 30 days.
15. I agree to pay a bond of \$150 NZD at commencement, which is refundable upon check out (subject to no damages being caused by me to the property of abuse of house rules)
16. Any damages that I cause while staying at Waiariki House (in excess of Bond) will be paid on request
17. I agree to abide by the rules and regulations of Waiariki House, as provided to me
18. My Agents name is _____ and his/her contact details are:
Email _____ Phone _____
(this information is a necessary part of our responsibility in even of emergency involving you)

Signature _____ Date _____

OFFICE USE ONLY

Directors Approval Required/Not Required

Date of Application _____

Received House Rules:

Accommodation Available/Not Available

Signature _____

Directors signature _____

Date _____