

# SOVA Student Rental Application 2024-25

Please Note:

- Units are non-smoking
- Pets are not allowed
- Units are partially furnished (beds, living room furniture and kitchenware)
- Units are two-bedrooms, \$725 per bedroom per month + utilities
- Rental & utility fees:
  - October 1<sup>st</sup> to December 31<sup>st</sup>
    - Term 1: \$2175 + \$225 utilities (due Sep 15<sup>th</sup>)
  - o January 1<sup>st</sup> to April 15<sup>th</sup>
    - Term 2: \$2537.50 + \$262.50 utilities (due Dec 15<sup>th</sup>)
- Internet is not included
- A \$500 damage deposit is required per tenant and to secure rental (due Aug 15<sup>th</sup>)
  \*This deposit is required by August 15<sup>th</sup>, 2024 to secure your tenancy, it will be NON-REFUNDABLE should you cancel your lease prior to your tenancy.

#### **APPLICANT INFORMATION**

First Name		Last Name	
Phone Number	Email	Mailing Address	

#### **GENERAL INFORMATION**

I am currently a registered SOVA Student		registered SOVA Student	Please select each term you will require housing (preference given to those seeking housing for both terms)
	YES	NO	Oct 1 to Dec 31: \$2175 + \$225 utilities
If no, you must be registered to be eligible for KVA housing		tered to be eligible for KVA housing	Jan 1 to Apr 15: \$2537.50 + \$262.50 utilities

#### **EMERGENCY CONTACT**

Name	Relationship to You	Telephone

#### **PREVIOUS TENANCY REFERENCES - If you have rented before**

Please list two former property owners, beginning with the most recent. WE WILL BE CONTACTING THESE REFERENCES – please ensure they are aware

Owner/Manager	Address	From Month/Year	To Month/Year	Telephone



### CHARACTER REFERENCES- If you have never rented before

Please list two persons (other than relatives – teacher/employer, etc) who are personally knowledgeable of your suitability and reliability as a prospective tenant.

Name	Address	Telephone

### CONDITIONS

- I understand that smoking is not permitted in the apartments, and only in the designated areas outside.
- I understand that pets are not permitted in the apartments.
- I understand that obtaining tenant's insurance is a requirement of residency in the apartments.
- I understand that my damage deposit will be required prior to occupancy to secure tenancy.
- I understand that this is an application for one-bedroom in a two-bedroom apartment and that my roommate will be selected by SOVA Administration.
- ☐ I understand that this tenancy agreement is a fixed-term tenancy agreement and cannot be refunded should it be cancelled prior to the agreed upon completion date.
- I hereby consent to signing a lease and abiding by the rental policy, should my application for housing be approved.
- I hereby declare that the foregoing information is true and complete and understand that any false information may result in the refusal of my application.

SOVA STUDENT APPLICANT	FOR APPLICANTS 19 and under:	
Signature:	Parent/ Guardian Signature:	
Printed Name:	Printed Name:	
Date:	Date:	

All applications will be considered by Administrative Staff at the Klondike Visitors Association. Applicants may be contacted for an interview or for further information.

Please return completed form to the KVA office: info@yukonsova.ca



# Appendix A Declaration of Income

This statement is required by the Klondike Visitors Association in order that we may ensure compliance with the tenant income cap specified by the terms of the affordable housing funding we accessed to construct our apartment complexes.

The gross annual income for all eligible persons in one unit (2 people) must be below \$ 80,600 per year.

I, \_\_\_\_\_(tenant) declare that:

My gross annual income is under \$ 40,300 per year.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE, AND INCLUDES INCOME FROM ALL SOURCES.

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

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