

Double Occupancy - REQUEST FORM
12 equal monthly payments

1) Name of Applicant #1: _____

I am applying for the bedroom by myself and agree to pay the higher single occupancy rent of \$550.00 per month until such time as a new tenant willing to share the bedroom with me can be found.

2) Name of Applicant #2: _____

I/ We the undersigned hereby request to be placed together in a double occupancy bedroom at Georgian Green Student Residence from:

_____ 20____ to _____ 20____

I/ We understand and agree that the Property Management office, in its absolute discretion, reserves the right to place one or both of us into a separate single occupancy bedroom at the higher rental rate if it determines it is necessary to do so for any of the following reasons:

- 1) Either or both of us fail to take occupancy of the double occupancy shared bedroom for any reason.
- 2) Either or both of us vacate the double occupancy shared bedroom for any reason.
- 3) Either or both of us asks to be transferred to a different bedroom for any reason and no other person wanting a double occupancy shared bedroom is available.

I/ We understand and acknowledge that the 12 equal payment rate for a double occupancy bedroom is **\$400.00** each per month. The 12 equal payment rate for a single occupancy bedroom is \$550.00 each per month. Further, I/We each consent to paying the higher rental amount of \$550.00 should accommodations in a double occupancy room no longer be available to us for any reason.

Dated at _____ this _____ day of _____ 20____.
City Day Month

Applicant 1 - PRINT NAME

Applicant 1 - SIGNATURE

Applicant 2 - PRINT NAME

Applicant 2 - SIGNATURE