

# APPLICATION FORM ( STUDENT ACCOMMODATION)

Passport

## PERSONAL INFORMATION

Form No:

**Names:** \_\_\_\_\_  
Surname(Capital) Firstname Middlename

**School:** \_\_\_\_\_ **Matric #:** \_\_\_\_\_  
e.g Federal University of Oye-Ekiti

**Course of Study:** \_\_\_\_\_ **Programme:** ☐ Full-Time ☐ Part-Time **Level:** \_\_\_\_\_  
(300, 600, etc)

**Sex:** ☐ Female ☐ Male **Date of Birth:** \_\_\_\_\_  
Day Month Year **Religion:** ☐ Christianity ☐ Islam ☐ Others

**Phone#** \_\_\_\_\_ **Mobile#** \_\_\_\_\_

**IDCard Type** ☐ Drivers Lic ☐ Intl. Pport ☐ NIN ☐ Electoral **IDCard #** \_\_\_\_\_  
Not expired & verifiable

**Email Address:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**State of Origin:** \_\_\_\_\_ **LGA:** \_\_\_\_\_ **Home Town:** \_\_\_\_\_

## PARENT'S/GUARDIAN'S INFORMATION

**Names:** \_\_\_\_\_  
Title Surname(Capital) Firstname Middlename

**Relationship:** ☐ Father ☐ Mother ☐ Guardian **Occupation:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Mobile #:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

## MEDICAL HISTORY

Please give or attach details of physical defects or disabilities, illnesses or other such matter about which the we ought to know

**Name & Address of your Medical Practitioner(if any):** \_\_\_\_\_

\_\_\_\_\_ **Mobile #:** \_\_\_\_\_

## GENERAL CONDITIONS (FOR ACCOMMODATION/BOOKINGS)

1. Rooms are allocated on a first-come-first-served-basis.
2. Accommodation fee is indicated as the time of this application
3. Booking confirmations to be made filling in this form and submitting online/offline
4. All applicants are required to sign the student Affairs attestation to validate their studentship or employer attestation for working professionals
5. Proof of payments to be provided
6. All applicants are required to sign a tenancy agreement for a minimum period of one (1) year-12 calendar months one week before occupancy.
7. A deposit of N25,000 (Twenty-five thousand naira ) will be collected per room for damages which will be refunded on exit off our facilities once there no defacement.
8. Any falsification of entries shall lead to cancellation of application and of forfeiture of 15% of total payment.

### Declaration

1. I understand and accept the general conditions for booking of hostel accommodation.
2. I declare that the particulars in this application form are true to the best of my knowledge. Any misrepresentation or omission of information will render me ineligible for student accommodation.
3. I undertake to abide by the Hostel Accommodation Code of Conduct.

I .....

certify that all the information provided in this form is true.

Signature: .....

Date: .....

Accommodation Approved by:

ATTACH STUDENT  
SCHOOL ID CARD

## ATTESTATION ENTRIES ( STUDENT ACCOMODATION)

### ATTESTANT INFORMATION

(At least Senior Lecturer, Level 12 Officers in the Civil service can recommend)

Names: \_\_\_\_\_  
Title Surname(Capital) Othernames

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#             Mobile#

Remark: (Please give us honest report of the applicant character that make his/her suitable)

Signature & Date

### ATTESTANT INFORMATION

(At least Senior Lecturer, Level 12 Officers in the Civil service can recommend)

Names: \_\_\_\_\_  
Title Surname(Capital) Othernames

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#             Mobile#

Remark: (Please give us honest report of the applicant character that make his/her suitable)

Signature & Date