

SEND APPLICATION TO:

UCM @ UBC - GERARD HOUSE
 2026 Wesbrook Mall, Vancouver, BC V6T 1W3
 Office: 604.222.0160 | ucmbc@ucmonline.ca

SESSION APPLYING FOR:

- SPRING/SUMMER: May 1 – August 31
 FALL/WINTER: September 1 – April 30

PERSONAL INFORMATION:

First name: _____ Last name: _____

Home address: _____

City: _____ Prov: _____ Postal code: _____

Email: _____ Phone: (_____) _____

Birth date: ____/____/____ Citizenship: _____ Male Female

School (UBC/ Affiliate College): _____ Year at UBC: _____

Undergrad/ Graduate: _____ Year of study: _____

Faculty: _____ Student Number: _____

ACCOMMODATION REQUEST:

- Room type requested: Single Occupancy (\$475/month)
 Double Occupancy (\$375/month)

ROOM PREFERENCE:

Upper level – east (single) centre (single) west (double)

Lower level – east (single) west (single) no preference

Do you have a proposed roommate for the double room? _____

Name: _____ Email: _____

Note: Each roommate must submit a separate application form

SLEEPING AND LIVING HABITS:

- I am an Early Bird in the morning I am a Night Owl at night
 I am quiet in my room I am loud in my room
 I prefer it to be quiet around my room I prefer it to be busy around my room

PARKING:

Do you wish to rent a parking space for a vehicle at \$60 per month? Yes No

Vehicle make/model: _____ Color: _____

Plate number: _____ Province: _____

IN CASE OF EMERGENCY CONTACT:

Last name: _____ First name: _____

Home address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Phone: (_____) _____

CHARACTER REFERENCES:

Please provide two character references. One reference should be from your Core Leader or Co-Leader and another from a past room mate, if possible).

Last name: _____ First name: _____

Home address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Phone: (_____) _____

Relationship: _____ Duration: _____

Last name: _____ First name: _____

Home address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Phone: (_____) _____

Relationship: _____ Duration: _____

PASTORAL REFERENCE:

Please provide a reference from your pastor/minister/priest. (Note: UCM Staff require that you ask them personally before you use them as a reference.)

Name of church congregation: _____

Pastor's name: _____ Duration: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Phone: (_____) _____

APPLICATION QUESTIONS:

Please download the APPLICATION QUESTIONS document from the website and answer each question fully. Please send in that document with this APPLICATION FORM.

RULES & COVENANT AGREEMENT:

Please download and read the RULES & COVENANT AGREEMENT document from the website.

PLEASE ATTACH:

- Letter of reference (or an email) from one of your character or pastoral references.

PLEASE READ AND SIGN:

I understand that my selection as one of the residents of the Gerard House will be based on my promise to energetically and consistently contribute to the ministry of UCM-UBC, primarily through participation in the community life of the house and yard & building work functions, but also through participation and/or leadership in the Thursday Night gathering, prayer, discipleship, fellowship, or outreach events. The UCM Staff and Point Grey Community Church (the owners of the community house) will support me as a resident and as a member of the UCM-UBC community.

- I have read and agree with the RULES & COVENANT AGREEMENT (separate document).

In submitting and signing this application I declare that the information reported on this form is true, correct and complete, and I authorize verification of information from references or other sources. I acknowledge that this application will become part of the residence agreement when approved and that I have received a copy of the agreement.

Applicant signature: _____ Date: _____