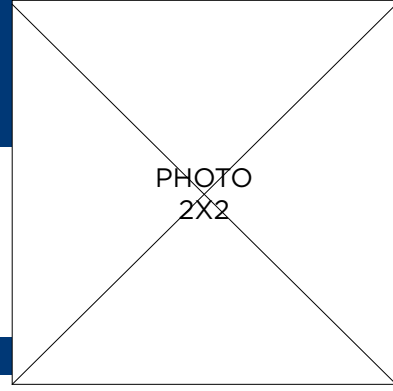




APPLICATION FORM

22 Fabian dela Rosa St, Brgy. Loyola Heights
 Quezon City, Philippines
 Tel: 433-06567 • 426-8335
 Email: finest@myplace.ph

No. _____



PERSONAL DATA (Please print legibly)

Name: _____ Nickname: _____
 Current Address: _____
 Permanent Address: _____ Home Phone: _____
 Date of Birth: _____ Citizenship: _____ Mobile Phone: _____
 Email: _____ Religion: _____ Civil Status: _____
 Classification for application year: _____
 School: _____
 What is your major? _____
 High School attended: _____ Year graduated: _____
 Prizes, honors, scholarships recieved in high school: _____
 Activities in the community, school or church: _____
 Hobbies: _____
 Do you know how to drive? () Yes () No Do you have your own car? () Yes () No
 Do you require special medical treatment or consideration? () Yes () No
 If so, describe: _____

Family Background

Father's Name: _____ Mother's Name: _____
 Age: _____ Religion: _____ Age: _____ Religion: _____
 Current Address: _____ Current Address: _____
 Office Address: _____ Office Address: _____
 Home Tel: _____ Office Tel: _____ Home Tel: _____ Office Tel: _____
 Mobile Phone: _____ Mobile Phone: _____
 Email Address: _____ Email Address: _____
 College Attended: _____ College Attended: _____
 Parent's Status: () Married () Separated () Divorce () Deceased
 Siblings: _____

Name	Occupation	Company/School	Affiliation

If parents are not available in case of emergency, please contact:
 Name: _____ Address: _____
 Contact No.: _____ Relationship to tenant: _____
 Full name of person responsible for payment: _____
 Address: _____
 Contact No.: _____ Relationship to tenant: _____

Accommodation Preferences

Term applying for: _____ months _____ weeks _____ days _____
 Room Preference: () Single () 2-in-a-room () 4-in-a-room () Pod () Pod Premium
 How did you know about My Place Residence Hall? _____

I attest that all information above is true and complete.

Applicant's Signature

Date