

## REQUEST FOR ENROLMENT IN THE UNIVERSITY OF THE BAHAMAS OFF-CAMPUS HOUSING REGISTRY

Owners of apartments, homes, duplexes, condos and other residential rental options must apply and meet stipulated criteria in order to be enrolled in the University of The Bahamas (UB) Housing Registry. A property's enrollment may be rescinded or suspended if the property no longer meets the criteria or reported issues are not appropriately addressed. The Landlord and Tenant Act, Chapter 161 and Rent Control Act, Chapter 163, Statute Laws of The Bahamas applies.

REQUESTOR'S INFORMATION		
Name (Last):	Name (First):	
Job Title:	Island/City:	
Street Address:	House/Apt. #:	
ZIP/Postal Address:	Email:	
Telephone:	Mobile:	
Are you the owner of the property?	Yes No If no, explain	
PROPERTY INFORMATION		
Island/City:	Postal Address:	
House/Apt. #: Street Ac	ldress:	Subdivision:
If a single residence, indicate current	number of occupants	
Age of property:	Number of units	S:
Assessed Value of Property:	Indicate monthly	rent:
The following are property requirem	ents in order for the application to be	considered:
Smoke detector/s Enclosed yard Wi-Fi Stove Parking (1 spot per tenant)	Fire extinguisher Coin-operated/nearby laundry Refrigerator Hurricane shutters/protection Running water	Burglar bars/Security screens Clothes lines Electricity Beds
	your property?miles _	minutes (walking)
Is there a busing route nearby? Ye	esNo	
•	owing documentation either by uploa cated at #21 Gregory Street, Nassau, B	nding with this online application or delivery Sahamas (Tel.: 302-4433):
license)	owing passport number and photo pagued in the name of the property owns	ge); or National ID (NIB card or a valid driver er.
,	FOR OFFICIAL USE ONLY	
Request Approved:	Request Denied:	
Date Processed:	Signature:	