

OFFICE OF STUDENT AFFAIRS University of the Philippines Manila *The Health Sciences Center* 3/F Student Center,Padre Faura corner Ma. Orosa Street Ermita, Manila 1000 Philippines Tel. No. (632) 88141249 to 1251



____First Year Student ___Old Student

2x2 ID Picture

U.P MANILA DORMITORY/RESIDENCE HALL APPLICATION FORM

General Information:

| Name: | | | | | Nationalit | ty: |
|---|-------------|--------------------|----------------|----------------------|---------------|---|
| (Surname) | | (Given Name) | | (Middle Name) | | |
| Date of Birth: | | Place of | of Birth: | Birth: | | Religion: |
| Sex:MaleFema | le Gende | | | | | _(LGBT) |
| | | (Your sexual or | ientation | will not be divulge | ed) | |
| Permanent Address: | | | | | | |
| Landline: | | | | | | Email Ad.: |
| College: | Course | 2: | <u>_</u> | Yr.Level: | | STS Bracket: |
| Parent's Information | <u>ı:</u> | | | | | |
| Mother's Name: | | | | Father's Name: | · | |
| (Fami | y Name) | (Given Name) | (MI) | | (Family Nan | ne) (Given Name) (MI) |
| Nationality: | | Religion: | | _ Nationality: | | Religion: |
| Occupations: | | | | Occupations: | | |
| Work Phone: | | | | Work Phone: | | |
| Mobile #: | | | | Mobile #: | | |
| Email Ad.: | | | | Email Ad.: | | |
| Other sources of Inco | me: | | | Other sources of | of Income: | |
| <u>Siblings:</u> | | | | | | |
| Name | Age | Civil Status | | lying,Yr.Course & | & School | If working,where? (Company Name & Address) |
| | | | | | | |
| Guardian or relative liv | ving in or | nearest in Metro N | <u>Manila:</u> | | | |
| Name | | Relation to App | licant | Age | | Mobile No./Landline |
| | | | Ce | rtified true and cor | rrect: | |
| (Applicant's signature over printed name) | | | | | (P | Parent's signature over printed name) |
| Dunculant to Data D | wizza car A | at of 2012 I are a | 171110 100 | muiccion to the C |)ffice of Stu | dent Affairs for the lawful use of my |
| personal informatic | e | , 0 | υ. | | | |
| | | | | | | Signature |

| ACKNOWLEDGEM | ENT AND ACCOUN | ROOM #:BED #: | |
|------------------------|--|--|------------------------|
| | Check in | | Check out |
| Study Table | : | : | |
| Chairs/s | : | : | |
| D/d Bed | : | : | |
| Pillow/s | : | : | |
| Cabinet & Keys | : | : | |
| Mattress | : | : | |
| Remarks: | | | Remarks: |
| Applicant's Signature: | | _ | Applicant's Signature: |
| | | | |
| | | FOR OFFICE USE ONLY | <u>(</u> |
| | Check in | | Check out |
| Date | : | : | |
| Time | : | | |
| Tinc | • | · | |
| | | | |
| (Signatu | ire of Authorized Representat | (Signature of Authorized Representative) | |
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Requirements:

- 1. 2x2 present ID picture with name written at the back
- 2. Form 5
- 3. Income Tax Return (ITR)
 - a. ITR (Father or Mother);
 - *b.* Father and Mother (*if both are working*);
 - c. Bureau of Internal Revenue (BIR) Certificate of Tax Exemption *(if both parents are not working or one parent is not working)*

Submit to:

University of the Philippines Manila Office of Student Affairs Auxiliary Services Program 3rd Flr. Student Center Building, P. Faura St., Ermita, Manila

Tel. Nos: 88141-250

Email to : jlalava@up.edu.ph

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