



STUDENT ACCOMMODATION APPLICATION FORM

ACADEMIC YEAR 2026

Document Number: MP-SAF-2026-001

Application Date: 31 July 2026

Student Accommodation Division

accommodation@maldev.co.za

076 168 9513



SECTION 1 APPLICANT INFORMATION

FULL NAME

SURNAME

SOUTH AFRICAN ID NUMBER / PASSPORT NUMBER

DATE OF BIRTH

GENDER

NATIONALITY

MARITAL STATUS

HOME LANGUAGE

STUDENT NUMBER (IF ALREADY ISSUED)

SECTION 2 CONTACT DETAILS

CELL NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

RESIDENTIAL ADDRESS

POSTAL ADDRESS

PROVINCE

CITY

POSTAL CODE

SECTION 3 ACADEMIC INFORMATION

INSTITUTION NAME

CAMPUS

QUALIFICATION

FACULTY

PROGRAMME

YEAR OF STUDY

FULL-TIME / PART-TIME

EXPECTED GRADUATION YEAR

STUDENT NUMBER (IF APPLICABLE)

SECTION 4 FUNDING INFORMATION

PLEASE INDICATE YOUR SOURCE OF FUNDING

☐ NSFAS Funded

☐ Self-Funded

☐ Parent/Guardian Sponsored

☐ Company Sponsored

☐ Bursary

☐ Scholarship

IF NSFAS FUNDED — COMPLETE THE FOLLOWING

NSFAS REFERENCE NUMBER

FUNDING STATUS

IF SELF-FUNDED — COMPLETE THE FOLLOWING

PERSON RESPONSIBLE FOR PAYMENT

RELATIONSHIP

EMPLOYER

MONTHLY INCOME (OPTIONAL)



SECTION 5 ACCOMMODATION REQUIREMENTS

PREFERRED CHECK-IN DATE

EXPECTED LENGTH OF STAY

PREFERRED ROOM TYPE

☐ Single Room

☐ Shared Room

☐ Studio

☐ Apartment

Do you require parking?

☐ Yes

☐ No

Do you have any disabilities requiring accommodation?

☐ Yes

☐ No

If yes, please explain:

Do you smoke?

☐ Yes

☐ No

EMERGENCY MEDICAL CONDITIONS

SPECIAL ACCOMMODATION REQUIREMENTS

SECTION 6 EMERGENCY CONTACT

FULL NAME

RELATIONSHIP

CELL NUMBER

ALTERNATIVE NUMBER

EMAIL

RESIDENTIAL ADDRESS

SECTION 7 REQUIRED SUPPORTING DOCUMENTS

☐ Certified South African ID

☐ Passport (International Students)

☐ Proof of Registration

☐ Acceptance Letter

☐ Proof of Funding

☐ NSFAS Confirmation

☐ Proof of Residence

☐ Recent Photograph

☐ Proof of Income (Self-funded)

☐ Parent/Guardian ID

☐ Proof of Payment (if applicable)

☐ Medical Information (optional)

OTHER DOCUMENTS (PLEASE SPECIFY)

SECTION 8 APPLICANT DECLARATION

I, the undersigned applicant, confirm that the information supplied in this application is true, complete and accurate to the best of my knowledge. I understand that any false, misleading or incomplete information may result in the rejection of this application or the termination of any accommodation agreement subsequently entered into.

I understand and accept that the submission of this application does not constitute, and does not guarantee, an offer or allocation of accommodation by MALDEV PROPERTIES. Accommodation is subject to availability, verification of supporting documents and approval by the Accommodation Officer.

I agree to abide by the House Rules and Code of Conduct of MALDEV PROPERTIES, to comply with the applicable payment terms and payment schedule, and to permit reasonable, scheduled inspections of the accommodation by authorised representatives of MALDEV PROPERTIES.

Should my application be approved, I agree to sign and be bound by the MALDEV PROPERTIES Accommodation Agreement, which will govern the full terms of my occupation.

APPLICANT SIGNATURE

DATE

To be completed if the applicant is under the age of 18

PARENT / GUARDIAN SIGNATURE

DATE



SECTION 9 OFFICE USE ONLY

This section is to be completed by an authorised MALDEV PROPERTIES Accommodation Officer only.

Application Number

Application Received (Date)

Supporting Documents Verified ☐ Yes ☐ No

Funding Verified ☐ Yes ☐ No

NSFAS Verified ☐ Yes ☐ No

Room Allocated

Application Approved ☐ Yes ☐ No

Application Declined ☐ Yes ☐ No

COMMENTS

ACCOMMODATION OFFICER NAME & SIGNATURE

DATE



SECTION — APPLICATION CHECKLIST

Please confirm the following before submitting your application to MALDEV PROPERTIES:

- ☐ Application Form Completed
- ☐ Certified ID Attached
- ☐ Registration / Acceptance Letter Attached
- ☐ Funding Confirmation Attached
- ☐ Emergency Contact Details Completed
- ☐ Declaration Signed
- ☐ Supporting Documents Attached

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