

### **OFF-CAMPUS ACCOMMODATION ACCREDITATION FOR 2024**

### **NEW APPLICATION INFORMATION**

#### 1. INTRODUCTION

- 1.1 The University of the Free State (hereinafter referred to as the "UFS") places a high premium on the importance of the availability of good quality accommodation for every individual that is enrolled for tertiary studies and registered as a student of the UFS (the "Student(s)").
- 1.2 The UFS accordingly endeavors to accredit and make private student housing available to its students that are of a high standard and conforms to the regulatory framework that applies to student housing in South Africa.
- 1.3 Accreditation with reference to private housing and off-campus student accommodation refers to the recognition and certification by the UFS of a property, confirming that it is suitable to accommodate students and that it complies with the applicable norms and standards as contemplated below.
- 1.4 The UFS requires all off-campus accommodation providers who are desirous to be accredited by the UFS to observe the applicable norms and standards prescribed by the Higher Education Act, 101 of 1997, as amended from time to time, as far as it applies to student housing and accommodation services.
- 1.5 Every off-campus accommodation provider who is desirous to obtain accreditation to provide off-campus accommodation services to students of the UFS shall be required to comply with the Policy on the Minimum Norms and Standards for Student Housing as Public Universities (published in the Government Gazette 39238, dated 29 September 2015), which policy can be accessed at the following link:

  <a href="https://www.gov.za/documents/higher-education-act-policy-minimum-norms-and-standards-student-housing-public">https://www.gov.za/documents/higher-education-act-policy-minimum-norms-and-standards-student-housing-public</a> (the "Official Student Housing Policy").
- 1.6 In addition to the aforesaid, every private accommodation provider who is desirous to obtain accreditation to provide off-campus accommodation services to students of the UFS shall be required to comply with the official UFS policies, procedures, terms, and conditions with specific reference to the UFS Policy on the Accreditation of Off-Campus Student Accommodation (the "**UFS Student Housing Policy**").
- 1.7 "Applicant" shall mean the owner or person or agent or representative, who warrant that he/she is duly authorized thereto, applying for accreditation as an off-campus student accommodation provider.

## 2. APPLYING FOR ACCREDITATION

- 2.1 To be considered for potential accreditation as an off-campus student accommodation provider, the prescribed application form attached hereto as "Annexure A" must be completed in full and submitted together with the supporting documentation as listed in paragraph 6 (Criteria for Accreditation) of the UFS Student Housing Policy. Kindly note that only applications that are completed in full and accompanied by all the supporting documentation as required by the UFS, will be considered by the UFS.
- 2.2 All applications must be submitted during the year preceding the year for which accreditation is required on or before the closing date as determined by the Senior Director of Housing and Residence Affairs ("HRA").

- 2.3 Kindly note that no applications will be accepted by the UFS after the closing date.
- 2.4 Application forms must be submitted *via* email to <a href="OffCampusAccom@ufs.ac.za">OffCampusAccom@ufs.ac.za</a> and no hand delivered application forms will be accepted by the UFS.
- 2.5 Application forms and ancillary documents can be obtained at: <a href="https://www.ufs.ac.za/residences/housing-and-residence-affairs/information/off-campus-accommodation/application-procedure">https://www.ufs.ac.za/residences/housing-and-residence-affairs/information/off-campus-accommodation/application-procedure</a>.
- 2.6 By applying to the UFS, the applicant acknowledges and agrees that he/she has familiarized himself/herself with the applicable procedures and minimum accreditation requirements of the UFS that apply to off-campus accommodation, as well as the terms and conditions of the UFS Student Housing Policy.
- 2.7 The applicant will be the person/agency/representative with whom the UFS corresponds with.
- 2.8 The accommodation provider shall timeously conclude written lease agreements with all its students being accommodated at the property, which will regulate the provision of off-campus accommodation to students by the accommodation provider. The accommodation provider shall be solely responsible for obtaining payment from students. The UFS is expressly excluded from any responsibility and/or liability for any non-payment of any accommodation fees of students.
  - If the UFS is responsible for making payment of student's accommodation fees, the UFS reserves the right to make payment of student's accommodation fees directly to the relevant student, alternatively directly to the relevant accommodation provider subject to the applicable Department of Higher Education and Training guidelines.
- 2.9 Accreditation as an off-campus student address is only valid for the duration of the year as stated in the application.

### 3. ACCREDITATION PROCESS

Once a completed application form, as contemplated in paragraph 2 (*Applying for Accreditation*) above, has been submitted on or before the due date for such submission, and the application has met all the official minimum accreditation requirements, the accreditation process, as detailed in the UFS Student Housing Policy, will commence.



# **ANNEXURE A**

# NEW UFS OFF-CAMPUS ACCOMMODATION ACCREDITATION APPLICATION FORM

**CLOSING DATE: 30 APRIL 2024** 

	NER AND PROPERTY DETAILS
Full Names and Surname of Property Owner	
Identity Number of Property Owner	
Registration Number of Company/Entity	
VAT Number (if applicable)	
Physical Address	
Postal Address	
Talanhana Numbara	Cell Phone:
Telephone Numbers	Home:
	Work:
Email Address	WOIK.
2.114.17.154.1555	
API	PLICANT DETAILS
	tation – the Owner / Agent / Representative / Etc.)
Full Names and Surname of Applicant	
Identity Number of Applicant	
Registration Number of Company/Entity	
VAT Number (if applicable)	
Physical Address	
Postal Address	
T	Call Dhagas
Telephone Numbers	Cell Phone: Home:
	Work:
Email Address	VVOIK.
Linaii Address	
DEDDE	SENTATIVE DETAILS
	is an Organization or Entity)
Full Names and Surname of Representative	
Identity Number of Representative	
Telephone Numbers	Cell Phone:
·	Home:
	Work:
Email Address	

STUDENT ADDRESS (PROPERTY) DETAILS			
Address of Property			
Total Number of Male Beds			
Total Number of Female Beds			
Total Number of Beds			
·			

CARETAKER DETAILS (If Different from the Property Owner)		
Full Names and Surname of Caretaker		
Identity Number of Caretaker		
Telephone Numbers	Cell Phone:	
	Home:	
	Work:	
Email Address		

PROPERTY OVERVIEW			
SECURITY	YES	NO	COMMENT
Burglar Proofing			
Security Doors			
Lockable Rooms			
PSIRA or Similarly			
Registered Security			
Guard or Neighborhood			
Watch			
Panic Button in Case of			
Emergency linked to a			
Registered Security			
Company			
Perimeter Fence			
(Please indicate if			
Electrical in Comment Box)			
Cameras			
ROOM	YES	NO	COMMENT
Curtains / Blinds	123	NO	SOMMENT
Lockable Rooms			
Bed and Mattress			
(Unsoiled)			
Study Table			
Chair			
Bookshelf			
Paper Bin			
Study Lamp			
Wall or Panel Heater			
Single Rooms			
(Please indicate quantity			
in Comment Box)			

Double Rooms			
(Please indicate quantity			
in Comment Box)			
Minimum of 14 Square			
Meters per Double Room			
Minimum of 8 Square			
Meters per Single Room			
Room Size	Sharing	Single	
ROOM SIZE	Channg	Cirigio	†
BATHROOMS	YES	NO	COMMENT
Shower			
Bathtub			
Toilet			
Basin			
Shower Mats			
Shower Curtains			
SHE Bins			
Mirrors			
Auto Sanitizers			
Soap Dispensers			
2 – 5 Students Sharing a			
Bathroom			
(Please indicate the Ratio			
in the Comment Box)			
KITCHEN	YES	NO	COMMENT
		INO	COMMENT
Sink	120	NO	COMMENT
		NO	COMMENT
Sink	0	NO	COMINIENT
Sink Stove (Please indicate the Ratio of Sharing in the		NO	COMINIENT
Sink Stove (Please indicate the Ratio of Sharing in the Comment Box)		NO	COMINIENT
Sink Stove (Please indicate the Ratio of Sharing in the Comment Box) Microwave		NO	COMINIENT
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Sink Stove (Please indicate the Ratio of Sharing in the Comment Box) Microwave (Please indicate the Ratio of Sharing in the Comment Box) Lockable Cupboards Workspace Fridge (Please indicate the Ratio of Sharing in the Comment Box) LAUNDRY Washing Machines (Please indicate the Ratio of Sharing in the Comment Box) Tumble Dryers			
Sink Stove (Please indicate the Ratio of Sharing in the Comment Box) Microwave (Please indicate the Ratio of Sharing in the Comment Box) Lockable Cupboards Workspace Fridge (Please indicate the Ratio of Sharing in the Comment Box)  LAUNDRY Washing Machines (Please indicate the Ratio of Sharing in the Comment Box) Tumble Dryers (Please indicate the Ratio Comment Box)			
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OVERALL	YES	NO	COMMENT
Painting			
Floors			
Tidiness			
Roof			
OTHER	YES	NO	COMMENT
Transportation (Please indicate the Distance from the UFS Campus (km) in the Comment Box)			
Estimated Monthly Rent	Single Room	R	
	Double Room	R	
	Other	R	

APPLICATION CHECK LIST			
DOCUMENTATION	YES	NO	COMMENT
Certified Copy of			
Property Title Deed			
Power of Attorney			
(if applicable)			
Authorizing Resolution			
(if applicable)			
Approved Building Plan			
Proof of Residential			
Zoning Permit / Special			
Consent Letter			
Tax Clearance Certificate			
of the Property Owner			
FICA Documents of the			
Property Owner			
Affidavit Declaring that			
there will be a			
Responsible Party			
Present at the Property at all times			
Utility Bill Not Older than			
Three Months			
Certified ID Copies of			
Owner(s) Not Older than			
Three Months			
Copy of Lease			
Agreement for 2024			
Copy of House Rules			
Proof of Banking Details			

## **DECLARATION**

The off-campus accommodation service provider, by effecting his/her signature to this application form, hereby declares that all the information provided is accurate, correct, reliable, and true to the best of the off-campus accommodation service provider's knowledge. The above documentation is received subject to verification. The date of verification will be communicated to the service provider. Where information is lacking, please provide a brief explanation on when the information will be submitted to HRA.

Thus, done and signed at	on this	of	20
Signature of Applicant:			
Full Names and Surname:			
Designation:			



#### IMPORTANT DOCUMENTS REQUIRED FOR NEW APPLICATIONS FOR ACCREDITATION 2024

The following supporting documents must be accompanied by a completed application form in respect of every physical address / property for which accreditation is required:

- Certified Copy of the Title Deed pertaining to the relevant Property.
- Power of Attorney if an application for accreditation is submitted on behalf of the registered property owner as indicated in the deed.
- Authorizing Resolution if the application for accreditation is submitted on behalf of a Company, Trust, or Closed Corporation.
- Building Plan that has been approved by the Mangaung Metro Municipality.
- Proof of Residential Zoning Permit / Special Consent Use with Mangaung Metro Municipality Stamp.
- FICA documents of the registered owner of the property as required in terms of the Financial Intelligence Centre Act, 38 of 2001.
- Affidavit declaring that the registered property owner permanently resides on the property and/or that a
  full-time manager has been or will be hired that will reside on the property and tend to the students.
- Copy of the House Rules.
- Copy of Lease Agreement for 2024, which complies with the relevant legislations.
- Utility Bill not older than three months.
- Certified ID copy(ies) of owner(s) not older than three months.
- Copy of Applicant's Tax Clearance.
- Confirmation of Banking Details of the Applicant on the Bank's Letterhead.

**PLEASE TAKE NOTE:** Applications submitted after the closing date will not be considered.