



# New York University Medical Center

Real Estate and Strategic Capital Initiatives, Housing Services Division  
339 East 28 Street, New York, NY 10016 tel 212 263 5025 fax 212 263 7500

## FACULTY HOUSING APPLICATION

DATE OF APPLICATION: \_\_\_\_\_  
month day year

DATE APT. NEEDED: \_\_\_\_\_  
month day year

DATE EMPLOYMENT BEGINS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
month day year

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Street \_\_\_\_\_ apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code or Zip \_\_\_\_\_ Country \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Is this a transfer request?  Yes  No

Telephone: \_\_\_\_\_ NYU department name and your NYU phone number: \_\_\_\_\_

Single  Married or Domestic Partnership. List others living with you, and their relationships to you\*):

Do you have a pet? If yes, specify type and size (weight): \_\_\_\_\_

Your NYU Title (check one):  Instructor  Ass't Professor  
 Assoc. Professor  Professor  Other (specify): \_\_\_\_\_

Funding Source(s) for your position: (Please state percentages:)

Hospital \_\_\_\_\_ School \_\_\_\_\_ VA \_\_\_\_\_ Bellevue \_\_\_\_\_ Other (specify) \_\_\_\_\_

Housing request guidelines: *Housing is unfortunately very limited, and apartment turnover rare.*

Apartment size request: (please rank order)  
 Studio  One Bedroom  Two Bedrooms  Three Bedrooms

**\*Married couples must attach a copy of their marriage certificate to this application. Domestic partners must attach a copy of NYC domestic partnership certificate PLUS two of the following:** proof of shared ownership of property; legally-binding assignment of health care power of attorney or health benefits; proof of prior co-habitation; an executed contract for a catering hall, church, or other venue for a marriage or commitment ceremony; a letter from a clergy member, judge, or other person who is to perform the ceremony.

I warrant the accuracy of the information I have provided in this application. I also understand that the documents, letters, and information provided as part of the housing application process shall become part of my housing license agreement should I be assigned housing. I agree that any changes in my family information, housing preferences, mailing address, email, telephone numbers, employment status, etc. will be reported promptly in writing to Housing Services.

Signature \_\_\_\_\_ Date \_\_\_\_\_