



New York University Medical Center

Housing Services Department
339 East 28 Street, New York, NY 10016 tel 212 263 5025 fax 212 263 7500

Housing application form for House Staff, Post-Doctoral Fellows, and Nurses

this is a two-sided form

DATE OF APPLICATION: _____
month day year

DATE APT. NEEDED: _____
month day year

DATE OF HIRE OR AFFILIATION: _____
month day year

Soc Sec or INS Visa # _____

IS THIS A REQUEST FOR A TRANSFER? _____

IF YOU HAVE PREVIOUSLY APPLIED, WHEN?

month day year

NAME: _____
Given Name Family Name

PERMANENT MAILING ADDRESS: _____
Street apt. #

City State postal code country

E-MAIL ADDRESS:

HOME TEL. # _____

WORK TEL. # _____

Single **Married or Domestic Partnership (please see below)**

Person(s) who will be living with you (please provide names and relationships to you)

Daytime Telephone or pager: _____

Department/Unit: _____

Your Department Chairperson or Unit Supervisor: _____

Your Position (check one): Nurse House staff or clinical fellow (specify pgy level)

Post-Doctoral research position (state exact job title)* _____

*If you will be a post doctoral research fellow, see also the Housing Applicant Questionnaire which you must submit with this housing application. Questionnaire form is available at <http://www.med.nyu.edu/Sackler/postdoc/housing.html> or in the Housing Services office.

Other employee (specify) _____

Employment/Payroll: (PLEASE CHECK)

SCHOOL OF MEDICINE HOSPITAL OTHER (specify) _____

OVER

HOUSING REQUEST GUIDELINES:

**Couples have priority for one bedroom apartments, but singles can be considered.
apartment size requested (please rank order)**

Studio One Bedroom Two Bedrooms

Married couples must attach a copy of their marriage certificate to this application.
To qualify as domestic partners, couples must provide a domestic partnership certificate
plus TWO of the following:

- a. Proof of shared ownership of an actively-used joint bank or credit account for at least six months;
- b. Proof of joint ownership of an automobile or home; c. legally-binding assignment of insurance benefits or health care power of attorney to each other; d. proof of prior cohabitation;
- e. mutual grant of durable power of attorney; f. an executed contract at a catering hall or church for a wedding that is to take place within six months of the application date; g. a letter from a clergy member or judge who will perform your marriage or commitment ceremony.

If you have any other housing comments, please indicate them here:

I warrant and represent the accuracy of the information I have provided in this application or in any report made by me concerning my household composition, employment status, employment title, or any other matters. It shall be deemed a material violation of my occupancy agreement/lease if any statement provided by me shall prove to be false, or should I fail to report changes or corrections.

SIGNATURE

date