



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

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

This is a two-page form

DATE OF APPLICATION: _____
month day year

DATE APT. NEEDED: _____
month day year

DATE EMPLOYMENT BEGINS: _____
month day year

SSN or INS VISA#: _____

IS THIS A REQUEST FOR A TRANSFER?

Yes No

IF YOU HAVE PREVIOUSLY APPLIED, WHEN?

month day year

NAME: _____
Given Name Family Name

Mailing Address: _____
Street Apt# City

State Postal Code Country

E-MAIL ADDRESS:
(Please print clearly)

HOME TEL. # _____

ALTERNATE TEL. # _____

Single

Married or Domestic Partnership (please see below)

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

Do you have pets? If yes, specify type and size (weight): _____

Telephone which will accept a message: _____

Your NYU Supervisor (for post docs, Principal Investigator): _____

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 at www.med.nyu.edu/resci/housing

Other employee (specify) _____

Employment/Payroll: (PLEASE CHECK)

NYU SCHOOL OF MEDICINE

NYU HOSPITAL CTR.

OTHER

(specify) _____

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

Price: up to \$ _____

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/commitment ceremony that is to take place within six months of the application date;
- g. a letter from a clergy member or officiant 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:** _____