

THIS SPACE
FOR OFFICE USE ONLY

Check One: (68th St.) East Campus
(165th St.) West Campus

New York-Presbyterian HOUSING APPLICATION

East Campus: Return to NYP Real Estate, 435 E. 70th Street, 1st fl., New York, NY 10021 212.746.9096 (fax: 212.746.8533)
West Campus: Return to NYP Real Estate, 600 W. 165th Street, 1st fl., New York, NY 10032 212.305.2014 (fax: 212.781.0369)

HOW DID YOU LEARN ABOUT NYP HOUSING?

(REQUIRED: PLEASE CHECK ONE)

Human Resources Infonet RE Website RE Posters Other
Resident Referral Dept. Referral Video NYP Press _____

PERSONAL DATA:

Name: _____ Employment Date: _____
Address: _____ Today's Date: _____
Social Security #: _____ Home Tel.#: () _____
Cell Phone #: () _____
Fax #: () _____
Email Address: _____

(IMPORTANT: PRINT CLEARLY)

EMPLOYMENT DATA:

Position: _____ Chairman/Supervisor: _____
(If House Staff list PGY) NYP Tel. #: () _____
Department: _____ Beeper #: () _____
Paid by Institution: NYP NYP-West Campus CUMC Others

APARTMENT DATA:

APARTMENT TO BE SHARED WITH:

1. _____ No One
2. _____ Spouse
3. _____ Children
Children's Birthdate: _____ Sex: _____

APPLICATION FOR:

_____ STUDIO
_____ ONE BEDROOM
_____ TWO BEDROOM
_____ THREE BEDROOM
_____ DORMITORY

4. _____ Other (Specify Relationship)

DOCUMENTATION:

APPLICANT: ATTACH REQUIRED DOCUMENT(S) FOR VERIFICATION OF EMPLOYMENT AND/OR 1 BEDROOM APARTMENT OR MORE

EMPLOYMENT VERIFICATION CHILD'S BIRTH CERTIFICATE
 MARRIAGE CERTIFICATE OTHER (i.e. WEDDING ANNOUNCEMENT)

I CERTIFY THAT ALL THE INFORMATION IS TRUE AND COMPLETE. NEWYORK PRESBYTERIAN HOSPITAL, NEW YORK WELL CORNELL CENTER, RESERVES THE RIGHT TO MAKE CHANGES IN THE HOUSING ASSIGNMENT. THIS APPLICATION MUST BE UPDATED ANNUALLY. FAILURE ON MY PART TO DO SO WILL RESULT IN REMOVAL OF MY APPLICATION FROM THE WAIT LIST. I UNDERSTAND THAT, IF AFTER VIEWING AND DECLINING THREE (3) APARTMENTS, MY NAME WILL BE ON THE BOTTOM OF THE WAITING LIST. I CANNOT HOLD AN APARTMENT PENDING AN ASSIGNMENT FOR MORE THAN TWENTY-FOUR (24) HOURS. ALL TENANTS REQUESTING A TRANSFER TO ANOTHER UNIT MUST RESIDE IN NYPH HOUSING FOR AT LEAST ONE YEAR (EXCEPTION: A CHANGE IN THE TENANT'S FAMILY SIZE). ALL TENANTS REQUESTING A TRANSFER WILL BE ASSESSED A \$350 TO \$500 ADMINISTRATIVE TRANSFER FEE, PAYABLE BY CHECK AT TIME OF TRANSFER.

DATE: _____ SIGNATURE: _____
DATE EXPECTED OCCUPANCY: _____

LIST BLDG/APT. PREFERENCE, IF ANY

1. _____
2. _____