

THIS SPACE FOR OFFICE USE ONLY		Check One: <input type="checkbox"/> (68 th St.) East Campus <input type="checkbox"/> (165 th St.) West Campus
BLDG: _____	APT. #: _____	APT. SIZE: _____
RENT: \$ _____	MOVE-IN DATE: _____	

New York-Presbyterian HOUSING APPLICATION

East Campus: Return to NYP Real Estate, 405 E. 71st Street, 1st fl., New York, NY 10021 212.746.9096, nyphousing@nyp.org

West Campus: Return to NYP Real Estate, 600 W. 165th Street, 1st fl., New York, NY 10032 212.305.2014 (fax: 212.781.0369)

ELIGIBILITY FOR NYP HOUSING IS DEPENDENT ON BEING A FULL-TIME EMPLOYEE WITH NYP OR A NYP AFFILIATE

HOW DID YOU LEARN ABOUT NYP HOUSING?

(REQUIRED: PLEASE CHECK ONE)

- | | | | | |
|--|---|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> NYP Infonet | <input type="checkbox"/> RE Website | <input type="checkbox"/> RE Posters | <input type="checkbox"/> Other (write below) |
| <input type="checkbox"/> Resident Referral | <input type="checkbox"/> Dept. Referral | <input type="checkbox"/> Video | <input type="checkbox"/> NYP Press | _____ |

(IMPORTANT: PRINT CLEARLY)

PERSONAL DATA:

Full Name: _____	Employment Date: _____
Current Address: _____	Home Tel.# () _____
_____	Cell Phone #: () _____
Employee Number: _____	Email Address: _____

EMPLOYMENT DATA:

Position: _____	Department: _____
If House Staff list PGY: _____	Chairman/Supervisor: _____
Status: <input type="checkbox"/> Full Time	NYP Tel. #: () _____
Work Email Address: _____	Beeper #: () _____

- Employer: NYP-East Campus NYP-West Campus NYP-Lower Manhattan NYP-Westchester
 Columbia University Cornell University NYP-Queens

Employment Verification: New Hire Offer Letter Hospital Identification Card

APARTMENT DATA:

APARTMENT TO BE SHARED WITH:

- | | |
|----------|------------------------------------|
| 1. _____ | No One |
| 2. _____ | Spouse |
| 3. _____ | Children |
| 4. _____ | Other (Specify Relationship) _____ |

APPLICATION FOR:

- | | |
|-------|---------------|
| _____ | STUDIO |
| _____ | ONE BEDROOM |
| _____ | TWO BEDROOM |
| _____ | THREE BEDROOM |
| _____ | DORMITORY |

I CERTIFY THAT ALL OF THE INFORMATION IS TRUE AND COMPLETE. 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 AVAILABLE APARTMENT(S), I WISH TO REMAIN ON THE WAIT LIST, MY NAME WILL BE MOVED TO THE BOTTOM OF THE WAIT LIST. ALL RESIDENTS REQUESTING A TRANSFER TO ANOTHER UNIT MUST RESIDE IN NYPH HOUSING FOR AT LEAST ONE YEAR (EXCEPTION: A CHANGE IN THE RESIDENT'S FAMILY SIZE). ALL RESIDENTS REQUESTING A TRANSFER WILL BE ASSESSED A \$350 ADMINISTRATIVE TRANSFER FEE PAYABLE BY CHECK AT TIME OF TRANSFER IF MOVING INTO THE NEW APARTMENT BEFORE THE END DATE OF THEIR CURRENT LICENSE AGREEMENT.

DATE: _____	SIGNATURE: _____
MAX RENT: _____	DATE OF EXPECTED OCCUPANCY: _____

LIST BLDG/APT. PREFERENCE, IF ANY:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
|----------|----------|----------|