

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, 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)

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)

- Human Resources Infonet RE Website RE Posters Other (write below) _____
 Resident Referral Dept. Referral Video NYP Press _____

(IMPORTANT: PRINT CLEARLY)

PERSONAL DATA:

Name: _____	Employment Date: _____
Employee Number: _____	Home Tel.#: () _____
	Cell Phone #: () _____
	Fax #: () _____
	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: <input type="checkbox"/> NYP-East Campus <input type="checkbox"/> NYP-West Campus <input type="checkbox"/> Columbia University <input type="checkbox"/> Cornell University	
Employment Verification: <input type="checkbox"/> New Hire Offer Letter <input type="checkbox"/> Hospital Identification Card <input type="checkbox"/> Payroll Statement	

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 (\$500 FOR TRANSFERS OUT OFF COLEMAN TOWER) PAYABLE BY CHECK AT TIME OF TRANSFER.

DATE: _____ SIGNATURE: _____

DATE OF EXPECTED OCCUPANCY: _____

LIST BLDG/APT. PREFERENCE, IF ANY

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