



Weill Cornell Medical College

APPLICATION FOR FACULTY HOUSING

PART I - TO BE COMPLETED BY APPLICANT

Section A: Applicant Information (Please Print Clearly)

Name: _____
Last First Gender

Current Address: _____
Street Apt.

City State Zip Code

Home Phone: _____ Email Address: _____

Cell Phone: _____ Social Security #: _____

Work Phone: _____

Section B: Applicant Housing Preferences

Date Housing Requested: _____ # of Additional Occupants: _____
(Complete Part III and Attach Documentation)

Apartment Preference: Studio 1 Bedroom 2 Bedroom 3 Bedroom
(Choose One) (Limited Availability)

Section C: Applicant Certification

I have read and agree to abide by the Weill Cornell Medical College's *Policy on Faculty Housing* and hereby verify that the information supplied on this application and any supporting documentation is true.

Applicant Signature

Date

**Applicant: Forward Part II to Sponsoring Department.
Application must be received by the Housing Office
60 days prior to request date for housing.**

PART III - Application for Family Housing / Change in Family Status*

This application is for use by WCMC Faculty who wish to apply for family housing. **Please refer to the *Policy on Family Housing* at www.med.cornell.edu/housing for a complete list of all criteria and required submittals.** An *Application for Faculty Housing* must be submitted with the *Application for Family Housing*, unless applicant is requesting a Change in Family Status only.

Last Name, First Name

Gender

Applicant's Academic Title

****Current Address for Change in Status:***

Street

Apt.

City

State

Zip Code

Telephone

Email

I am requesting the following:

- Couple accommodations (studio or one-bedroom)
- Family accommodation for _____ people (including myself)
Preference: 1 Bedroom 2 Bedroom 3 Bedroom

The following individuals will be residing with me (please attach additional names if necessary):

Last Name, First Name

Relationship

Last Name, First Name

Relationship

Last Name, First Name

Relationship

Date Family Housing Requested: _____

I have read and will comply with the rules and regulations as outlined in the *Policy on Family Housing*. I verify that the information supplied on this application and the supporting documentation is true.

Signature of Primary Resident

Date

TO BE COMPLETED BY HOUSING OFFICE (Check all that apply)

_____ Marriage Certificate
_____ Birth Certificate(s)
_____ Notarized Affidavit

_____ Meets Criteria for Domestic Partnership
_____ Domicile Criteria Met
_____ Approved (Date: _____)