



Weill Cornell Medical College

APPLICATION FOR POSTDOCTORAL 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: Shared Apt. Studio One Bedroom Two Bedroom
(Choose One)

Section C: Applicant Certification

I have read and agree to abide by the Weill Cornell Medical College's *Policy on Postdoctoral Trainee 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 Faculty Sponsor.
Application must be received by the Housing Office
60 days prior to request date for housing.**

PART II - TO BE COMPLETED BY FACULTY SPONSOR

Section A: Employment Verification

Last Name: _____ First Name: _____

Applicant's Academic Title: _____ Date of Hire: _____

Is this a Full Time Appointment? Yes No

Does this applicant dedicate at least 75% of his/her work to institutional research activities? Yes No

Department: _____ Campus Address: _____

Section B: Faculty Sponsor Certification

The applicant is or has been recommended for appointment as a full-time employee in my department and, to the best of my knowledge, meets eligibility criteria for Postdoctoral Housing as outlined in WCMC's *Policy on Postdoctoral Trainee Housing*. I hereby guarantee all payments for the above referenced individual should they fail to pay housing fees in full. This guarantee will be secured by

Budget number _____
(Enter 5-digit budget #)

Faculty Sponsor Signature

Date

Faculty Sponsor (Please Print Name)

Faculty Phone / Email

Department Administrator

Department Administrator Phone / Email

**Faculty Sponsor: Submit completed application 60 days prior to request date for housing to the Housing Office
Lasdon House 2S, Box 71, or fax to 212-746-8876.**

TO BE COMPLETED BY HOUSING OFFICE

Faculty Affairs Approval: YES NO

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

This application is for use by WCMC Postdoctoral Associates, Fellows, and Visiting Fellows 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 Postdoctoral 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: One Bedroom Two 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: _____)