



Housing Office

Weill Cornell Medical College
420 East 70th Street, Suite 25
New York, NY 10021

Telephone: 212-746-1001
Fax: 212-746-8876
E-mail: housing@med.cornell.edu
Web: www.med.cornell.edu/housing

Application for Family Housing

This application is for use by WCMC postdoctoral trainees, fellows, and students who wish to apply for family housing. **Please refer to the *Policy on Family Housing* for a complete list of all criteria and required submittals.** A *Student Housing Application* or *Postdoctoral Trainee Housing Application* must be on file or needs to be submitted with the *Application for Family Housing*. WCMC applications and policies may be downloaded at www.med.cornell.edu/housing.

General Information

Last Name _____

First Name _____ MI _____

WCMC Status (check one)

- Medical Student (Class of 20_____)
- Graduate Student (Year entered _____)
- MD-PhD Student (Year entered _____)
- Postdoctoral Trainee
- Other (Please Specify _____)

Current Address:

Street _____ Apt _____

City _____ State _____ Zip Code _____

(_____) _____

Telephone _____ E-mail _____

Please complete the information on the reverse side and sign the application

Assignment Information

I am requesting the following accommodations

- Couple accommodations (studio or one-bedroom)
- Family accommodation for _____ people (including myself)
 - One Bedroom preferred
 - Two Bedroom preferred

The following individuals will be living in family housing with me (please attach additional names if necessary):

Last Name, First Name	Relationship
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Last Name, First Name	Relationship
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I am requesting family housing beginning:

Month _____ Day _____ Year _____

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 is true

Signature of Primary Resident

Date

For Office Use	Approved _____	Denied _____
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Signature

Date

____ Marriage Certificate

____ Birth Certificate(s)

____ Meets Criteria for Domestic Partnership

____ Notarized Affidavit

____ Domicile Criteria Met

