Family Housing Policy

POLICY STATEMENT
Family housing is available, but not guaranteed, to Weill Cornell Medicine (WCM) faculty, students, postdoctoral associates, and their spouses, domestic partners, minor dependents and/or IRS qualifying dependents, each of whom must be domiciled in the assigned unit. All decisions concerning family housing and family status are solely at the discretion of the WCM Housing Office.

APPLICATION PROCESS
• Incoming Residents:
  o Faculty and Postdocs: List your family members on your Housing Application and submit it to the Housing Office, along with a notarized Family Housing Affidavit and all required documentation.
  o Students: Submit a Student Family Housing Application to the Housing Office, along with a notarized Family Housing Affidavit and all required documentation.
• Current Residents: Submit a Change of Family Status Application to the Housing Office, along with a notarized Family Housing Affidavit and all required supporting documentation.

The submission of the application and materials does not constitute a guarantee of family housing. Approved applicants will be placed in a queue for up to six months from the official date of application. If an offer of family housing is a) made and not accepted by the applicant or b) not made before the expiration date, applicants will have a one-time option to renew the application for an additional period not to exceed six months.

REQUIRED DOCUMENTATION
All documentation must be valid at the time of application. All documentation must be submitted to the Housing Office at the time of application by mail or in-person.

Married Couples
A copy of a valid marriage certificate.

Children
A copy of a valid birth certificate, adoption papers, or passport indicating the parentage of the child. An application for adoption will not be accepted.

Qualifying IRS Dependents
A copy of your United States federal tax return for the tax year before the date of your application for family housing. The person must qualify as a dependent under the guidelines of the Internal Revenue Service of the United States, regardless of the fact that the person may be considered as a dependent under the law of another nation.
Domestic Partners
Domestic partners are defined as two individuals who live together in a long-term relationship of indefinite duration, with an exclusive mutual commitment similar to that of marriage in which the partners agree to be responsible for each other’s welfare and share financial obligations. We require specific documents that reflect this relationship, and each document is weighted by a points system. To qualify as domestic partners, applicants must submit documentation that earns them a minimum of 4 points.

Note that each document must have pre-existed for the immediate six months preceding the date of your application.

1. All applicants must provide a copy of their NYC Certificate of Domestic Partnership (2 points).
2. All applicants must also provide copies of additional supporting documentation, which can be any combination of the following:
   - A valid joint lease or mortgage documentation that demonstrates having lived together on a continuous basis and within the immediate six (6) months prior to submitting an application for housing. (2 points)
   - Ownership of an actively used joint bank account and/or joint credit account. (1 point)
   - Designation of a domestic partner as a primary beneficiary in a will or trust document. (1 point)
   - Joint ownership of a vehicle. (1 point)
   - Assignment of durable property or health care power of attorney to domestic partner. (1 point)
   - Designation of domestic partner as beneficiary for life insurance or retirement benefits. (1 point)
   - Other: Please contact the Housing Office to discuss if another form of documentation may be acceptable.

FALSIFICATION OF DOCUMENTATION
Falsification of documents and records to certify eligibility for family housing will result in a loss of housing.

STUDENT FAMILY HOUSING RESIDENTS
The Housing Office annually updates the Office of Financial Aid of all students who reside in family housing.

CHANGE IN QUALIFYING STATUS
All individuals who are approved for Family Housing must maintain eligibility while in WCM Housing. You must notify the Housing Office of the termination of marriage, domestic partnership, or change in IRS dependent status within two weeks of such an occurrence. All persons will be required to immediately vacate the family housing unit to which they have been assigned if they no longer qualify under this policy. If requested, the WCM student/employee will be reassigned to other appropriate housing if available. Failure to provide such information in a timely fashion will lead to loss of housing privileges.
DOMICILE
The primary resident and each secondary resident to include but not limited to spouse, child, IRS Dependent or qualified domestic partner must maintain the WCM Housing address as their place of domicile.

In determining domicile, all surrounding circumstances, in addition to expressed intention are considered. A domicile determination depends upon a composite appraisal of all of the facts presented by each case. Conclusions are based upon the weighting of the circumstances; no single factor is controlling and no all-embracing rules are possible. The determination of domicile is at the sole discretion of the WCM Housing Office.

An eligible applicant who is a member of the U.S. Armed Forces stationed out-of-state may qualify as a family member. Proof of domicile, referred to as a “Home of Record, must be submitted.
Family Housing Affidavit
This form must be completed in the presence of and signed by a Notary Public.

I ___________________________________________ (Primary Applicant)
and ___________________________________________ (Spouse or Domestic Partner),

herein "We," attest:

1. We meet the minimum qualifications for WCM Family Housing.

2. If applying for housing as a married couple or domestic partners, we are not married to anyone else and neither of us maintains a domestic partnership with any other individual. If previously married, a legal divorce or annulment has been obtained or the former spouse is deceased.

3. We have read and understand the WCM Policy on Family Housing and, as is applicable, the Terms and Conditions of the WCM Housing License Agreement, Terms and Conditions of the Sutton House Associated Housing License Agreement, The Sutton House Associated License Agreement, or WCM Housing License Agreement.

4. We understand that WCM Housing must be notified of the termination of marriage, domestic partnership, change in IRS dependent or domicile status within two weeks of such occurrence and must vacate family housing to which was assigned. We understand that violations of the rule of this policy will result in housing reassignment or housing termination and/or other administrative penalties.

5. We understand each secondary resident now, or in the future, will qualify under WCM policies and each will be domiciled at WCM. It is further understood a Secondary Resident has no independent right of occupancy and a Secondary Resident’s occupancy shall terminate immediately upon the termination of the Primary Resident’s License Agreement or upon the termination of the Secondary Resident’s relationship to the Primary Resident, whichever occurs first.

6. We understand as is now or will be in effect, the availability of Family Housing will be allocated under the rules established by the Director of Housing and We agree to adhere to WCM policies.

WE SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR INFORMATION, KNOWLEDGE, AND BELIEF.

Primary Resident Signature ___________________________ Date ____________

Spouse/Domestic Partner Signature ___________________________ Date ____________

STATE OF __________________________________________________________

COUNTY OF __________________________________________________________

Notary Public Affirmation
I, the undersigned Notary Public, do hereby affirm that ___________________________ and
______________________________ personally appeared before me on the ___ (day) of
______________________________ (month), _______ (year) and signed the above.

Notary Public Signature ___________________________ Date ____________