

### Current Student Housing Application

This form is only for use by **current** Weill Cornell Medicine students who wish to move into Weill Cornell Housing after the beginning of their first academic year. If you are a newly-accepted student, you do not need to complete this form.

#### Applicant Information

Last Name  First Name  Gender

Current Address

City  State

Country  Zip Code

Email  Primary Phone

#### Academic Program

Medical Student: Class Year- \_\_\_\_\_
  MD-PhD Student: Year Entered- \_\_\_\_\_

Graduate Student: Year Entered- \_\_\_\_\_
  Other Student Type: Please specify- \_\_\_\_\_

#### Housing Preference

Date Housing Needed

Type of Housing  Apartment allocations are based on the total number of occupants. Weill Cornell license agreements are for 12 months. Based on who will reside with you, please select your preferred apartment type. **Please note that preferences are not guaranteed and placements are based on availability.**

Single accommodations:  Two-Share  Three-share

Family accommodations:  Studio  One-bedroom  Two-bedroom

Total number of occupants (including yourself) who will reside in the apartment your tenancy\*

#### Family Information (If applicable)

If you wish to reside with any family members, please list them below. Please refer to [Weill Cornell's Policy on Family Housing](#) for a complete list of all family housing criteria and required documentation. **All documentation must be valid at the time of application, and you must submit it to the Housing Office by mail or in-person.**

Last Name:  First Name:  Relationship:  Gender:

Last Name:  First Name:  Relationship:  Gender:

Last Name:  First Name:  Relationship:  Gender:

#### Applicant Certification

I hereby submit this application for WCM housing, and if I am offered and accept a housing assignment, I agree to abide by all housing policies and regulations as outlined in the Terms & Conditions of the Housing Agreement and all other Weill Cornell policies as of now or may be in effect. If I am applying for family housing, I have also 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 supporting documentation is true.

Applicant Signature  Date

Submit this form with any needed supporting documentation to [housing@med.cornell.edu](mailto:housing@med.cornell.edu).

#### For Housing Office use only:

Marriage Certificate
  Meets Domestic Partnership Criteria

Notarized Affidavit
  Birth Certificate(s)

Approved Date

Denied Signature