

Family Change of Status Application

This form is for current Weill Cornell Medicine housing residents who wish to relocate to another Weill Cornell Medicine apartment due to an increase or decrease in family size. Please note that this form is designed to be completed electronically using Adobe Acrobat, which can be [downloaded from the ITS website](#). Fields marked with an asterisk (*) are required.

Applicant Information

First Name* Last Name*

Current Street Address*

Email* Primary Phone*

Housing Change Request (if applicable)

Desired Relocation Date

I currently reside in a I wish to move to a

Reason for Request Increase in family size Decrease in family size

If decrease in family size, please provide names of individual(s) no longer residing with you:

Total number of occupants who will reside in the unit (including yourself)

New Family Member Information (if applicable)

Changes within WCM Housing incur a one-time, non-negotiable transfer fee of \$500.00 to cover the costs to double-turn the current and new units. Please refer to the Family Housing Policy applicable to you on the [Housing website](#) for a complete list of all family housing criteria and any required documentation. **If documentation is required, it must be valid at the time of application.**

Please list any family members who you wish to reside with you:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Pronoun:	<input type="text"/>	Relationship:	<input type="text"/>	If a child, age:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Pronoun:	<input type="text"/>	Relationship:	<input type="text"/>	If a child, age:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Pronoun:	<input type="text"/>	Relationship:	<input type="text"/>	If a child, age:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Pronoun:	<input type="text"/>	Relationship:	<input type="text"/>	If a child, age:	<input type="text"/>

Applicant Certification

I verify that the information supplied on this application and supporting documentation is true and agree to make payment arrangements for the transfer fee with the Housing Office.

Applicant Signature* Date*

Please submit this form and any required family member documentation to the Housing Office.

For Housing Office use only:

Family Housing Documentation (if applicable):

Marriage Certificate Domestic Partnership Certificate

Birth Certificate(s) IRS Dependent Info