

Student Family Housing Application

This form is for incoming and current Weill Cornell Medicine students who wish to request family housing. Please refer to the [Student Family Housing Policy](#) for a list of family housing criteria and required documentation. 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*

Student Status*

MD Students: Class Year

All Other Students: Year Entered

Housing Preference

Preferred Move-In Date*

Type of Housing* Apartment allocations are based on the total number of occupants and available inventory. Weill Cornell Medicine license agreements are for 12 months and include studio apartments for couples and one-bedrooms for families.

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

Family Member Information

Please list all family members who you wish to reside with you below, if applicable. Please refer to the [Student Family Housing Policy](#) for a list of family housing criteria and required documentation. **All documentation must be valid at the time of application.**

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|------------|----------------------|-------------|----------------------|----------|----------------------|---------------|----------------------|------------------|----------------------|
| 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.

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):

Birth Certificate(s)
 Marriage Certificate
 Domestic Partnership Certificate