

NEW YORK MEDICAL COLLEGE  
OFFICE OF STUDENT & RESIDENTIAL LIFE  
INFORMATION AND APPLICATION



NEW YORK MEDICAL COLLEGE  
OFFICE OF STUDENT & RESIDENTIAL LIFE  
ADMINISTRATION BUILDING-ROOM 116  
VALHALLA, NY 10595  
(914) 594-4832

<http://www.nymc.edu/StudentServices/Housing/index.html>

**NEW YORK MEDICAL COLLEGE  
OFFICE OF STUDENT & RESIDENTIAL LIFE APPLICATION INSTRUCTIONS**

New York Medical College has 15 on-campus apartment buildings, each strictly devoted to students, all located just steps away from our academic buildings. We house approximately 500 students in a variety of different apartments types ranging from unfurnished studio units, to fully furnished shared 4 bedroom apartments. Campus housing is assigned on a first-come, first-served basis so if you think you want to live on campus, please complete the attached application and submit to the Office of Student & Residential Life as early as possible. A non-refundable application fee of \$200.00 must be enclosed with the application.

**Please complete the application as follows:**

**Applicant Information:**

**Email Address:** Please print clearly and use an email address that you are sure to check often.

**Release Information:** If you do not wish to have the Office of Student & Residential Life Office to release information to future roommates and the college community, please check NO.

**Assignment Information:**

**Date Housing Required:** If you are a new student you will be notified of the move in date, if you are a current student, please indicate the date you would need housing.

**Housing Occupancy Required:**

Please indicate one classification. If you are a family, on the back of the application, please indicate the names, relationship and ages of all family members and include documentation of family status (copies of marriage and/or birth certificates for children).

**Housing Type Desired:** Using the information sheet as a guide, indicate the type of housing accommodation desired.

**Housing Questionnaire** (Single students only): Please complete all the questions based on your preferences. The Office of Student & Residential Life will do its best to match you with individuals who meet these criteria.

**Declaration:** All applications must be signed and dated.

Once you have completed your application, separate it from this instruction sheet and return it by mail or in person to:

New York Medical College  
Office of Student & Residential Life  
Administration Building, Room 116  
Valhalla, NY 10595

A \$200.00 non-refundable application fee must accompany the application. The check should be made payable to "New York Medical College".

**New York Medical College  
Office of Student & Residential Life Application  
Applicant Information**

**NAME:** \_\_\_\_\_  
Last First

**PERMANENT ADDRESS:** \_\_\_\_\_  
Street City State Country Zip

**TELEPHONE NUMBER:** \_\_\_\_\_  
Cell Home

**EMAIL ADDRESS:** \_\_\_\_\_ **GENDER:**  Male  Female

**BIRTH DATE:** \_\_\_\_\_ **MARITAL STATUS:**  Single  Married

**RELEASE INFORMATION:**  YES  NO (If you check NO we will NOT release your name or contact information to your future roommates when assignments are e-mailed prior to move-in)

**STATUS: Medical School Student:**  
Program Year:  1  2  3  4

**School of Public Health and Graduate Students:**  
Anticipated Degree:  MPH  DPT  SLP  
Anticipated Graduation Date: \_\_\_\_\_

**School of Basic Medical Sciences & Graduate Students:**  
Anticipated Degree:  MS  Ph.D  Accelerated  
Department: \_\_\_\_\_  
Anticipated Graduation Date: \_\_\_\_\_

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**Assignment Information**

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**DATE HOUSING REQUIRED :** \_\_\_\_\_

**HOUSING OCCUPANCY REQUIRED:**  Single (Complete Housing Questionnaire)  
 Married (Complete section on back)  
 Married w/children (Complete section on back)

**HOUSING TYPE DESIRED:**

(SINGLE STUDENTS)

**Grasslands I (Unfurnished)**

2 Bedroom Shared Apt.

3 Bedroom Shared Apt.

**Grasslands II (Furnished)**

3 Bedroom Shared Apt.

4 Bedroom Shared Apt.

(MARRIED COUPLES)

**No Children**

1 Bedroom Apt.

2 Bedroom Apt.

**With Children**

2 Bedroom Apt.

3 Bedroom Apt.

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**DECLARATION**

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I hereby submit this application and deposit for New York Medical College Office of Student & Residential Life as outlined in the attached information and instructions. Upon acceptance of a housing assignment, I agree to abide by all housing policies and regulations as outlined in the terms and conditions of the housing agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Housing Questionnaire (For single students)

Please Note: Preferences cannot be guaranteed.

- I will accept housing only if my housing preference is met.
- I will accept housing whether or not my housing preference is met.

Will you require services to accommodate a disability?  Yes

Please explain (physician's documentation must be provided): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Do you smoke?  Yes  No
  2. How would you describe yourself?  Morning person  Night person
  3. How do you plan to use your room/apt?  
 Primarily for Studying  Primarily for Socializing  Equally for studying and socializing
  4. What noise level is tolerable when you are studying?  None  Light  Moderate  Heavy
  5. When are your roommates 'guests welcome'?  
 Anytime  If you are consulted ahead of time  At the last minute, if they are considerate
  6. How would you describe your level of cleanliness?  
 Neat at all times  Organized, but sometimes scattered  Messy
  7. Please list any personal interests or hobbies: \_\_\_\_\_  
\_\_\_\_\_
  8. Please rank the first six questions in order of their importance to you in determining your ideal roommate: \_\_\_\_\_
  9. Do you have any dietary needs that should be considered? \_\_\_\_\_
- Is there another person or persons with whom you wish to live?  
Name(s): \_\_\_\_\_

### Additional Family Member Information (For married students):

Full Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____