

AECOM HOUSING ELIGIBILITY FORM  
Research Associate/Research Fellow

NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATE of DEGREE: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

RESEARCH ASSOCIATE: \_\_\_\_\_ RESEARCH FELLOW: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM #: \_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE OF NEED/ARRIVAL: \_\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Children \_\_\_\_

SPOUSE NAME: \_\_\_\_\_ AECOM POSTDOC: Y \_\_\_\_ N \_\_\_\_

APT. SIZE: Studio \_\_\_\_ 1-BR \_\_\_\_ 2-BR \_\_\_\_ ANNUAL STIPEND: \_\_\_\_\_

PAYROLL SOURCE: (YU, MMC, Direct, Personal Funds, etc.) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Principal Investigator

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Department Administrator

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Belfer Institute Administrator

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Housing Manager

