



Department of Real Estate Development + Facilities (RED+F)
NYULMC Housing Services, One Park Avenue, 5th floor New York, NY 10016
housing@nyumc.org

for office use

FACULTY HOUSING APPLICATION

APPLICATION DATE _____ Is this an apartment transfer request? ☐ Yes ☐ No

DATE EMPLOYMENT BEGINS (MM/DD/YY) _____

PLEASE PRINT: GIVEN NAME _____ FAMILY NAME _____ EMPLOYEE NUMBER, IF KNOWN _____

CURRENT ADDRESS STREET APT # CITY STATE ZIP OR POSTAL CODE COUNTRY _____

Email Address: _____ Telephone Number _____

NYU Faculty Title: ☐ Instructor ☐ Professor ☐ Assistant Professor ☐ Associate Professor

☐ Other (please specify): _____ Department: _____

Funding Source(s) for your position:

☐ NYU School of Medicine ☐ NYU Langone Health System ☐ Other (specify) _____

Household Size: ☐ Single ☐ Couple ☐ Couple with Child/Children

Apt. request (rank order) ____ Studio ____ One-Bedroom Apt. ____ Two-Bedroom Apt. ____ Three-Bedroom Apt.

*Name(s) & Relationships of those who will live with you:

Preferred Monthly Rent (maximum) \$ _____

If you have a pet, please specify breed and weight _____

NOTE: PETS ARE NOT PERMITTED IN ALL BUILDINGS

I warrant and represent the accuracy of the information I have provided in this application or in any report by me concerning my household composition, employment status, personal information, or any other matters. The information I have provided on this form shall be an addendum to my housing lease ("Lease"). If I am applying for Couples/Family housing, I attest that each household member qualifies under the *Policy on Couples/Family Housing* and each resides with me. I have attached the required documentation.

SIGNATURE _____

DATE _____

For information on off-campus housing, relocating to New York, hotels, moving companies, etc, see
<http://www.med.nyu.edu/school/studentsfaculty/general-resources/housing/off-campus-relocation-resources>