SIGNATURE

LAST NAME	FIRST NAME	FIRST NAME	
ADDRESS CTTY	STATE COUNTRY	ZIP CODE	
Email Address	Cell Telephone Number ()		
Gender: Male Female	Expected Graduation Month	nYear 20	
I am requesting the following accommo	dations:		
Single and shared w/another student	(one adult) Family with no Children* (two	adults)	
	g Policy for a list of criteria and required documents Il not be accepted without the required documentation		
Names of all documented additional res	idents who will occupy the apartment (excluding	g the student applying)	
C C			
Housing Preference	2 ditional information regarding their application	3	

Please note: Housing transfers are not guaranteed. Housing transfers are subject to availability, applicable policies and procedures, and the overall needs of the Sackler student housing program. Transfers will not be offered from May I through August 3I. Declining a transfer offer removes the name from the waiting list; if interested again, reapplication would be necessary. Transfer approvals require compliance with deadlines for license-signing and for completing the move, and failure to comply may result in the transfer being canceled.

PETS ARE NOT PERMITTED IN STUDENT HOUSING.

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 license ("License"). It shall be deemed a material violation of my License and of my employment status, if any statement or information provided by me shall prove to be false, or should I fail to report changes or corrections. If I am applying for Couples/Family housing, I, the undersigned, declare I am eligible to reside in NYU Langone Medical Center Couples/Family Housing and that I share a qualifying relationship as defined by the *Policy on Couples/Family Housing* and as evidenced by marriage or domestic partnership. I have attached required documentation. I attest that each household member made part of my application, qualifies under the *Policy on Couples/Family Housing* and resides with me. I understand that Couples/Family Housing will be allocated under the guidelines overseen by the Real Estate and Housing division.

Real Estate Development & Facilities, Housing Services

Langone Medical Center

212-263-5025 + fax: 212-263-7500 <u>housing@nyumc.org</u>

SACKLER STUDENT HOUSING TRANSFER APPLICATION

PLEASE PRINT ALL INFORMATION

NYU Langone Medical Center

Real Estate Development & Facilities, Housing Services 339 East 28th Street NY, NY 10016 212-263-5025 🗆 fax: 212-263-7500 housing@nyumc.org

Sackler Transfer Policy

Sackler graduate students currently in medical center housing who wish to be considered for reassignment may apply for transfers by submitting completed Sackler Transfer Applications. Students will then be added to a wait list for future availabilities. Documents should be submitted in hard copy format (fax is acceptable) to the Housing Services Office located at 339 East 28th Street. The fax number is (212) 263-7500. If you elect to fax the document(s), please email <u>housing@nyumc.org</u> to confirm that all is legible and complete. This policy does not necessarily indicate that spaces for transfers are currently available; rather it offers the opportunity to have your name placed on a wait list for a future offer, subject to availability. Transfers cannot be offered from May I through August 3I of each year. Transfers are not guaranteed and priority consideration will be given to those students with a change in family status or size. See the application form for additional policy and procedure details, as well as for information on the documentation required for couples/family housing.

Sackler Student Housing Rent Schedule Prices effective July 1, 2009 All rents, buildings and apartments are subject to availability and change

Building	Room/Apartment Size	Monthly rent
Greenberg Hall	Studio – front	\$1,200
545 First Avenue	Studio – rear	\$1,250
(Electricity is additional to the rent)	Three-Bedroom - 3 students	\$780 per student
323 East 14th Street (Electricity is additional to the rent)	Standard Studio larger studio One-bedroom	\$1,040 \$1,080 \$1,370
- Lipton Hall (formerly Skirball Residential Tower) 564 First Avenue (Electricity is additional to the rent)	Standard Studio One-bedroomcouple One-bedroom -2 students A-Line One bedroomcouple	\$1,420 \$1,910 \$905 per student \$2,060
Waterside Plaza	Standard Studio	\$1,495
(Electricity is additional to the rent)	One-bedroomcouple	\$1,915
See <u>www.watersideplaza.com</u>	One-bedroom- 2 students	\$905 per student

Priority for studios, when available, is given to documented couples. One-bedroom units are very limited and priority is given to a documented couple with a child.



POLICY ON COUPLES'/FAMILY HOUSING

Couples'/Family housing may be available to NYULMC students, postdoctoral trainees (postdoc), house staff, and nurses, and their spouses, domestic partners, and minor dependents.

MEETING COUPLES/FAMILY HOUSING CRITERIA THROUGH MARRIAGE

A. A couple who presents a valid marriage certificate is eligible to apply for family housing.B. Engagement to be married does not qualify applicants for family housing, unless the applicant meets family housing criteria through domestic partnership.

DOMESTIC PARTNERSHIP CRITERIA FOR COUPLES/FAMILY HOUSING

DEFINITION:

Domestic partners are defined as two individuals who live together in a long-term relationship with an exclusive, mutual commitment similar to that of marriage in which the partners agree to be legally responsible for each other's welfare and share financial obligations.

NYC DOMESTIC PAR TNERSHIP INFORMATION

To obtain a Domestic Partnership Affidavit and information on registering as a domestic partner, please visit the following website: <u>http://www.cityclerk.nyc.gov/html/marriage/domestic_partnership_reg.shtml</u>

To apply for couples'/family housing, domestic partners must fulfill the following requirements.

I. Current New York residents must have filed a New York City Domestic Partnership Agreement at the time of application. Those from outside New York City must present to the Housing Office a valid New York City Domestic Partnership Agreement within 30 days after arriving in New York City.

2. Be jointly responsible for each other's common welfare and share financial obligations, as demonstrated by $\underline{two}(2)$ of the following which must have preexisted for a minimum of six months prior to occupancy:

- I. A joint mortgage or lease.
- 2. Ownership of an actively-used joint bank account, joint credit account, or joint ownership of a home.
- 3. Designation of domestic partner as primary beneficiary in a will or trust document.
- 4. Assignment of durable property or health care power of attorney to domestic partner.
- 5. Designation of domestic partner as beneficiary for life insurance or retirement benefits.
- 6. Registered as domestic partners in some other state or foreign county.
- 7. Proof of prior co-habitation for a period of at least six months.

Children and Qualifying Dependents.

For children, the eligible housing applicant must provide a valid birth certificate, final adoption papers, or passport indicating the parentage of the child, to the Housing Office.

A qualifying dependent is a person who has been declared as a dependent under the primary occupant's US tax return for tax year before the application for housing. Documentation concerning IRS Qualifying Dependents should be presented to the NYULMC Housing Office.

FALSIFICATION OF DOCUMENTATION

Falsification of documents and records, or failure to report changes in family or couple status will result in a loss of housing for the student or employee.