

Student Housing Questionnaire

Name: _____

Date: _____

Print Surname or Family Name, then Given Name

If you request housing,

Current _____

MD-PhD Student _____

Please return this form to:

Address: _____

Graduate Student _____

Real Estate Division

Good

Medical Student _____

1249 Park Avenue

until _____

If med. student: _____

New York, NY 10029

e mail: _____

____ Graduation year

(212) 831-3093 fax

(212) 410-0307 phone

Daytime telephone () _____

Male: _____

Female: _____

Permanent Address _____

Soc Sec Number _____

Date by which your housing

Permanent Telephone: () _____

should start: _____

Single Students:

Please comment on your study habits, neatness habits, sleep habits, need for quiet, or any other housing preferences

NOTE: Smoking is **NOT permitted** in the Aron Hall Residence Building

Mount Sinai's single students are assigned to the Jane B. Aron Residence Hall, 50 East 98 Street. Each occupant has a private bedroom in a four or six-person suite which provides 2 or 3 shared bathrooms, a kitchen, and a living-room. Units are furnished and furnishings may not be removed. Linens, towels, and kitchen and bathroom supplies are not provided. Suitemates share one electricity bill for the suite. The building has doormen 24 hours, a laundry room, an exercise room, and a TV lounge. Each bedroom has a telephone jack and each occupant may arrange for private telephone service with a telephone company.

Students requesting housing as a couple or family, see other side

Couples and families:

Couples and families will be considered for apartments in several buildings. If you are a couple or family, please complete the following items and read the following. Please sign at the bottom.

1. Preferred size of apartment (rank order): _____ studio _____ 1 BR _____ 2 BR
(see attached price list)

2. Preferred rental price range \$ _____ to \$ _____

3. Other Preferences: _____ subject to availability

4. Name of your spouse or domestic partner: _____
print

His/Her Soc. Sec. Number _____

His/Her place of enrollment/employment _____
Names of children who live with you _____

5. Have you previously applied for Mount Sinai housing? If so when? _____

Domestic partners are two people in an exclusive, mutual relationship similar to marriage in which the partners agree to be responsible for each other's welfare and share financial obligations.

To qualify as domestic partners for consideration for Mount Sinai housing, couples must provide a municipal domestic partnership certificate PLUS TWO or more of the following:

- a. Proof of shared ownership of an actively-used joint bank or credit account for at least six months;
- b. proof of joint ownership of an automobile or home; c. legally-binding assignment of insurance benefits or health care power of attorney to each other; d. proof of prior cohabitation;
- e. mutual grant of durable power of attorney; f. an executed contract at a catering hall or church of a wedding that is to take place within six months of the application date; g. a letter from a clergy member who will perform your marriage ceremony.

This application is not complete and will not be considered without the required documentation.

Note: If you currently live in Mount Sinai housing and you wish to move to another Mount Sinai apartment or building, you will be charged a transfer fee of \$300.

This also applies to Aron Hall residents who wish to transfer to another Mt Sinai Building.

ALL APPLICANTS:

Please read the following and sign below:

I represent and warrant the accuracy of the information I have provided in this application and in any report made by or on behalf of me concerning my household composition, my enrollment status, or any other matter concerning my application. I must notify Mount Sinai Real Estate promptly in writing of any changes in the information I have herein provided. It shall be deemed a default of my occupancy agreement if any statement by me contained in this application or in the occupancy agreement shall prove to be inaccurate at any time.

SIGNATURE

DATE