



STUDENT Housing Application

TRANSFER (Check Box if applicable)

Note: There is no charge for first time transfers.
A \$250 fee is charged for subsequent transfers.
This fee will be waived if TWO YEARS or more
have passed since a previous transfer.

RETURN THE COMPLETED FORM TO:
REAL ESTATE DIVISION
The Mount Sinai Medical Center
1249 Park Avenue, 1st Floor
New York, NY 10029
Tel: (212) 410-0307
Fax: (212) 831-3093
Email: housing@mountsinai.org

PLEASE PRINT

Date: _____

Name: _____
Surname or Family Name, then Given Name

Male _____ Female _____

**Date by which
your Housing
should start:** _____

Current Address: _____

MD-PhD Student _____

Graduate Student _____

Medical Student _____

Daytime Telephone: () _____

Graduation Year _____
(If Med Student)

Email Address: _____
(Please Print)

Can we share your email address with your future roommates? YES _____ NO _____

Permanent Address: _____

Permanent Telephone: () _____



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Mount Sinai's single students are assigned to the Jane B. Aron Residence Hall, 50 East 98th 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, 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.

Note: Smoking is Prohibited in the Aron Hall Residence Building.

Students requesting housing as a couple or family:

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

2. Preferred rental price range: \$ _____ to \$ _____
(See housing price list)

3. Other Preferences: _____

4. Name of your spouse or domestic partner: _____
(Print)

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? _____



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Students applying for housing with their families **MUST** produce a marriage certificate or a domestic partnership certificate, **PLUS** birth certificates of any dependent children to be housed. Permissible apartment occupants include **ONLY** domestic partners **as defined below**, spouses, and dependent children.

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.

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

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