

**NEW YORK MEDICAL COLLEGE
STUDENT HOUSING
INFORMATION AND APPLICATION
FOR BASIC MEDICAL SCIENCE
STUDENTS**



**NEW YORK MEDICAL COLLEGE
STUDENT HOUSING OFFICE
116 SUNSHINE COTTAGE
VALHALLA, NY 10595
(914) 595-4832**

NEW YORK MEDICAL COLLEGE STUDENT HOUSING APPLICATION INSTRUCTIONS

New York Medical College offers single rooms in shared apartments as well as full studio, one, two and three bedroom apartments on our Valhalla campus. Please consult the enclosed information sheet for specific details regarding the various housing facilities available. The attached application should be completed and submitted to the Student Housing Office as early as possible. A security deposit of \$200.00 must be enclosed with the application.

Please complete the application as follows:

Applicant information:

Release information: If you do not wish to have the Student Housing Office include your name, apartment and telephone number in its published listings, or to release information to the college community, please check NO.

Status: Check one item indicating your status and complete the additional items.

Assignment Information:

Date Housing Required: Indicate the exact date housing is required. If unknown, indicate an approximate date. Any change in the arrival date must be communicated to the Student Housing Office. Assignments will be made based on the availability of housing on the date indicated.

Housing Occupancy Required:

Please indicate one classification. If you are a family, on the back of the application, please indicate the names, relationship and ages of all family members and include documentation of family status (copies of marriage and/or birth certificates for children).

Housing Type Desired: Using the information sheet as a guide, indicate the type of housing accommodation desired.

Housing Questionnaire (Single students only): Please complete all the questions based on your preferences. The Office of Student Housing will do its best to match you with individuals who meet these criteria.

Declaration:

All applications must be signed

Once you have completed your application, separate it from this instruction sheet and return it by mail or in person to:

New York Medical College
Student Housing Office
116 Sunshine Cottage
Valhalla, NY 10595

A \$200.00 security deposit must accompany the application. Basic medical science students should make the check payable to "New York Medical College".

**New York Medical College
Student Housing Application for Basic Medical Science Students**

-----Applicant Information-----

NAME: _____
Last First

PERMANENT ADDRESS: _____
Street City State Country Zip

PRESENT ADDRESS: _____
Street City State Country Zip

PRESENT ADDRESS VALID UNTIL: _____

TELEPHONE NUMBER: () _____ () _____ () _____
Permanent Present Cell

EMAIL ADDRESS: _____

GENDER: ___Male ___Female BIRTH DATE: _____ MARITAL STATUS: ___Single ___Married

RELEASE INFORMATION: ___ YES ___ NO (If checked Yes, or not checked, you allow the Housing Office to release your name, apartment number and telephone number as public information to the college community only.)

STATUS:

NYMC School of Basic Medical Sciences Graduate Student
(Required Information):

Anticipated Degree: ___MS ___PhD
___Integrated PhD ___Accelerated BMS

Anticipated Graduation Date: _____

Department: _____

-----Assignment Information-----

DATE HOING REQUIRED: _____

HOUSING OCCUPANCY REQUIRED: ___ Single (Complete Housing Questionnaire)
___ Married (Complete section on back)
___ Married w/children (Complete section on back)

SINGLE STUDENTS

HOUSING TYPE DESIRED:

Grasslands I (Unfurnished)	Grasslands II (Furnished)
___ Studio Apartment	___ 3 Bedroom Shared Apt.
___ 2 Bedroom Shared Apt.	___ 4 Bedroom Shared Apt.
___ 3 Bedroom Shared Apt.	

Married Couples (No Children)	Married Couples (w/Children)
___ 1 Bedroom Apt.	___ 2 Bedroom Apt.
___ 2 Bedroom Apt.	___ 3 Bedroom Apt.

-----DECLARATION-----

I hereby submit this application and deposit for New York Medical College student housing as outlined in the attached information and instructions. Upon acceptance of a housing assignment, I agree to abide by all housing policies and regulations as outlined in the terms and conditions of the housing agreement.

Signature

Housing Questionnaire (For single students)

Please Note: Preferences cannot be guaranteed

- I will accept housing only if my housing preference is met.
 I will accept housing whether or not my housing preference is met.

Will you require services to accommodate a disability? Yes
Please explain (physician's documentation must be provided):

1. Do you smoke? Yes No
2. How would you describe yourself? Morning person Day person Night person
3. How do you plan to use your room/apt? Primarily for studying Primarily for Socializing Equally for studying and socializing
4. What amount of noise is tolerable when you are studying? None Light Moderate Heavy
5. When are your roommate's guests welcome? Anytime Never If you consulted ahead of time At the last minute, if they are considerate
6. How would you describe your level of cleanliness? Neat at all times Organized, but sometimes scattered Messy
7. Please list any personal interests: _____
8. Please rank the first five questions in order of their importance to you in determining your ideal roommate: _____

Is there another person or persons with whom you wish to live?

Name(s): _____

Additional Family Member Information (For married students):

Full Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____