NEW YORK MEDICAL COLLEGE
OFFICE OF STUDENT & RESIDENTIAL LIFE APPLICATION INSTRUCTIONS

New York Medical College has 15 on-campus apartment buildings, each strictly devoted to students, all located just steps away from our academic buildings. We house approximately 500 students in a variety of different apartments types ranging from unfurnished studio units, to fully furnished shared 4 bedroom apartments. Campus housing is assigned on a first-come, first-served basis so if you think you want to live on campus, please complete the attached application and submit to the Office of Student & Residential Life as early as possible. A non-refundable application fee of $200.00 must be enclosed with the application.

Please complete the application as follows:

Applicant Information:

Email Address: Please print clearly and use an email address that you are sure to check often.

Release Information: If you do not wish to have the Office of Student & Residential Life Office to release information to future roommates and the college community, please check NO.

Assignment Information:

Date Housing Required: If you are a new student you will be notified of the move in date, if you are a current student, please indicate the date you would need housing.

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 & Residential Life will do its best to match you with individuals who meet these criteria.

Declaration: All applications must be signed and dated.

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
Office of Student & Residential Life
Administration Building, Room 116
Valhalla, NY 10595

A $200.00 non-refundable application fee must accompany the application. The check should be made payable to “New York Medical College”.

UPDATED 5/12/15
New York Medical College  
Office of Student & Residential Life Application  
Applicant Information

NAME: ________________________________________________________________

PERMANENT ADDRESS: ____________________________________________

TELEPHONE NUMBER: ____________________________________________

EMAIL ADDRESS: ____________________________________________

GENDER: □ Male □ Female

BIRTH DATE: __________ MARITAL STATUS: □ Single □ Married

RELEASE INFORMATION: □ YES □ NO (If you check NO we will NOT release your name or contact information to your future roommates when assignments are e-mailed prior to move-in)

STATUS: Medical School Student:  
Program Year: □ 1 □ 2 □ 3 □ 4

School of Public Health and Graduate Students:  
Anticipated Degree: □ MPH □ DPT □ SLP  
Anticipated Graduation Date: __________

School of Basic Medical Sciences & Graduate Students:  
Anticipated Degree: □ MS □ Ph.D □ Accelerated  
Department: ____________________________  
Anticipated Graduation Date: __________

Assignment Information

DATE HOUSING REQUIRED: ____________________________

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

HOUSING TYPE DESIRED:  
(SINGLE STUDENTS) Grasslands I (Unfurnished)  
□ 2 Bedroom Shared Apt.  
□ 3 Bedroom Shared Apt.  
Grasslands II (Furnished)  
□ 3 Bedroom Shared Apt.  
□ 4 Bedroom Shared Apt.

(MARRIED COUPLES)  
No Children  
□ 1 Bedroom Apt.  
□ 2 Bedroom Apt.  
With Children  
□ 2 Bedroom Apt.  
□ 3 Bedroom Apt.

DECLARATION

I hereby submit this application and deposit for New York Medical College Office of Student & Residential Life 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 ____________________________ Date __________

UPDATED 5/12/15
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 ☐ 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 noise level is tolerable when you are studying? ☐ None ☐ Light ☐ Heavy
5. When are your roommates’ guests welcome? 
   ☐ Anytime ☐ If you are 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 or hobbies:

_________________________________________________________________________________

8. Please rank the first six questions in order of their importance to you in determining your ideal roommate:

9. Do you have any dietary needs that should be considered? ___________________________

☐ Is there another person or persons with whom you wish to live with? (they must also state this on their application, and applications must be received within 7 days of one and other)
Roommate requests are not guaranteed.
Name(s):__________________________________________

☐ We will do our best to accommodate all of your preferences. We would like to know what is more important to you when we assign your apartment:
   ☐ Roommate Preference ☐ Preferred Room Type

Additional Family Member Information (For married students):

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<th>Full Name</th>
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