



THE ROCKEFELLER UNIVERSITY

HOUSING DEPARTMENT

504 EAST 63RD STREET, NEW YORK, NY 10065-7919

Housing Application

Fax: 212-327-8699 / Phone: 212-327-8300

Name of Applicant: _____ Male: _____ Female: _____

Present Address: _____

City: _____ State _____ Country _____ Zip _____

Home Phone No. _____ email address: _____

Rockefeller Sponsor & Laboratory _____

Rockefeller University Laboratory Telephone _____

Please select the type of apartment you are requesting. Place an (X) next to your preferred unit size.

- _____ Studio (1 room, kitchenette & bath)
_____ One Bedroom (living room, bedroom, kitchen)
_____ Two Bedroom (living room, 2 bedrooms, kitchen)
_____ Three Bedroom (living room, 3 bedrooms, kitchen)

Number of people occupying apartment: _____ Adults _____ Children / Pets: Y N

Anticipated Arrival Date: _____

Projected length of occupancy: _____ (No. of months/years)

Additional information about your housing needs: A preference for a specific location can only be honored by Housing when possible.

Signature of Applicant

Date

***This application is not complete without the following accompanying documents:
the Housing Policies & Procedures and the Housing Package.***

-----**FOR OFFICE USE ONLY**-----

Rockefeller University Title _____

Appointment Start Date _____ Appointment End Date _____

Percentage of professional time at RU: Part-time _____% Full-time _____%

Eligible for Student Housing

Eligible for Permanent Housing

Eligible for *Furnished Temporary* guest housing

HHMI

Comments: _____

Signed: _____ Application Date: _____

Human Resources