

Academic Year, July 2008

Welcome to Long Island College Hospital:

Real Estate Services provides housing and parking to incoming residents. We look forward to assisting you as you prepare to join Long Island College Hospital.

For your review herein, is Long Island College Hospital's (LICH) housing and parking information which describes the Hospital's location in Brooklyn, New York; general housing policies; details about the allocation and availability of apartments and parking; as well as information about the payment of rent and utilities.

Parking is available, as space allows, in hospital-owned facilities. Payment for monthly parking is made by payroll deduction. Application for monthly parking should be made through Real Estate Services. A Parking Application with our terms and conditions is enclosed.

A Housing Application is also enclosed. Housing is provided as space allows, to House Staff (interns and residents) in specified ACGME accredited LICH programs who submit a completed application (please refer to page two of the housing application) and a deposit in the amount of \$1,000.00 no later than April 25, 2008. This deposit will be refunded if no offer of an apartment is made, the offer is declined or the application is withdrawn. The application deposit must be in the form of U.S. money order, cashier's check, traveler's checks or credit card. This deposit will later be applied to your first month's rent.

Any application coming from overseas should be faxed to us at (212) 523-5119 or sent via e-mail to reshous@chpnet.org, or via express mail to Long Island College Hospital, Real Estate Services Department, 555 West 57th Street, Suite 5-46, New York, New York 10019. If the application is sent via fax or e-mail, your payment and any other required documentation must be received within one (1) week of receiving the fax or e-mail submission.

If your completed application is received by April 25th, your housing assignment, Occupancy Agreement and related documents will be mailed to you between May 15th and June 1st. Please provide an address, telephone number, fax number and e-mail address where you can be reached during this time. All Occupancy Agreements must be completed and returned to the Real Estate Services' office along with the appropriate checks and documentation no later than five (5) days after you receive the Agreement.

Please read the information herein thoroughly. If, after reading the attached packet, you have any questions, please contact us at e-mail address reshous@chpnet.org, telephone number (212) 523-6781, fax number (212) 523-5119, or you may write to us at the aforementioned address. For all House Staff who do not live in the United States, we strongly urge you to communicate with us by fax and/or e-mail to meet these deadlines. If you leave a telephone message, please include the country code, city code, telephone number and time difference.

We look forward to working with you at Long Island College Hospital.

**Long Island College Hospital
Housing Information
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LONG ISLAND COLLEGE HOSPITAL GENERAL HOUSING INFORMATION

Long Island College Hospital has been serving the Brooklyn community for over a century. Located in the Brooklyn Heights/Cobble Hill neighborhoods, Long Island College Hospital serves as the hub of Continuum Health Partners, Inc. in Brooklyn. Long Island College Hospital is the primary clinical teaching affiliate of the State University of New York Health Science Center at Brooklyn (SUNY-Downstate Medical Center).

Housing Provided

As a service to House Staff in approved programs, Long Island College Hospital maintains residential buildings for employee housing. House Staff in the following departments are eligible for housing: Medicine, Obstetrics / Gynecology, Dentistry and Radiology. Studio, one-bedroom and two-bedroom apartments are offered, with housing assignments based on both availability and each employee's family size. Apartments are not available for employees in Fellowship programs.

Parking Provided

There is a very limited number of parking spaces available. Parking spaces are located at 94 Amity Street and 352 Hicks Street. The parking fee at these locations is \$72.00 and \$100.00 per month respectively. If parking is needed, the attached application and the terms and conditions page must be completed, signed and submitted with the requested copies of your hospital identification card, driver's license and vehicle registration.

Apartment Information

All apartments include refrigerators and stoves, and some have in-house telephones. Otherwise, apartments are rented unfurnished. *Gas, electricity and water are included in the rent.* No arrangements need to be made for these services. Apartment keys are available only from the Building Manager. Changing of apartment locks **must only be done by the Building Manager.** **The installation and use of clothes washer, clothes dryer and dishwasher in apartments is not allowed.** Exterminating service is scheduled once a month and is available at no cost by signing on the service request form posted in the building lobby. Maintenance service request forms are also available in the building lobby for completion and deposit in the service request box. For further assistance the Building Manager can be reached at (718) 780-1764. No pets are allowed in the buildings **except fish and small birds.**

94 Amity Street, Brooklyn, New York 11201

This seven-story, elevator building has 48 residential apartments and is the largest building used for Hospital housing. It is located directly across the street from the Hospital. The majority of its units are one-bedroom apartments. Card operated washers and dryers are located on the first floor.

74, 82 and 86 Amity Street, Brooklyn, New York 11201

These three brownstone walk-up buildings contain ten studio-alcove apartments and nine one-bedroom apartments. They are also located across the street from the Hospital.

43 Columbia Place, Brooklyn, New York 11201

This is a four-story walk up between State and Joralemon Streets. It is a 10-minute walk from the Hospital in a quiet neighborhood. There is a public playground for children nearby. This 10-unit building consists of studio and one-bedroom apartments with three of the units being duplex, one-bedroom apartments with spiral staircases leading to the second level.

Renter's Insurance

We strongly recommend that occupant's purchase renter's insurance. Renter's insurance can provide coverage for loss of personal property due to fire, smoke, vandalism, theft, and water damage from plumbing. Renter's insurance can also cover you if someone slips and falls in your home or is injured by any of your possessions and then sues. Insurance companies that sell renter's insurance include (but are not limited to): Allstate at www.allstate.com or (800) Allstate; Nationwide Insurance at www.nationwide.com or (800) 882-2822; Met Life at www.metlife.com or (800) 438-6388.

Application Procedures

Housing is provided to House Staff in specified ACGME accredited programs who submit both a completed application and a deposit in the amount of \$1,000.00 by April 25, 2008. Please send U.S. money orders, traveler's checks or cashier's checks made *payable to Long Island College Hospital*. You may charge the deposit to your credit card by completing the credit card authorization section on page two of the Housing Application. This deposit will later be applied to your first month's rent. Please be advised that the application deposit must be paid **in addition to** the security deposit. Furthermore, the security deposit can't be paid via payroll deduction or credit card. The completed application with support documentation as listed on the Housing Application and the deposit should be sent to Long Island College Hospital, Real Estate Services, 555 W. 57th Street, Suite 5-46, New York, NY 10019 or by fax at (212) 523-5119 no later than April 25, 2008.

All completed applications received before and on April 25th will be treated equally. A complete application must include the deposit and any required documentation. All applications received after April 25th will be handled on a first come/ first served basis **after** processing those applications received by the deadline. Once your completed application has been received and processed, you will be assigned an apartment, if available. **First preference is given to those living outside a 30-mile radius of the Hospital Center** since they are physically unable to search for their own apartment. If demand for a particular type of apartment is greater than supply, apartments will be assigned randomly to those with first priority. Others will be given an alternate assignment.

If we receive your application by April 25th, we will mail you your housing assignment, Occupancy Agreement and related documents between May 15th and June 1st. All Occupancy Agreements provided to you must be completed and returned to the Real Estate Office along with the appropriate payments and documentation no later than five (5) business days after you receive the Agreement. As a general rule, there are no model apartments available to show prospective tenants. However, you may contact the current tenant to arrange a mutually convenient time to view their apartment.

If you do not accept your housing assignment, you will be eligible for hospital housing after January 1st of the following year. If you accept the apartment but would like to request a transfer, you will be eligible to do so **six months after** the start of your lease. Please note that there is a **\$500.00 transfer fee** for a lateral transfer.

Occupancy Guidelines

Occupancy guidelines are included in the Hospital's Policy & Procedure Manual. Only you and your immediate family who live in the apartment full time are eligible for housing. Subletting of an apartment is not permitted. Eligible family members include only your spouse or domestic partner and children. Parents, brothers, sisters, live-in help, etc., will not qualify you for a larger apartment. To qualify for a larger apartment we must see the original marriage certificate or Affidavit of Domestic Partnership, birth certificates and proof of school records for all children listed.

Domestic Partnership

Eligibility of domestic partners for housing is determined by Real Estate Services. To apply for domestic partnership you must complete the attached "Affidavit of Domestic Partnership" and submit supporting documentation. (See pages 13-14 for the Affidavit and list of acceptable supporting documents).

Rent

Regular monthly rent is paid only through payroll deduction. Half of your monthly rent is deducted from your first paycheck each month and the remainder is deducted from your second paycheck each month. You will be given a form to sign to authorize this deduction at the time that you are sent your Occupancy Agreement. However, at the time you sign your Occupancy Agreement, you must submit a credit card authorization, cashier's check, traveler's check, or U.S. money order for **one month's rent plus the prorated rent from the day you pick up the apartment keys and sign the key receipt, less \$1,000.00. International money orders cannot be accepted.** If you move into your apartment prior to beginning employment, you must also pay rent for this initial period prior to your move-in date.

General Information

| Housing Type | Monthly Rent ¹ | | | | | Occupancy Guidelines |
|--------------------|---------------------------|--------------|--------------|--------------|-----------------|--|
| | 94 Amity St. | 74 Amity St. | 82 Amity St. | 86 Amity St. | 43 Columbia Pl. | |
| Studio | \$984.00-1,004.00 | N/A | N/A | N/A | \$885.00 | Assignment Priority Listed in Priority Order > Employee with a spouse / eligible domestic partner with no children <u>or</u> single employee with one child. |
| Studio Alcove | N/A | \$1,042.00 | N/A | N/A | N/A | > Same as above |
| One bedroom | \$1,099.00-1,121.00 | N/A | \$1,121.00 | \$1,062.00 | \$1,154.00 | > Employee with spouse / eligible domestic partner and one child <u>or</u> a married couple / domestic partners, both of whom are House Staff within Continuum. > Employee with spouse / eligible domestic partner or single employee with one child (if available). |
| One bedroom Duplex | N/A | N/A | N/A | N/A | \$1,180.00 | > Same as above. |
| Two Bedroom | \$1,447.00-1,475.00 | N/A | N/A | N/A | N/A | > Employee with spouse / eligible domestic partner with two children <u>or</u> a married couple / domestic partners, both of whom are House Staff within Continuum, with one child. > Employee with spouse / eligible domestic partner with one child <u>or</u> single employee with two children (if available). |

¹ Rents are subject to change

Security Deposit

The security deposit is equal to one-month's rent. This must be paid separate from the rent via cashier's check, traveler's checks or a U.S. money order and must be paid before you move in. **International money orders cannot be accepted.** The security deposit **cannot** be deducted from your paycheck or charged to a credit card. The security deposit is held in a separate bank account until you vacate the apartment and then is returned to you minus any charges for rent arrears and charges for apartment damages identified during your apartment move-out inspection which you must conduct with the Building Manager prior to returning your apartment key. We must have your Social Security Number on the W-9 Form (which will be sent with your Occupancy Agreement) in order to deposit the money in the bank.

Social Security Number

We need your social security number by July 1st. If you do not yet have a social security number, you must apply in person at the Social Security Administration office with appropriate identification. There is an office at 625 Fulton Street, Brooklyn, New York. For further information regarding acceptable forms of identification, office hours and directions to the closest office, please contact the Social Security Administration (800) 772-1213 or visit their website at www.ssa.gov and click on "Your Social Security Number and Card." Those working in the United States for the first time on a Visa may not be able to obtain numbers by July 1st. If you are in this situation, please inform us. Your security deposit payment cannot be submitted to the bank without your social security number.

Telephone Service

Some apartments are equipped with an in-house telephone with a hospital extension. For any problems with this connection or telephone instrument, you may call (718) 780-1880 to submit a repair request. For local and long distance telephone services, you may contact Verizon at (718) 890-1550. Information is also available at www.verizon.com.

Electricity, Gas and Water

Gas, electricity and water are included in the rent. No arrangements need to be made for these services.

Cable Television and Internet

Cable service is available in all buildings. For service, you may contact Time Warner Cable at (718)358-0900. Information is available at www.timewarnercable.com.

Air Conditioners

Window air conditioners are permitted in housing provided they are installed properly. In order to comply with local laws, window air conditioning units must be securely supported with brackets drilled into the side of the building. The LICH Engineering Department must approve the installation. The Engineering Staff will remove improperly installed units.

What To Expect When You Arrive

Orientation for incoming House Staff begins around the third week in June; however, contracts for most departing House Staff do not end until late June. Occupancy Agreements begin on or about July 1st (as soon as an apartment is vacated, cleaned and painted, if necessary). Herein lays a problem over which we have no control -- many apartments for incoming House Staff will not be ready for occupancy until July 4th or later.

Please arrange to have your furniture and other items delivered to your apartment **after** you have received keys for your apartment from the Building Manager. Please note that someone must be home to accept the delivery of packages and furniture as well as provide access to providers of cable, telephone, and other such services. Storage space is not available in any residential building.

When Will My Apartment Be Ready

Apartments are ready for occupancy approximately three business days after the apartment has been vacated, painted, cleaned and repaired as needed. New occupants may move in as soon as their assigned apartment is ready. Pro-rated rent will be charged from the day you pick up your keys.

Exceptions

We have a policy of no exceptions to our housing policy and procedure. However, on rare occasions exceptions are granted. If you believe your situation is so extreme as to warrant review for an exception, please have your Chairman of Service submit in writing to the Assistant Vice President of Real Estate Services the reason why you should be placed ahead of all others on the wait list. An exception will be considered only for employees who are in the approved residency programs. Please note that we average only one exception per annum.

Further Questions / Contact Information

If you have any questions not addressed in this General Housing Information Packet, please contact us at e-mail address REShous@chpnet.org. We can also be reached via the House Staff Hotline (212) 523-6781 or fax (212) 523-5119.

We are happy you are joining us and look forward to meeting you.

LONG ISLAND COLLEGE HOSPITAL

Administrative Policy and Procedure Manual

SUBJECT: Housing for Eligible Employees

EFFECTIVE: January 1, 2004, Updated March 13, 2008

PURPOSE:

To provide housing to House Staff as space permits.

POLICY:

The Hospital attempts, first and foremost, to provide housing to House Staff in ACGME accredited programs based at LICH. Housing assignments are made in the following priority order:

1. Incoming House Staff (intern or resident) who live outside a 30-mile radius of the Hospital Center.
2. Current House Staff (intern or resident) already in housing whose family size has changed.
3. Chief Residents on the wait list.
4. Current House Staff on the wait list.

The responsibility for all real estate housing matters and rent rates, rests with the Real Estate Services Office. The Real Estate Services Office is responsible for implementing this policy.

PROCEDURES:

Those accepting housing in accordance with the procedures listed herein will be required to sign a Housing Application and an Occupancy Agreement. Any violation of said Housing Application or Occupancy Agreement may result in the termination of the agreement.

The Real Estate Office will make all rent determinations. Rent for housing will be deducted automatically through payroll deduction.

A. Housing Assignments*

Apartments will be allocated based on Department. House Staff in the following departments are eligible for housing: Medicine, Obstetrics / Gynecology, Dentistry and Radiology. The number of apartments available to a particular department will be determined by the percentage of House Staff **in that department relative to the combined total of incoming House Staff and the apartments vacant at that time.**

As of July 2007, the percentage of housing allocated to each department is as follows:

| Department | Number of Staff | Percentage of staff eligible for Housing |
|--------------|-----------------|--|
| Medicine | 80 | 70 |
| Radiology | 14 | 12 |
| Ob/Gyn | 12 | 11 |
| Dentistry | 8 | 7 |
| Total | 114 | 100 |

*Incoming House Staff have highest priority and departing House Staff have lowest priority.

b. Assignment Guidelines

Assignment guidelines are detailed below in priority order:

| | |
|-------------|---|
| Studio | - Employee with spouse/eligible domestic partner with no children <u>or</u> single employee with one child. - Single employee. (if available) |
| One Bedroom | - Employee with spouse/eligible domestic partner and one child <u>or</u> two house staff who are married/domestic partners. - Employee with spouse/eligible domestic partner or single employee with one child. (if available) |
| Two Bedroom | - Employee with spouse/eligible domestic partner and two children. Employee with spouse/eligible domestic partner with one child <u>or</u> single employee with two children. (if available) |

The number of occupants in each apartment shall be subject to the Administrative Code of New York City, Section 27-2075

C. Occupancy Guidelines

Only you and your immediate family who live in the apartment full time are eligible for housing. Eligible family members include your spouse and children. Parents, brothers, sisters, live-in help, etc., will not qualify you for assignment to a larger apartment. To qualify for housing we must see the original marriage certificate or Affidavit of Domestic Partnership, and birth certificates for all children listed. Eligibility of domestic partners for housing shall be determined solely by Real Estate Services. To apply for domestic partnership the employee must complete an Affidavit of Domestic Partnership and submit supporting documentation. Requests for exceptions to these guidelines must be submitted in writing by the employee's Chairman of Service and addressed to the Assistant Vice President of Real Estate Services.

D. Length of Occupancy

House Staff (interns and residents) must vacate housing by June 30th. Any house staff terminating employment prior to completion of their residency, or prior to June 30th of the year of completion of their residency must vacate Hospital housing within three weeks of their termination or the last day of the month in which they were terminated, whichever comes first. House Staff who will be promoted to Fellows must vacate Hospital Housing upon the completion of their residency.

E. Wait List

Eligible staff who applies for housing or a transfer to another size apartment when no vacancies exist shall have their names entered on a wait list by apartment size and department, in order of date of receipt of application. As housing becomes available, applicants will be contacted with regard to vacancies. An applicant may refuse a housing offer once for any reason; however, if an offer is refused a second time, then the applicant is moved to the bottom of the waitlist.

F. Transfers

Occupants who would like to transfer to the same size apartment are eligible to go on the waitlist six months after their move-in date. There is a transfer fee for this type of request. Transfers are made from the waitlist as apartments become available.

G. Exceptions

Any request for an exception to this policy or any of the procedures is to be made in writing by the employee's Chairman of Service and addressed to the Assistant Vice President of Real Estate Services.

HOUSING APPLICATION - LICH

LONG ISLAND COLLEGE HOSPITAL

REAL ESTATE SERVICES

555 West 57th Street, Suite 5-46

New York, NY 10019

Phone (212) 523-2752/Fax (212) 523-5119

E-Mail RESHous@chpnet.org

Hospital Affiliation

- Beth Israel – Petrie Division
- Roosevelt Hospital
- St. Luke's Hospital
- Long Island College Hospital

Last Name (Please Print or Type) _____, _____ First _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____ E-mail address _____
 Day Phone _____ Fax Number _____

Job Title: _____ Program Start Date: _____ Program End Date: _____

Department: Medicine Ob/Gyn Dentistry Radiology

Documents should be mailed to: current address _____ Date you wish to occupy apartment: _____

- permanent address
- other (Please state in comments section)

List the names of the people who will be living in the apartment full time IN ADDITION TO YOURSELF. Eligible family members include your spouse and children. Parents, brothers, sisters, live-in help, etc. will not qualify you for assignment to a larger apartment. The original marriage certificate and birth certificate for all children listed must be provided to us for review before an agreement is signed. Please send copies with your application. For domestic partnership approval (which is required) contact the Real Estate Services department for requirements. No pets with the exception of small birds and fish.

Last Name _____, _____, _____, _____, _____
 First Name _____ Relation _____ Date of Birth _____ S.S.# _____

Last Name _____, _____, _____, _____, _____
 First Name _____ Relation _____ Date of Birth _____ S.S.# _____

Last Name _____, _____, _____, _____, _____
 First Name _____ Relation _____ Date of Birth _____ S.S.# _____

Last Name _____, _____, _____, _____, _____
 First Name _____ Relation _____ Date of Birth _____ S.S.# _____

Housing Assignments:

Apartment assignments are made according to family size and apartment availability. Please read the information attached in the Policy & Procedure on Occupancy Guidelines. Apartments will be assigned by the Real Estate Department according to the Hospital Center’s Policy. Rent will be deducted from your paycheck.

Please check apartment size based on guidelines: Studio One Bedroom Two Bedroom

Please number the buildings in your order of preference (your preference is not guaranteed):

74 Amity St. 82 Amity St. 86 Amity St. 94 Amity St. 43 Columbia Pl.

Comments

TOTAL HOUSEHOLD INCOME: A copy of last year’s IRS 1040 Form and W-2 Form for EACH ADULT LISTED MUST accompany this application, or your application will not be processed. For any adult who did not file an IRS 1040, please provide us with a notarized letter stating you did not file an IRS 1040 and the reason why.

I understand no housing assignment will be made unless a **COMPLETED HOUSING APPLICATION** is submitted. A **COMPLETED APPLICATION INCLUDES:** 1) pp. 1 and 2 of Housing Application - completed, signed and dated; 2) p. 3 Notice of Housing Priorities - completed, signed and dated and 3) total household income information as described above. Further, I certify the information submitted in this application and attachments is complete and accurate. I understand that the information will be used to determine eligibility and any inaccuracies would invalidate my housing assignment. Once I am assigned an apartment, and at any time during my occupancy if there are any changes in this information I agree to immediately notify Real Estate Services of these changes in writing (by fax, e-mail, or certified letter).

Signature _____ Date _____
(Remember to Sign and Date)

Credit Card Authorization:

I would like to pay my required \$1,000.00 deposit via credit card. The relevant information is as follows:

Account Number _____ Expiration Date _____
Type of Card (only) : Visa Mastercard American Express

Name on card: _____ Authorized Signature: _____
For Office Use Only

NOTICE OF HOUSING PRIORITIES

Return Signed Original to
Long Island College Hospital
Real Estate Services
555 West 57th Street, Suite 5-46
New York, NY 10019

The Housing Policy & Procedure for eligible employees, a Housing Application, and this Notice Of Housing Priorities are provided to all housing applicants.

Accordingly, each employee who submits an application for housing is required to read, sign, and return the original signed notice with their Housing Application.

- 1. There is only a limited number of housing units in relation to the number of applicants and, accordingly, placement on the waiting list does not constitute a guarantee of housing.
- 2. The Hospital Center attempts, first and foremost, to provide housing to those who fulfill a critical patient care need. Priority, therefore, will be given to House Staff (interns and residents) in designated ACGME accredited programs entirely based at LICH.

The responsibility for all real estate housing matters and rent rates rests with the Real Estate Services Office. The Real Estate Services Office is responsible for implementing this policy. Any request for an exception to this policy is to be made by the employee’s Chairman of Service and addressed to the Assistant Vice President of Real Estate Services.

- 3. At times the demand for housing may be such that even priority applicants may not be accommodated. Moreover, we simply may not be able to consider other candidates on the waiting lists.
- 4. No request from a tenant for a transfer to another apartment will be accepted or considered until six months have elapsed, as calculated from the beginning of the tenant’s lease.

I, _____ certify that I have read and received this notice.
(Print Name)

Employee Signature

Date

Please return this NOTICE OF HOUSING PRIORITIES signed and dated with pages 1 and 2 of your HOUSING APPLICATION along with the HOUSEHOLD INCOME INFORMATION requested to Real Estate Services, 555 West 57th Street, Suite 5-46, New York, NY 10019, or fax to (212) 523-5119.

Beth Israel Medical Center, St. Luke's-Roosevelt, Long Island College Hospital

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, _____, submit and acknowledge that this Affidavit of Domestic Partnership. (Name of Employee)

establishes _____ as my Domestic Partner (as defined below) for the purpose. (Name of Domestic Partner)

of any housing assignment that the hospital may extend to employees and their Domestic Partners.

Specifically, I declare and acknowledge that under penalty of perjury my Domestic Partner named above and I meet the following criteria:

- We are both 18 years of age or older.
- We have a close and committed personal relationship, live together, and have been living together on a continuous basis.
- Neither of us is related to each other by blood in a manner that would bar our marriage in the state of New York.
- Neither of us is a party to another domestic partnership.
- Neither of us is married to anyone else.

Note: BIMC, SLRHC and LICH Real Estate Services reserve and retain the sole right to determine if a sufficient showing of domestic partnership for the purpose of qualifying for housing has been made.

I understand I must:

- Provide the supporting documents as described on the next page as well as this affidavit signed and notarized to the Real Estate Services Office at Continuum Health Partners, Real Estate Services, 555 West 57th Street, 5th Floor, Room 5-46, New York, NY 10019, within 30 days of the establishment of a domestic partnership.

I further acknowledge and understand:

- I have an obligation to file a Statement of Termination of Domestic Partnership or Death of Domestic Partner within 30 days of the death of my Domestic Partner or the criteria of a Domestic Partner relationship are no longer met. Eligibility for a larger apartment if occupied, may end on the date of the domestic partnership termination, death, or the day the criteria of a Domestic Partnership are no longer met. The Statement of Termination of Domestic Partnership or Death of Domestic Partner should be remitted to the Real Estate Services Office at Continuum Health Partners, 555 West 57th Street, 5th Floor, Suite 5-46, New York, NY 10019.
- I cannot file another Affidavit of Domestic Partnership for a new Domestic Partner until at least six months after a Statement of Death or Termination of Domestic Partnership has been filed. To allow for reconciliation, however, there is no waiting period required for filing a second Affidavit of Domestic Partnership with respect to a partner as to whom you previously filed both an Affidavit of Domestic Partnership and Statement of Termination of Domestic Partnership.
- I would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of my Domestic Partner relationship, be regarded as a factor leading a court to treat the relationship as the

equivalent to marriage for the purpose of establishing or dividing of community property, or for ordering payment of support.

- o I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statements contained in this Affidavit of Domestic Partnership.

Definitions

"Domestic Partners" mean two adults of the same or opposite sex who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.

"Live together" means that the two same or opposite sex individuals have for a meaningful period of time shared and intend on a permanent basis to share the same residence. It is not necessary that the legal right to possess the residence be in both of their names (i.e., the lease or deed need not be in both names). The two "live together" even if one or both have additional living quarters as long as they generally share the same residence. Domestic Partners do not cease to reside together if one temporarily leaves the shared residence but intends to return.

Attachments: Must submit required supporting documents that show financial interdependence and or beneficiary designation (i.e., joint income tax return, bank statement, joint utility or telephone bills, proof of domestic partnership).

I affirm that under penalty of perjury, to the best of my knowledge, I meet the Domestic Partnership criteria as outlined in this affidavit.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

Address: _____

Signature of
Notary Public: _____ Date: _____

(SEAL)

CONTINUUM SERVICES -- REAL ESTATE SERVICES

555 WEST 57TH STREET, SUITE 5-46, NEW YORK, NEW YORK 10019

Tel.: (212) 523-2752; Fax: (212) 523-5119; E-mail: RES_Parking@chpnet.org

PARKING APPLICATION

NAME _____ SS# _____ EMPLOYEE # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TEL.: _____ BUSINESS ADDRESS _____ TEL: _____

FAX OR E-MAIL ADDRESS _____ PARKING LOCATION: _____

EMPLOYMENT STATUS

ATTENDING VOLUNTARY ATTENDING HOUSESTAFF NURSE: _____
 OTHER: _____ (SPECIFY)
SHIFT _____

EMPLOYER: BIMC SLRHC LICH NYE&E OTHER
AFILIATE _____ (SPECIFY)

DATE OF HIRE ___ / ___ / ___ DEPT: _____ LOCATION/FLOOR: _____
EXT. AT WORK _____ BEEPER NO: _____

VEHICLE REGISTRATION

PRIMARY VEHICLE

MAKE/ MODEL _____ COLOR _____ YEAR _____
LICENSE PLATE NO. _____ STATE _____

ALTERNATE VEHICLE

MAKE/ MODEL _____ COLOR _____ YEAR _____
LICENSE PLATE NO. _____ STATE _____

My signature below acknowledges that I have read and agreed to the Terms and Conditions on the back of this application. I hereby authorize my employer Beth Israel Medical Center/ St. Luke's Roosevelt Hospital Center/ Long Island College Hospital to deduct my monthly parking fee of \$_____ from my salary effective. This authorization is to remain in effect until I relinquish parking and/ or terminate my employment and/or association with the institution(s). I understand that parking privileges and its associated fees are not prorated for utilization of less than one (1) month. Should there be an increase in the above amount, I also authorize the additional amount to be deducted. It is understood that these parking privileges can be rescinded as the needs of the Medical Center(s) change. The Medical Center(s) are not responsible for theft or damage to any vehicle or its contents while parked in any of the facilities listed.

SIGNATURE: _____

DATE: _____

DATE PARKING DESIRED: _____ OR CONTINUING

★ Please return to **Real Estate Services**, 555 West 57TH Street, 5th Floor, NY, NY 10019 or fax to (212) 523-5119.

Remember to include clear, legible and valid copies of your vehicle registration, driver's license and Hospital I.D.

(REAL ESTATE SERVICES USE ONLY)

PARKING LOCATION _____ **TAG #** _____

STATUS: PERMANENT TRANSFER TEMPORARY _____ **TO** _____ EOP _____

RATE: _____ **TAX:** _____ **TOTAL:** _____ **PAYMENT:** CHECK CREDIT CARD TRANSFER

FREQUENCY: ANNUAL BI-ANNUAL QUARTERLY MONTHLY, Payroll deduction only

PAYROLL DEDUCTION:

EMPLOYEE ID # _____ BIMC SLRHC LICH NYE&E OTHER: _____

ORACLE ELEMENT: _____ **START DATE:** ____/____/____ **END DATE:** ____/____/____

Real Estate Representative (print name) _____

Signature and Date _____

TERMS AND CONDITIONS FOR HOSPITAL PARKING

Beth Israel Medical Center • Long Island College Hospital • St. Luke's Roosevelt Hospital Center

For Hospital Employees, Voluntary Attendings and others who are not Residential Tenants in Hospital Housing: **The hospital parking facilities are provided for use during your working hours only.** Storage of vehicles overnight or while on vacation is not permitted. Parking is limited to one (1) vehicle per applicant. Misuse of your parking arrangements will lead to termination of your parking account.

For Hospital Employees and others who are Residential Tenants in Hospital Housing, there may be a limited number of 24-hour parking spaces in a number of garages in the immediate neighborhood. However, if you are granted a housing assignment, you must arrange for parking independent of this office.

A. Enrollment - Parking is for your assigned location only and the space is to be utilized by only you. To become a monthly parking customer the following are required: a) Complete application; b) copy of your valid car registration(s); and c) a copy of your Hospital ID. These items must be received by the Real Estate Services Department at least ten (10) calendar days before the first (1st) of the month.

B. Cancellation - To cancel/ transfer monthly parking account: 1. The applicant/parking customer must notify Real Estate Services in writing of pending employment termination or resignation. 2. A written cancellation/ transfer request must be received by the Real Estate Services Department at least ten (10) Calendar days before the 1st of the month for SLRHC; Thirty (30) day advance notification is required at BIMC. 3. Any and all items given to the parking customer to allow them access to the parking lot/ garage including access cards and hang tags must be returned in order to close their account.

C. Payment - All employees are required to pay through payroll deduction. Your signature on the application authorizes the hospital to deduct parking fees. This authorization remains in effect until you cancel monthly parking privileges and/or terminate employment. You are responsible for canceling your parking account and any charges that accrue due to late notification.

Voluntary Attending Physicians and others who do not possess a hospital ID number or do not wish to pay by payroll deduction must pay in advance, for the calendar year or any part thereof, in one payment upon submission of the parking application.

D. General – Monthly parking assignments are effective for periods of not less than one month and begin on the first day of the month only. Parking fees are not prorated for periods less than one month.

1. The parking tag/ sticker must be displayed (hung) on your rearview mirror at all times or you will be charged the daily rate. The tag is not transferable; it is for the use of the authorized parking applicant only. Misuse of your parking arrangements will lead to termination of your parking account.
2. Current monthly parking customers must update their application as requested or as information herein changes.
3. The Hospital is not responsible for articles left in the car. This includes removable radios, tapes, telephones, radar detectors and other removable devices. Every effort is made to avoid nicks and scratches on doors and bumpers, therefore, we will not be held liable for them.

- E. Dual Site** – Due to space limitations Physicians (**SLRHC only**) are provided dual site parking as follows:
1. Attending Physicians with administrative and clinical duties, who are monthly parking customers based at the St. Luke's site are provided dual site parking at the Roosevelt site for "Occasional" use during working hours only, as space permits, currently at no extra charge at the 515 Garage.
 2. Attending Physicians who are monthly parking customers based at the Roosevelt site are provided dual site parking for "occasional" use, at the St. Luke's site during working hours only, as space permits, currently at no extra charge at either of the M.D. lots.
 3. In order to obtain the dual site parking privilege you must one, be an Attending Physician with administrative and clinical duties at both the St. Luke's and Roosevelt Hospital sites. Secondly, you must obtain a letter from your department Chairman requesting dual site privileges, which states why you should be provided dual site parking. Your completed application along with your Chairman's statement would then be reviewed and you will be notified of the outcome.

My signature below acknowledges that I have read and agreed to the term and conditions.

Print Name

Signature

Date