

# HOUSING APPLICATION

## REAL ESTATE SERVICES

555 West 57<sup>th</sup> Street, suite 5-46  
New York, NY 10019  
Phone (212) 523-2752/Fax (212) 523-5119  
E-Mail [REShous@chpnet.org](mailto:REShous@chpnet.org)

## HOSPITAL AFFILIATION

- St. Luke's Hospital
- Roosevelt Hospital
- Beth Israel Medical Center
- 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

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Day Phone Number Fax Number E-mail address

\_\_\_\_\_, \_\_\_\_\_  
Emergency Contact Name Emergency Contact Phone #

\_\_\_\_\_, \_\_\_\_\_  
Emergency Contact Name Emergency Contact Phone #

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hire Date \_\_\_\_\_ Program End Date \_\_\_\_\_

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 or domestic partner 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 if applying for a one or two bedroom apartment. For domestic partnership approval (which is required) contact the Real Estate Services Department for additional information. Some buildings have a no pet policy that is strictly enforced.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
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 the occupancy guidelines:
  - Studio  Studio With Alcove (10 Amst. Ave only)  One Bedroom  Two Bedroom
- Please check floor level in order of preference:
  - Low  Middle  High
- Rent ranges take into account apartment layout and floor (rents are higher for larger apartments and apartments on higher floors). Please select rent range in order of preference:  Lower range  Middle range  Upper range
- Please number the buildings in your order of preference:

10 Amsterdam Avenue\*       515 W. 59<sup>th</sup> Street       501 W. 113<sup>th</sup> Street

\* Has a no pet policy that is strictly enforced.

Check one:

- \_\_\_ 1. House Staff (intern, resident or fellow) in an ACGME accredited program.
- \_\_\_ 2. House Staff (intern, resident or fellow) in an unaccredited program/Research Post-doctoral fellows.
- \_\_\_ 3. Employee in a specific market scarce category (determined by Vice President, Human Resources).
- \_\_\_ 4. Columbia Presbyterian Medical Center Urology Residents and Montefiore Hospital Neurosurgery Residents who rotate through SLRHC. (Provided on a limited basis with annual review of availability)
- \_\_\_ 5. Professional Nurse.
- \_\_\_ 6. Other employee (Job Title)\_\_\_\_\_.
- \_\_\_ 7. Affiliate (Please explain in comments section)

\_\_\_\_\_ **My initials here indicate I will accept a housing assignment only if it is in the building/buildings indicated above. (This does not apply to the size of apartment. It only applies to the building.) Should you decide this option is for you and we cannot assign you to the specific building requested, your full housing deposit will be returned. If you change your mind and want to reapply for housing, you may do so at any time and you will be placed on the Wait List. You will be contacted when an apartment becomes available in your preferred building and you are the next eligible House Staff on the list.**

Comments \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** If applying for a 1 or 2 bedroom apartment a copy of last year's IRS 1040 Form and W-2 Form for EACH ADULT LISTED MUST accompany this application, or it will be considered incomplete and your application will not be processed.

I understand no housing assignment will be made unless a **COMPLETED HOUSING APPLICATION** is submitted. A **COMPLETED APPLICATION INCLUDES:** 1) pages 1 and 2 of the Housing Application - completed, signed and dated; 2) page 3 Notice of Housing Priorities - completed, signed and dated and 3) if applicable, 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)

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**Credit Card Authorization:**

I would like to pay my required \$1,200 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: \_\_\_\_\_

## NOTICE OF HOUSING PRIORITIES

St. Luke's – Roosevelt Hospital Center

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 this Notice with their Housing Application.

1. There are only a limited number of housing units in relation to the number of applicants and, accordingly, placement on a Wait 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 or are in specific market scarce categories at the Hospital Center. Priority therefore will be given to employees as follows: 1) House Staff (interns, residents and fellows) in ACGME accredited programs; 2) (a) House Staff (interns, residents and fellows) in unaccredited programs or (b) Research Post-doctoral fellows who are supported on a sponsored project and are in the training stage of their careers. The support must come from a recognized funding source including but not limited to governments, foundations and industry. To be eligible the individual must have a full-time position at St. Luke's-Roosevelt Hospital Center. Housing will be offered for no more than three years. 3) Employees who are in specific market scarce categories (market scarce categories to be determined from time to time by the Vice President, Human Resources); 4) On a limited basis and with annual review of availability, Columbia Presbyterian Medical Center based Urology Residents and Montefiore Hospital Neurosurgery Residents in merged programs with SLRHC who rotate through SLRHC; 5) Professional Nurses; 6) Other employees, 7) affiliate.

The responsibility for all real estate housing matters or rent offers rests with Real Estate Services. Real Estate Services 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 or Assistant Vice President 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 accommodate other candidates on the Wait Lists.

I, \_\_\_\_\_ certify that I have read and received a copy of 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 if applicable, to Real Estate Services, 555 West 57th Street, Suite 5-46, New York, NY 10019, or fax to (212) 523-5119.