



### Off- Campus Housing Application

This application will not be processed without a **\$500** security deposit, which will be applied to the cost of your room. Please type or print clearly. When you have completed the application send it along with a \$500 deposit to:

*The Office of Student Life  
Attention: Michele Corsetti  
245 Clinton Avenue  
Brooklyn, NY 11205*

Upon completion of this application you will receive your lease agreement along with your roommate questionnaire.

#### Student Information

Name: \_\_\_\_\_  
Last First Middle Initial Nickname/ Preferred Name

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_Female \_\_\_Male  
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Applying as: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate Intended Major \_\_\_\_\_

Semester for which you are applying (select one): \_\_\_ Fall \_\_\_ Spring Year: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street Name and Number/ P.O. Box Apt.

\_\_\_\_\_  
City State or Country Postal Code

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell

E-mail address: \_\_\_\_\_

If you have a medical condition, disability, or specific need that requires special housing accommodations, please check this box so that we can contact you for more information. Please note that all calls will be handled discretely; however, documentation may be requested.

\_\_\_\_\_ I have a specific need. Please contact me.

While we will do everything in our power to ensure you receive your selected room, please understand that room types are available on a first come first served basis and that no room will be guaranteed until payment is received in full. In the space below please indicate your room preference.

\_\_\_ Double \_\_\_ Large Double \_\_\_ Lofted Triple

#### Emergency Contact Information

Permanent Address: \_\_\_\_\_  
Street Name and Number/ P.O. Box Apt.

\_\_\_\_\_  
City State or Country Postal Code

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian's Signature  
(if student is under 18 years of age)