

Graduate Housing Application

2022–23



Apply online at

rochester.edu/reslife/graduate/index.html

Or Mail this Application to

University Apartments Office,
University of Rochester,
020 Gates Wing (SBA),
Box 270468, Rochester,
NY 14627-0468

Name _____

University ID (if known) _____

Gender M F Other Marital Status Married Single

Have you previously lived in University Housing? Yes No

If yes, where? _____

Desired Occupancy

Earliest Desired Occupancy Date _____ Latest Desired Occupancy Date _____

Occupants

List the family members or the roommate who will live with you in University Housing:

Name	Birthdate	Gender
Spouse or Partner		
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Children		
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Identified Roommate (IRM) (if known)		
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Current Mailing Address

Street _____

City _____ State _____ Zip _____

Country _____

Phone _____

E-mail _____

Citizenship Information: Home Address

Street _____

City _____ State _____ Zip _____

Country _____

Phone _____

E-mail _____

University Affiliation

The College (Arts, Sciences & Engineering)

Medical Center

Eastman Institute for Oral Health

Eastman School of Music

Simon School

Warner School

Department _____

Status

Graduate Student:

MA MBA MS PhD

Medical Student SMH Resident

Accelerated Nursing Student

Postdoctoral, Prof. Trainee, or Fellow*

Title _____

Appointment _____

**Please attach a copy of the appointment letter so we may confirm your eligibility.*

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Abbreviations

- **BH**
Bath(s)
- **F**
Furnished
- **UF**
Unfurnished
- **GHS**
Goler House
- **UPK**
University Park
- **WPK**
Whipple Park

See [page 12](#) for more information about resident status and apartment eligibility.

Preferences

Please mark all of your preferences below.

Code	Resident Status	Apartment Eligibility
<input type="checkbox"/> S	Single occupant	<input type="checkbox"/> UPK Studio (UF) <input type="checkbox"/> UPK 1 BR (UF) <input type="checkbox"/> GHS Studio (F) <input type="checkbox"/> GHS 1 BR (F) <input type="checkbox"/> GHS 1 BR (UF)
<input type="checkbox"/> SR	Single with an identified roommate (IRM)	<input type="checkbox"/> UPK 2 BR (UF) <input type="checkbox"/> WPK 2 BR Walk-up (UF) <input type="checkbox"/> WPK 2 BR Walk-down (UF) <input type="checkbox"/> WPK 2 BR Town House (UF) <input type="checkbox"/> GHS 2 BR-1 BH (F) <input type="checkbox"/> GHS 2 BR-2 BH (F) <input type="checkbox"/> GHS 2 BR-1 BH (UF) <input type="checkbox"/> GHS 2 BR-2 BH (UF)
<input type="checkbox"/> C	Couple	<input type="checkbox"/> GHS 1 BR (F) <input type="checkbox"/> GHS 1 BR (UF) <input type="checkbox"/> UPK Studio (UF) <input type="checkbox"/> UPK 1 BR (UF)
<input type="checkbox"/> FA	Family A <i>(1–2 children)</i>	<input type="checkbox"/> UPK 2 BR (UF) <input type="checkbox"/> WPK 2 BR Town house (UF) <input type="checkbox"/> WPK 2 BR Walk-up (UF) <input type="checkbox"/> WPK 2 BR Walk-down (UF)
<input type="checkbox"/> FB	Family B <i>(3–4 children or 2 children of opposite gender, one or both older than 8)</i>	<input type="checkbox"/> WPK 3 BR Town house (UF)
<input type="checkbox"/>	I am interested in any available housing	

Special Considerations

Are there any special considerations for your housing placement?

Signature

I have reviewed and understand the policies in this Graduate Housing Guide.

I am also responsible for the policies listed in the lease and complex-specific handbooks.

Signature _____

Date _____

For Office Use

Appl. Rec.
 Date Input
 Assigned
 Effective
 Rent Dep. Rec.

