

SUNY DOWNSTATE MEDICAL CENTER OFF CAMPUS HOUSING

(Check rental type) APARTMENT TO RENT LISTING # _____
 STUDIO TO RENT
 ROOM TO RENT
 HOUSE TO RENT

DATE: _____

Rent \$ _____/month Furnished? Yes No

Utilities included? Yes No

Date listing available _____

Lease? Yes No Duration of tenancy _____

Security Deposit _____ Realtor's Fee Yes No If yes, how much? _____

of rooms _____ # of bedrooms _____ Appliances _____

Private Entrances? Yes No Bath _____

Kitchen Privileges? Yes No Type of Heat _____

Restrictions: Smoking _____ Pets _____ Subletting

Name of Contact _____ Telephone _____

E-mail Address of Contact _____

Address of Contact _____

Neighborhood of Unit to Rent _____

Address of Unit for Rent _____

Public Transportation Available _____

Parking Available _____

Describe Housing _____

Additional Information: _____

Listing fee: \$40 -\$15 for each additional listing (listing will remain active for 60 days unless otherwise notified)

Please return this form along with a check or money order payable to SAF and send to:

Sherice Fields
Assistant Director
Office of Residential Life and Services
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Brooklyn NY, 11203