

**SUNY DOWNSTATE MEDICAL CENTER
OFF CAMPUS HOUSING
(718)270-1466**

(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 SUNY DOWNSTATE and send to:

Eugene Cooper
Staff Assistant
Office of Residential Life and Services
811 New York Ave. Box 115
Brooklyn NY, 11203