

# 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 SUNY DOWNSTATE and send to:

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