Staff Housing Application

Prior to applying, please contact the Housing Office at 718-409-7488 to get information regarding staff housing vacancies and availability.

The Staff Housing Committee will meet biannually: March and October to review applications and contracts. Please note: after the committee meets, the review process takes between 1 to 3 months.

Pursuant to State University policy, SUNY Maritime College is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs, and activities, without regard to an individual’s race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, family status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

Only authorized College representatives designated and qualified to receive applications or contracts, administer space or make commitments in regard to staff housing, applications, contracts, check-ins or check-outs or any other matters relating to staff housing is the Director of Housing, Assistant Director of Housing and Chief Operating Officer. Financial administration is designated to the Office of Student Accounts.

Please return application to the Housing Office (1st floor, A-Company) or Fax to (718) 409-5567

Date of Desired Move In: _______________ Continue Residing in Current Residence: Yes/No

<table>
<thead>
<tr>
<th>PART 1</th>
<th>Occupant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First</td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td>Home Phone Number</td>
</tr>
<tr>
<td>I am applying for housing for:</td>
<td>July 1st – June 30th</td>
</tr>
</tbody>
</table>

Other Occupants:

1. Full Name | Relationship | Birthdate
2. Full Name | Relationship | Birthdate
3. Full Name | Relationship | Birthdate
4. Full Name | Relationship | Birthdate

Pets:

1. Type of Animal | Breed | Weight | Age | Color
2. Type of Animal | Breed | Weight | Age | Color

<table>
<thead>
<tr>
<th>PART 2</th>
<th>Department Information</th>
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</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Title:</td>
</tr>
<tr>
<td>□ Full Time Faculty/Staff</td>
<td>□ Part Time Faculty/Staff</td>
</tr>
</tbody>
</table>

Justification for Staff Housing:

__________________________________________________________
__________________________________________________________
### Important Information

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Phone #</th>
<th>Address, City, State, Zip</th>
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**HAVE YOU EVER BEEN**

- EVICTED?  [ ] Yes  [ ] No  
- CONVICTED OF CRIMINAL OFFENSE?  [ ] Yes  [ ] No

### SURVEY

If you are **NOT** currently living in Staff Housing:

1. Do you require any special accommodations?
   
   ______________________________________________________
   
   ______________________________________________________
   

If you **ARE** currently living in Staff Housing:

1. Are your accommodations adequate?
   
   ______________________________________________________
   
   ______________________________________________________
   
   ______________________________________________________

2. Do you have any areas of concern?
   
   ______________________________________________________
   
   ______________________________________________________

Applicant - Signature ________________________ Date __________ Department Head - Signature ________________________ Date __________

By signing this, I acknowledge that the information listed is accurate and complete. Note: an incomplete application may cause a delay in processing and may result in denial of occupancy.