

**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 Yes No Appliances _____

Private Entrances? Yes No Bath _____

Kitchen Privileges? Yes No Type of Heat _____

Restrictions: _____ Smoking _____ Pets _____ Subletting _____ Others

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 TA118 and sent to

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