

HOUSING RESERVATION REQUEST FORM
CORNELL COLLEGE

Employee Information:

Name:	
Phone Number:	
Email:	
Current Residence:	
Position/Title:	
Arrival/Move-in Date:	

Number of bedrooms desired*:

1 st Choice:	1	2	3
2 nd Choice:	1	2	3

Type of residence desired*:

1 st Choice:	House	Apartment	Shared House (upper half or lower half)
2 nd Choice:	House	Apartment	Shared House (upper half or lower half)

**Monthly rent is affected by number of bedrooms and type of residence.*

Pet(s)? Yes No

If yes, please list all pets below.

Type	Age	Weight
Type	Age	Weight
Type	Age	Weight

Additional persons living with you? Yes No

If yes, please list all persons below.

Name	Age	Relation
Name	Age	Relation
Name	Age	Relation
Name	Age	Relation

Note: Completion and submission of this form does not guarantee housing. Refer to the Employee Housing Policy for details. Completed forms must be returned to the Human Resources Office, box 2306.

Submitted By _____

Date _____