



490 Fulton
 Brooklyn's only
 All-Graduate
 Student Housing

490 Fulton St.
 Brooklyn, NY 11201
 (p) 718.780.6570
 (e) 490Fulton@liu.edu
 www.liu.edu/490Fulton

490 Fulton Graduate Housing Application

This application will not be activated without a \$300 security deposit.

Full time enrollment is mandatory for housing during the academic year. Please type or print clearly. Answer all questions as fully and accurately as possible.

APPLICANT INFORMATION

Name: _____ LIU ID# _____
(Full Legal Name) First Last (sur) Middle

Date of Birth: ____/____/____ Gender: Male Female

Permanent Address: _____
Street Apt# City State Zip Code

E-Mail Address: _____ Cell Phone # () _____

Current Address: _____
Street Apt# City State Zip Code

Have you live on the LIU Brooklyn Campus Before: Yes Dates/Length?: _____ No

Did you live on campus last semester Yes No

Have you already been accepted into a LIU-Brooklyn Graduate Program Yes Field: _____ No

APARTMENT PREFERENCE

Please rank your apartment style with 1 being your first choice and 6 being your least choice

- | | |
|--|---|
| ____ Studio Apartment (\$9,125 per semester) | ____ 4 Bedroom Apartment (\$8,700-\$9,100 per semester) |
| ____ 1 Bedroom Apartment (\$9,975 per semester) | ____ 5 Bedroom Apartment (\$8,700-\$9,100 per semester) |
| ____ 2 Bedroom Apartment (\$9,600-\$10,600 per semester) | ____ 6 Bedroom Apartment (\$8,700-\$9,100 per semester) |
| ____ 3 Bedroom Apartment (\$8,700-\$9,100 per semester) | |

* All prices vary in accordance with unit/bedroom size
 ± All prices are based per-person, per private bedspace

 Applicant Signature Date

PROPERTY SPECIFIC UNIT/COST INFORMATION (For Office Use Only)

Date Received: _____ Deposit: \$ _____

Staff Initial: _____ Assignment: _____

Notes : _____



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MEDICAL/HEALTH INSURANCE INFORMATION

The LIU Brooklyn requires all resident students to carry health insurance. Residents who wish to waive the University health insurance must register for this exemption online. Once you have been assigned housing, you will receive an online link in which you can submit your request to waive the University health insurance. The annual rate for 2011-2012 is \$735; however, this rate is subject to change.

Do you have any medical condition(s) that might require a special living arrangement? If yes, please describe and provide documentation:

Please provide any other pertinent medical information (i.e. allergies, prescribed medication, etc.). This information is important should an emergency arise.

MEAL PLANS

The meal plan is **not mandatory** for 490 Fulton Street residents. However, the Carte Blanche Meal Plan offers unlimited All-You-Can-Eat meals in the Blackbird cafeteria (located on the 1st floor of Conolly Hall) and a nominal amount of declining dollars that can be used at other campus eateries.

2012-2013 Meal Plan Options: (per semester). Rates are subject to change.

- Carte Blanche -\$2150 Unlimited All-You-Can-Eat Meals in the Blackbird Cafeteria
- Declining Dollars Only \$350 declining dollars
- No Meal Plan

EMERGENCY CONTACT INFORMATION

Family Name		First Name	Relationship		
Home Address		Apt #	City	State	Zip
Daytime Phone #			Evening Phone #		

When you accept accommodations through Long Island University/Brooklyn Campus, you agree to abide by a set of community standards. These guidelines are established for the comfort and safety of all residents. These standards support the University mission of the Office of Residence Life and Housing: To foster a supportive environment that promotes academic success, as well as provides developmental opportunities to enable student's positive growth, academically, psychologically, and socially.

Your signature below indicates that you agree to abide by these community standards.

Student's signature (please complete all portions of this application) _____
Date

Please return this application, along with your \$300.00 Security Deposit to the following address:

**LIU Brooklyn
Bursar's Office
1 University Plaza
Brooklyn, New York 11201**



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490 FULTON ROOMMATE MATCHING QUESTIONNAIRE

Name: _____ Birthday ____/____/____
(First) (M) (Last/sur)

Cell Phone: (____) _____ - _____ E-Mail: _____

Institution Attending: _____ Field of Study: _____

Preferred Roommate(s), (If Any): _____

- 1. I Smoke: Yes No
- 2. I am willing to live with someone who smokes: Yes No
- 3. I study: Only before test A few times a month Daily
- 4. I keep my space / surroundings: Messy Tidy Clean
- 5. I am a: Morning person Afternoon person Night person
- 6. I like to go out: Never Only on weekends Most nights

Please note anything else you would like us to consider while matching you with an apartmentmate:

By signing below, I LIU Brooklyn to share this information with anyone seeking a roommate.

(Print Name)

Signature

(Date)

While the LIU Brooklyn Office of Residence Life and Housing will make every attempt to match apartmentmates with similar interest and living habits, we cannot guarantee a perfect compatible assignment. All preferences will be honored as best we can based on space and availability.

For Office Use Only

Apartment: _____

Apartment mate(s): _____

