| Charleston Medical Center Housing Corporation<br>CMCHC • 110 29 <sup>th</sup> Street SE • Charleston, WV 25304 • (304) 345-0171   |   |   |   |         |  |  |
|---|---|---|---|---------|--|--|
| CMCHC APPLICATION FOR HOUSING   |   |   |   |         |  |  |
| Date: Date Housing Needed:  |   |   |   |         |  |  |
| □ Male ( ) yrs. /   |   |   |   |         |  |  |
| Female  |   | course study program                        |   |         |  |  |
| Name:<br>First name   |   | Last name                                   | Last name Middle Initial                                    |         |  |  |
| Permanent Address:  |   |   |   |         |  |  |
|   | Street                                      | City  | State   | Zip     | Phone  |  |
| Present Addres  | S:Street                                    | City  | State   | Zip (   | CURRENT CELL PHONE)                          |  |
| EMAIL ADDRESS (please include):<br>IMPORTANT: All future communication and application correspondence will be done by email. Please include a clear and legible email address.                |   |   |   |         |  |  |
| IMPORTANT. An Inture  |   | correspondence will be done by              |   |         |  |  |
| Single  |   |   | Children livin  | ig with | <u>i you</u> :                               |  |
| Family  | arent Family                                |   | <ul> <li>One</li> <li>Two</li> <li>Three or More</li> </ul> |         |  |  |
| Eligibility to rent with CMCHC or CAMC housing is limited to Medical Students and Residents only.   |   |   |   |         |  |  |
| Please note; participants in programs of two (2) or more years will receive priority for housing.   |   |   |   |         |  |  |
| Please state your classification and attending school below:  |   |   |   |         |  |  |
| STUDENT   | (Major)                                     | (Year Gradua                                | ting)   | (Curre  | nt Institution/School)                       |  |
| <b>RESIDENT</b> – (Specialty)   |   |   | (Year – PGY)  |         |  |  |
| Indicate your choice by the number ( $1^{st}$ , $2^{nd}$ and $3^{rd}$ choice), not X's.   |   |   |   |         |  |  |
| * <u>Dunlop Hall</u>  | <u>Jefferson Place</u>                      | <u>Maier Village</u>                        | Maier Vi  | ممداا   | Houses                                       |  |
| NO ANIMALS  | cats only allowed                           | Cluster 1 & 2 no pets                       | Cluster 3 cat   |         |  |  |
| Studio (limited)<br>One Bedroom<br>Two Bedroom  | One Bedroom<br>Two Bedroom<br>Three Bedroom | One Bedroom<br>Two Bedroom<br>Three Bedroom | One Be<br>Two Be<br>Three B                                 |         | Two Bedroom<br>Three Bedroom<br>Four Bedroom |  |
| *Dunlop Hall only (apartments <u>are</u> furnished). Unfurnished apts are extremely limited and are first come first serve. REFER TO RENTAL RATE SHEET  |   |   |   |         |  |  |
| <b>Dumop nun omy</b> (aparaments <u>are</u> rannsnea). Omannsnea apis are exircinely innited and are nist come nist serve. Rereix to Reiviske NATE sheef                                      |   |   |   |         |  |  |
| <b>PET NOTICE: This Information is required - PET CAT ONLY:</b> ENTER <b><u>ZERO</u> for <u>NONE</u> or Number of CATS (#).</b>   |   |   |   |         |  |  |
| NOTE: There is a pet security deposit equal to (1) month's rent plus a \$30 a month additional charge. Refer to the rental rate sheet.<br>NOTE: No pets allowed means, visiting or otherwise. |   |   |   |         |  |  |
| CMCHC Housing Information, Application, Pricing, Brochure and a FAQ can be found at our Website:<br><u>https://www.camcmedicine.edu/residents-fellows/housing</u>                             |   |   |   |         |  |  |
| Email your completed legible application form to jack.webb@camc.org and CMCHC@camc.org<br>rev. date 2023-03-20  |   |   |   |         |  |  |
|   |   |   |   |         |  |  |