

**Charleston Medical Center Housing Corporation**  
CMCHC ♦ 110 29<sup>th</sup> Street SE ♦ Charleston, WV 25304 ♦ (304) 546-2195

**CMCHC APPLICATION FOR HOUSING**

Today's Date: \_\_\_\_\_ Date Housing Needed: \_\_\_\_\_

Male

Female

(\_\_\_\_) #yrs housing needed / program years

Name: \_\_\_\_\_

First name

Last name

Middle Initial

Permanent Home Address: \_\_\_\_\_

Street

City

State

Zip

Phone

Current Address: \_\_\_\_\_

Street

City

State

Zip

(CURRENT CELL PHONE)

EMAIL ADDRESS (required): \_\_\_\_\_

**IMPORTANT:** All future communication and application correspondences will be done by email.

Please include a valid, clear and legible email address so we can contact you.

**Children living with you:**

Single

Family

Single Parent Family

None

One

Two

Three or More

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 Graduating)

(Current Institution/School)

RESIDENT – (Specialty) \_\_\_\_\_ (PGY-Year) \_\_\_\_\_

Indicate your choice by the number (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice), **not X's**.

\***Dunlop Hall**

*NO ANIMALS*

**Jefferson Place**

*cats only allowed*

**Maier Village**

*Cluster 1 & 2 no pets*

**Maier Village**

*Only Cluster 3 cats only*

**CAMC Houses**

*cats only allowed*

\_\_\_ Studio (limited)

\_\_\_ One Bedroom

\_\_\_ Two Bedroom

\_\_\_ One Bedroom

\_\_\_ Two Bedroom

\_\_\_ Three Bedroom

\_\_\_ One Bedroom

\_\_\_ Two Bedroom

\_\_\_ Three Bedroom

\_\_\_ One Bedroom

\_\_\_ Two Bedroom

\_\_\_ Three Bedroom

\_\_\_ Two Bedroom

\_\_\_ Three Bedroom

\_\_\_ Four Bedroom

\*Dunlop Hall only (apartments are furnished). Unfurnished apts are extremely limited and are first come first serve. REFER TO RENTAL RATE SHEET

**PET NOTICE: This Information is required - PET CAT ONLY: ENTER ZERO for NONE, or Number of CATS (#\_\_\_).**

There is a pet security deposit equal to (1) month's rent, plus an additional monthly fee of \$30. Pet deposits are refundable if there are no pet damages to the premises. **NOTE: Where not allowed, no pets mean not allowed, pet sitting, visiting or otherwise.**

CMCHC Housing Information, Applications, Rental Rates, Brochures and a **FAQ** can be found on our Website:

<https://www.camcmedicine.edu/residents-fellows/housing> THIS APPLICATION IS NOT FOR TRANSIENT USE

Email your completed legible application form to [CMCHC@vandaliahealth.org](mailto:CMCHC@vandaliahealth.org)

rev. date 2026-06-01