



FACUTLY AND STAFF SHORT TERM HOUSING PROGRAM APPLICATION

Please return completed and signed application to: fshousing@rutgers.edu

1. Applicant(s) Status/Appointment Type - Faculty ☐ Staff ☐ Postdoc ☐ Visiting Scholar ☐

All person's residing in the unit that are being sponsored by a Rutgers University department and/or affiliated with Rutgers must be listed as an applicant. Please list non-affiliated family members in section 2.

First Name _____ Last Name _____ Professional Title _____

Country/State of Origin _____ Name of Institution _____

Permanent Mailing Address _____

Date of Birth _____ Male ☐ Female ☐

Cell Phone Number _____ Email _____

Emergency Contact Name _____ Phone # _____ Email _____

First Name _____ Last Name _____ Professional Title _____

Country/State of Origin _____ Name of Institution _____

Permanent Mailing Address _____

Date of Birth _____ Male ☐ Female ☐

Cell Phone Number _____ Email _____

Emergency Contact Name _____ Phone # _____ Email _____

First Name _____ Last Name _____ Professional Title _____

Country/State of Origin _____ Name of Institution _____

Permanent Mailing Address _____

Date of Birth _____ Male ☐ Female ☐

Cell Phone Number _____ Email _____

Emergency Contact Name _____ Phone # _____ Email _____

First Name _____ Last Name _____ Professional Title _____

Country/State of Origin _____ Name of Institution _____

Permanent Mailing Address _____

Date of Birth _____ Male ☐ Female ☐

Cell Phone Number _____ Email _____

Emergency Contact Name _____ Phone # _____ Email _____

2. Additional occupants sharing apartment that are not affiliated with Rutgers University

Gender
Attending public
School

Name _____ Date of Birth _____ Relationship _____ M ☐ F ☐ Yes ☐ No ☐

Name _____ Date of Birth _____ Relationship _____ M ☐ F ☐ Yes ☐ No ☐

Name _____ Date of Birth _____ Relationship _____ M ☐ F ☐ Yes ☐ No ☐

3. Rutgers University Department Information

Sponsoring Department Name _____ Department Chair/Director _____

Department Contact Person _____ Contact Email Address _____

Contact Phone # _____

4. Apartment Complex Requested _____ Date: From _____ To _____

5. Security Deposit of \$500 will be paid by: Department ☐ Guest ☐

6. Rent will be paid by: Department ☐ Guest ☐

7. Do you require special accommodations? Yes ☐ No ☐

I have read the information provided in this application and hereby request University rental housing. I understand housing is on a first come first serve basis and no guarantee of placement is made. By submitting this application, you are authorizing Rutgers University and/or its representatives to conduct a background check and verify credit history. If adverse conditions are discovered, applicant will be notified and application for housing will be denied.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

A department coordinator must be identified on the application for visiting faculty/scholars. Sponsors accept full responsibility for their visitor and are responsible for obtaining NetID's for their guest and NetID's for all apartment occupants residing with the guest at Johnson Apartments.

Department Chair/Director Signature _____ Date _____

Occupancy Restrictions: All occupants must be listed on the application and included within the lease agreement.

Highland Montgomery: Studio - 1 occupants. 1 Bedroom - 2 occupants. 2 Bedrooms - up to 4 occupants.

Johnson Apts: 2 Bedroom apartments – 4 occupants – standard setup 1 full-size bed and 2 twin-size beds

The Vue: 1 Bedroom - 2 occupants. 2 Bedrooms - up to 4 occupants.

The above is a representation of useful information. Please refer to our website sites.rutgers.edu/fssth for additional information and the lease for binding terms. No-shows or early cancellations can result in security deposit forfeiture.