

NASSAU HEALTH CARE CORPORATION

Resident Housing Application

**NOTE to submit this form: Fill in all fields, Save a copy,
Attach a copy to an email and send to:
ccarbone@numc.edu**

Name:																						
Current Address 1:																						
Current Address 2:																						
City:	State:	Zip Code:																				
Country:																						
Telephone 1:	Telephone 2:																					
Social Security Number:																						
If you do not have a SS#, have you applied for your J1 Visa? YES NO																						
E-Mail Address:																						
Department of Residency:	Year of Residency:																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Marital Status:</td> <td style="width: 25%;">Single</td> <td style="width: 25%;">Married</td> <td style="width: 25%;">Separated</td> <td style="width: 20%;">Divorced</td> </tr> <tr> <td></td> <td colspan="2">If married, is spouse a NUMC resident?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td colspan="4">If yes, full name of spouse:</td> </tr> <tr> <td></td> <td colspan="4">If yes, what department ?</td> </tr> </table>			Marital Status:	Single	Married	Separated	Divorced		If married, is spouse a NUMC resident?		Yes	No		If yes, full name of spouse:					If yes, what department ?			
Marital Status:	Single	Married	Separated	Divorced																		
	If married, is spouse a NUMC resident?		Yes	No																		
	If yes, full name of spouse:																					
	If yes, what department ?																					
Number of Children:																						

Did you complete all fields?
Thank you.