

COUPLES HOUSING

Office of Housing Services
50 Haven Ave., New York, NY 10032
212.305.4357 option 2
housingervices@cumc.columbia.edu

RESIDENTIAL PROPERTY ACCESS ID REQUEST

Instructions

1. Complete this form.
2. Attach passport-sized photos (approximately 2"x2"): one photo of the tenant, and one of the spouse/partner.
3. Obtain an authorized signature from the Office of Housing Services.
4. Submit this form to the Public Safety ID Office, located in the Vagelos College of Physicians and Surgeons building, 630 West 168th St., Room 1-405C.

CUIMC Tenant: _____
Last Name First Name

Spouse/Partner: _____
Last Name First Name

University Address

- Tower 1 (60 Haven Ave.), Apt. #: _____ 390 Fort Washington Ave., Apt. #: _____
 Tower 2 (100 Haven Ave.), Apt. #: _____ 50 Haven Ave., Apt. #: _____
 Tower 3 (100 Haven Ave.), Apt. #: _____ Georgian Building (617 W. 168th St.), Apt. #: _____
 154 Haven Ave., Apt. #: _____

Spouse/Partner Phone: _____ **Spouse/Partner Email:** _____

Affirmation

I intend to live in Columbia University Irving Medical Center housing with my spouse/domestic partner, (print name) _____, who will reside with me full-time at the University address listed above.

I understand that my spouse/partner will be issued a CUIMC Residential Property Access ID card. This card will allow my spouse/partner access to the building listed above. Guest procedures for all other CUIMC residential buildings apply. The ID will be valid during the term of my lease and must be renewed annually during the lease renewal process. The ID will be relinquished when I vacate the apartment. The issuance of this ID does not confer tenancy rights or tenancy status to my partner.

Should my partner status change, I will notify the Office of Housing Services within 30 days.

Tenant Signature: _____ **Date:** _____

Spouse/Partner Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

- Verification of Primary Tenant
 Approval to issue CUIMC Access ID

Signature: _____ **Date:** _____