



Dear Student,

Most of the forms we use at NY Arts Program are in a writeable PDF's form. We suggest that you transfer the PDF to you desktop and rename it. Once you have completed the form, go to the print menu and save as a PDF through print.

Please fill out the following reservation form and mail it back to our office with your housing security deposit. We request that this form be typed, signed and electronically sent.

Please read the NY Arts Program Residence Policy Handbook found on our website [www.nyartsprogram.org](http://www.nyartsprogram.org) under current students so that you may familiarize yourself with the policies. When you sign the housing questionnaire you are agreeing to compile to the policies found in this handbook.

We look forward to meeting you in Spring 2015.

Best,

Susan Childrey  
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New York Arts Program  
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*NY Arts Program Housing Reservation Form and Questionnaire* - Please Type

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DO \_/\_\_\_/\_\_\_

COLLEGE: \_\_\_\_\_ GENDER M F

This form is required to reserve a space in the NYAP residence dorm for students. Reservation forms should be received before **December 1** for spring semester. After Dec 1 students are not guaranteed a space. All residents must be 18 years or older. There is a required \$150 housing security deposit that must accompany all reservation requests. Please make checks out to **OWU/ NY Arts Program** and mailed to NY Arts Program, 305 West 29<sup>th</sup> Street, NYC 10001. The housing deposit is refundable at check out if there is no property damage or accrued fines. NYAP housing info at <http://nyartsprogram.owu.edu/housing.html>.

\_\_\_\_\_ **I am registering for New York Arts Program** housing at 305 W. 29<sup>th</sup> Street. I am enclosing \$150 in the form of a personal check (US dollars).

\_\_\_\_\_ I plan on living in housing that I have arranged myself. I understand that I have undertaken the responsibility of finding housing for myself and that the NY Arts Program can not be held responsible for my housing arrangements and/or any impact they may have on my semester in New York. My NYC address will be provided either here or at a later date. \_\_\_\_\_

All semester students will have roommates. Availability of space is complex and the final placement must be at our discretion. Only same sex matches will be made. We do not take roommate requests. Please complete the following questions. Students will be provided a more detailed roommate survey and roommate contract:

- |  |                |                   |               |       |
|--|----------------|-------------------|---------------|-------|
| 1. I prefer a roommate who is a        | Non-smoker     | Smoker            | No preference |       |
| 2. I would consider myself:            | Morning person | Night person      | both          |       |
| 3. My neatness level:                  | Very neat      | Organized clutter | Cluttered     | Messy |
| 4. My anticipated internship schedule: | Mornings       | Evenings          | Weekends, etc |       |

**Medical Conditions That May Affect Room Assignment:** (This information is confidential.)

\_\_\_\_\_ Please check if you believe that you will need a living environment that can accommodate a disability or medical condition for you. Please list any disabilities or medical issues that you feel we should know about and provide appropriate documentation.

I agree to abide by all 305 Residence rules and policies found in the **NYAP Student Handbook**. I realize that if at any time, my room is not filled to capacity, a student(s) may be assigned to it or I may be asked to share with a new NYAP interviewee. I may not change rooms without NYAP permission. I understand the NYAP guest policy. I understand that NYAP has the right to remove me from housing if my conduct is dangerous to myself and/or other members of the NYAP community.

SIGNATURE \_\_\_\_\_