



ABOUT YOURSELF

First Name: _____ Last Name: _____
 Address (permanent): _____
 Mobile Number: _____ Phone Number: _____
 Email Address: _____
 Career Program: _____
 Intended Start Date: _____ Anticipated Move Out Date: _____

YOUR LODGING REQUEST

Please indicate the housing style you are interested in: Dorm Apartment Homestay Not sure

Are you open to having a roommate (your own bedroom but a shared common space)? Yes / No

Your desired budget per month range (in US dollars): _____
 Your minimum budget per month range (in US dollars): _____
 Your maximum budget per month range (in US dollars): _____

In which of the following locations would you consider housing for your stay?

Manhattan, NY		Other NY Boroughs
<input type="checkbox"/> Upper West Side	<input type="checkbox"/> Harlem/Morningside Heights/Inwood	<input type="checkbox"/> Queens
<input type="checkbox"/> Midtown West/Chelsea	<input type="checkbox"/> Upper East Side	<input type="checkbox"/> Brooklyn
<input type="checkbox"/> West Village/Greenwich Village	<input type="checkbox"/> Midtown East /Murray Hill/ Gramercy	<input type="checkbox"/> Staten Island
<input type="checkbox"/> Tribeca/Soho	<input type="checkbox"/> Financial District/Battery Park	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lower East Side/East Village		
<input type="checkbox"/> Not sure where I want to live; I'm open to suggestions		

What type of accommodations are you looking for?

Total number of occupants: _____ including (#) child(ren)

Studio One Bedroom Two Bedroom Three Bedroom Four Bedroom

Number of beds required: _____
 Furnished or Unfurnished? _____

Do you need relocation services? Yes / No Are you a smoker? Yes / No

CONTINUED NEXT PAGE

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND EMAIL TO NYHOUSING@ICE.EDU

Student Housing Coordinator
 The Institute of Culinary Education
 p: (888) 986-2433 ■ NYhousing@ice.edu



IF YOU WOULD LIKE TO SHARE AN APARTMENT, PLEASE RESPOND TO THE QUESTIONS BELOW

The following questions are optional to answer, but will help ICE find you a compatible roommate.

Do you have a pet? Yes / No Type: _____

Your Gender: Male Female

You would prefer to share the premises with: Male Female Either

Your age range: 18-25 25-35 35-45 45+

You would prefer to: Share Not Share... the premises with a smoker

You would prefer to: Share Not Share... the premises where a pet lives

You would prefer to: Share Not Share Either... a bedroom

You would prefer to: Share Not Share Either... a bathroom

Allergies: _____

YOUR LIFESTYLE

	Yes	No	Not really/Doesn't matter
You require a lot of privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You like a lot of people around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If necessary, you will sleep in the living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you require use of the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you require use of the living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR PERSONALITY

Please indicate the option that best fits you *most* of the time

You are: Studious Social

You are: Early Riser Late Riser

Which is more important to you? Good Surroundings Compatible Roommate Budget

Which language do you speak? _____

Hobbies and interests: _____

Anything else we should know? _____

SEE YOU SOON!

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