



Rental Listing Application

Please make check payable to Yale University and forward to:

Off Campus Housing, 420 Temple Street, New Haven, CT 06511-6802 (203) 432-9756

* Term:	Circle one: Long Short (180 days or less)		
* Type:	Circle one: Full-Apartment Condo House Room Share Sublet		
* Property Street Address:	Print		
* Property City:	Print		
* * New Haven Neighborhood:	Circle: Annex, Central, City Point, Dixwell, East Rock, Fair Haven, Fair Haven Heights, Medical, Morris Cove, Science, Westville, Wooster Square, Other area not listed		
* Owner/Agent:	Print:		
Email Address:	Print:		
* Phone: Day		Evening:	
* Available From (mm/dd/yy):	___/___/___	Available To:	___/___/___
* Monthly Rent:	\$	Security Deposit	\$
* Number of Total: Rooms		* Bedrooms:	* Baths:
* Floor:	Circle one: 1 st 2 nd 3 rd 4 th or more		
Property Includes Circle one:		Rent Includes Circle one:	
Handicap Access:	Yes No	* Electricity:	Yes No
Central Air:	Yes No	Furnished:	Yes No Possible
Dishwasher:	Yes No	* Heat:	Yes No
Hardwood Floors:	Yes No	* Hot Water:	Yes No
Stove/Refrigerator:	Yes No	Pets:	Yes No Possible
Washer/Dryer:	Yes No	Parking-On Street:	Yes No
Washer/Dryer Coin Op:	Yes No	Parking-Off Street:	Yes No
Washer/Dryer Hookup:	Yes No	Parking-Garage:	Yes No
		* Lease Required:	Yes No
Comments: (Please print 20 words or less)			
Yale University Use Only:			Date Received/entered:
Payment form: (circle one)	Cash	Check	Charge
			Receipt #

Renters who believe that a property owner or subletor has failed to comply with applicable housing laws, regulations, or provisions of a lease, or has engaged in conduct that is otherwise unethical or wrongful are encouraged to file a complaint with the Off Campus Housing Service. This office may, at its sole discretion, take action on such complaints, including, but not limited to, making complaints available to other students, removing existing listings, and prohibiting future listings by the subject property owner or subletor. By signing below, I consent to these terms as a condition for listing my property with the Off Campus Housing Service.

Property owner/Subletor _____ *Date* _____