



**Form 1800 FR.04**  
**Yale Residential Rental Request**

Revised 4/30/2024

**Instructions:** Please complete this form to request rental of residential space on behalf of a qualified Yale affiliate.  
 Please forward completed forms to [susan.cascio@yale.edu](mailto:susan.cascio@yale.edu).

| Requester Information |  |             |  |
|-----------------------|--|-------------|--|
| Requested by:         |  | Department: |  |
| Email:                |  | Phone #:    |  |

| Yale Affiliate (Proposed Occupant) Information |  |                          |  |
|--|--|--------------------------|--|
| Name(s) of Yale Affiliate(s):                  |  | Relationship(s) to Yale: |  |
| Name(s) of Additional Occupant(s):             |  |                          |  |

| Rent and Tax Information  |   |   |   |
|---|---|---|---|
| Will the occupant reimburse the department for housing costs?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Is the occupant's Yale assignment expected to last one year or less? *                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| What is the location of occupant's current tax home? **   |   | Is the occupant expected to return to his/her current tax home after completion of the Yale assignment? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <small>* If response is "No" and the expectation changes at a later date, the department is responsible for notifying University Properties at the time the work assignment is expected to last more than one year (from the first day of the work assignment).<br/>           ** Generally, a Tax Home is the worker's regular place of business and includes the entire city or general area where his/her work is located.</small> |   |   |   |

| Reason for Residential Rental Request |
|---------------------------------------|
|                                       |

| Rental Property Information |  |            |  |
|-----------------------------|--|------------|--|
| Bedrooms:                   |  | Bathrooms: |  |
| Address:                    |  | Unit Type: |  |

| Landlord Information |  |          |  |
|----------------------|--|----------|--|
| Name:                |  | Email:   |  |
| Address for Billing: |  | Phone #: |  |

| Lease Terms Information      |  |   |  |
|------------------------------|--|---|--|
| Proposed terms as of (date): |  | Lease Term:                                   |  |
| Date of Possession:          |  | Start Date:                                   |  |
| Expiration Date:             |  | Monthly Rate:                                 |  |
| Total Charges:               |  | Security Deposit (refundable at end of term): |  |
| Additional Costs:            |  |   |  |

| Charging Instructions |
|-----------------------|
|                       |

| Approvals (Signatures)     |  |       |  |
|----------------------------|--|-------|--|
| Office of the Provost:     |  | Date: |  |
| University Properties:     |  | Date: |  |
| Office of General Counsel: |  | Date: |  |