



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Harvard Affiliation: **[REQUIRED]** \_\_\_\_\_ Harvard ID \_\_\_\_\_

Area of Research or Study: \_\_\_\_\_

**Please indicate your preferred move-in and move-out dates\*:**

Move in: \_\_\_\_\_ Move out: \_\_\_\_\_

Special circumstances? Please explain: \_\_\_\_\_

**Please indicate your order of preference for the following apartments and return this form with your signature to formalize this application\*\*.**

\_\_\_\_\_ Efficiency apartment @ \$1,206/month      \_\_\_\_\_ 2-bedroom apartment @ \$1,855/month  
\_\_\_\_\_ 1-bedroom apartment @ \$1,488/month

**My spouse/partner will live with me at CSWR:** \_\_\_ yes \_\_\_ no

Is spouse/partner affiliated with Harvard? \_\_\_\_\_

Name of spouse/partner and Harvard Affiliation if applicable: \_\_\_\_\_

**My children will live with me at CSWR:** \_\_\_ yes \_\_\_ no

If yes, name(s) and age(s) of children: \_\_\_\_\_

**I am interested in tenant parking at the 52 Oxford Street garage:** \_\_\_ yes \_\_\_ no

*\*We will do our best to work with your preferences, but cannot guarantee availability for your listed dates.*

*\*\*Please note, no smoking is allowed on CSWR premises including apartments and grounds*

**Please sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax or mail completed form with CV to:**

Center for the Study of World Religions  
42 Francis Avenue  
Cambridge, Massachusetts 02138  
USA

Fax: 617.496.5411

Tel: 617.496.5834

charles\_anderson@harvard.edu