



Carolinan HealthCare System

*Uncompromising Excellence. Commitment to Care.*

## RESIDENTIAL HOUSING ELIGIBILITY FORM

\_\_\_\_\_ is enrolled in the Resident  
Program at Carolinas Medical Center with the \_\_\_\_\_  
Department and will be in the program from \_\_\_\_\_ to  
\_\_\_\_\_ and is eligible to apply for CHS Campus Residential  
Housing.

Resident's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

***Please forward completed form to: [jbes@commreco.com](mailto:jbes@commreco.com) or  
Fax to (704) 334-6445***