



## HOUSING ARRANGEMENTS FORM

**SUMMER WORK TRAVEL PROGRAM**  
 36 Park Avenue - Bay Shore, NY 11706  
 P: 1-877-669-0717 | F: 1-631-893-4547  
 support@csb-usa.com | www.csb-usa.com

CSB International Representative (company name): _____	_____
I (participant full name) _____, the undersigned, understand that the job offer I have requested as a placement for Summer Work Travel Program, does not have housing arrangements available. In such a case, I am required to submit a proof of the housing address to the local CSB International Representative within 15 (fifteen) business days prior to my arrival in the United States.	

### MY HOUSING ARRANGEMENTS

Date of Arrival (month/day/year): _____		City: _____		State: _____		Zip code: _____	
Type of Housing: _____		<input type="checkbox"/> House <input type="checkbox"/> Dorm Style <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment		Furnished: _____		<input type="checkbox"/> Yes – basic <input type="checkbox"/> Yes-completely <input type="checkbox"/> No	
Are the costs listed below equivalent to the market value of the area? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are there multiple options available based on arrival? _____	
Number of Bedrooms: _____		Number of Bathrooms: _____		Number of Tenants per Room: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost per Week*: \$ _____	Payroll deducted: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Utilities Included: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Specify Utilities not included: _____
Housing Deposit*: \$ _____	Refundable Amount: \$ _____	Refund Policy: _____		If Yes, please attach a copy of the lease.			
Lease Required: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Minimum Length: _____	If Yes, please attach a copy of the lease.			
Distance to Work Site: (miles): _____	Transportation Method: _____		<input type="checkbox"/> Walking <input type="checkbox"/> Provided <input type="checkbox"/> Must arrange personally <input type="checkbox"/> Public Cost		per Day (round trip): \$ _____		

\* Note: Generally, the first month and deposit are due upon arrival. Housing is generally basic furnished with no kitchen utensils, cookware, linens or towels provided. Participants may need to bring or purchase necessities for a healthy lifestyle.

Provider Name: _____	Email: _____	Phone: _____
If Hotel/Motel, Please provide: Reservation #: _____	Reservation Name: _____	
Reservation Period (dates): _____	_____	

#### Housing Address

Street Address: _____	City: _____	State: _____	Zip code: _____
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Please include a picture of your housing, one picture for the exterior and one for the interior. If your housing arrangement is a hotel/motel, a Google Earth picture will be sufficient

SWT Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_

CSB International Rep Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_

*International Representative Stamp (here)*