

Provider Company Name (if applicable): _____ Provider Contact Name: _____
 Provider Email: _____ Provider Phone: _____

HOUSING

Housing Availability: Yes

Type: House Dorm Style Hotel / Motel -if checked please specify name: _____ Apartment Bunk house

Furnished (if yes): Yes – basic Yes-completely No

Are the costs listed below equivalent to the market value of the area? Yes No

Are there multiple options available based on arrival?* Yes No **When multiple locations are listed, the final housing placement is always based on arrival period and availability. Individual requests cannot be accomodated under any circumstances.*

Housing Address: _____
Street Address City State Zip Code

Please include a picture of the housing, one picture for the exterior and one for the interior

Additional Address #1: _____
Street Address City State Zip Code

Please include a picture of the housing, one picture for the exterior and one for the interior

Additional Address #2: _____
Street Address City State Zip Code

Please include a picture of the housing, one picture for the exterior and one for the interior



THIRD PARTY HOUSING 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

Additional Address #3: _____

Street Address City State Zip Code

Please include a picture of the housing, one picture for the exterior and one for the interior

Additional Address #4: _____

Street Address City State Zip Code

Please include a picture of the housing, one picture for the exterior and one for the interior

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Tenants per Room: _____

Cost per Week*: \$ _____ Payroll deducted: Yes No

Utilities Included: Yes No Specify Utilities not included: _____

Housing Deposit*: \$ _____ Refundable Amount: \$ _____ Refund Policy: _____

Lease Required: Yes No Minimum Length: _____ **If Yes, please attach a copy of the lease.**

Distance to Work Site: (miles): _____

Transportation Method: Walking Provided Must arrange personally 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.

Responsible Contact Name: _____ Signature: _____ Date: _____ (mm/dd/yyyy)

Participant Name: _____ Signature: _____ Date: _____ (mm/dd/yyyy)