



## Summer Work Travel Program THIRD PARTY HOUSING

CSB International, Inc.  
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Provider Company Name (if applicable): \_\_\_\_\_ Provider Contact Name: \_\_\_\_\_  
Provider Email: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

### Housing

**Housing Availability:** ☐ Yes

Type: ☐ House ☐ Dorm Style ☐ Hotel / Motel ☐ 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

Housing Address (if yes): \_\_\_\_\_  
Street address City State Zip code

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)