[For office use only] CSB International Agent: \_\_\_\_\_\_ Participant: ID#\_\_\_\_\_



## **Summer Work Travel Program**HOUSING ARRANGEMENTS

CSB International, Inc.

119 Cooper Street Babylon, NY 11702 P: 1-877-669-0717 F: 1-631-893-4547 info@csb-usa.com

## www.csb-usa.com

CSB International Representative (company	name):			
I (participant full name) a placement for Summer Work Travel Progra a proof of the housing address to the local C States.	m, does not have housing arrange	ements available on the pre	mises. In such	case, I am required to submit
MY HOUSING ARRANGEMENTS ARE:				
Date of Arrival:(month/day/year)	_ City:	State:		Zip code
Housing Address				
Street Address:	City:		State:	<del></del>
Zip code: Housing	Telephone No:			
Summer Work Travel Participant Signature: _			Date:	(month/day/year)
CSB International Representative Signature:			_ Date:	
				(month/day/year)

International Representative Stamp (here):