

Co-op/Intern Housing Form

Name _____

Marital Status _____

Residential Address:

Business Address

Street Address: _____

Street Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Contact Information

Work Phone: () - _____

Employer: _____

Cell Phone: () - _____

Job Title: _____

Reference: _____

Phone Number: () - _____

Renting Address _____ **City** _____ **Zip Code** _____

Time to JSC _____ **Miles to JSC** _____

Number of spaces to rent _____ **Number of permanent residents** _____ **Number of children** _____

Gender Preference ----- **Rent per room** _____ **Deposit:** \$ _____

Pets ----- **Description of pets** _____ **Pets Allowed?** -----

Overnight guest allowed? ----- **Smoking in house?** ----- **Parking (driveway, garage, or street):** -----

Utilities Included? ----- **Phone Included?** ----- **Internet Included** -----

Kitchen Privileges _____ **Kitchen information** _____

Laundry Privileges _____ **Laundry Information** _____

Furnished? ----- **If yes, description** _____

Bedroom Shared? ----- **Bedroom Description:** _____

Past Co-ops who have lived here

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Comments