



Housing, Safety, and Welfare Landlord Sign-Off



Landlord Name: _____

Address of Housing: _____

Attention of:

Landlord Contact Info: Phone Number: _____ Email Address: _____

Distance from housing to student's place of employment: _____ miles **Method of transportation to employment:** _____

Name(s) of Student(s):

Dear Landlord:

In order to remain compliant with Department of State regulations governing the J-1 Work/Travel Program, we ask that you complete the following questionnaire pertaining to housing for J-1 students. We are grateful for your time and cooperation throughout this process.

-The United Work and Travel Compliance Department

Do the rooms/apartments have working lights and plumbing? YES NO

Are the units located in a well lit area? YES NO

Do all units have locking doors and windows? YES NO

Do all units have working smoke detectors and alarms? YES NO

Do all units have a working sprinkler system? YES NO

Has mold ever developed in ANY of the units? YES NO

How many students would reside in each individual bedroom?

How many bathrooms are in each individual unit?

Of the following amenities, please circle those that are included in the housing environment:

Linens Blankets Towels Pillows Internet Connectivity Cable

Television Table/Chairs Stove Refrigerator Microwave Sidewalks

Oven Pots/Pans Dishes Silverware Vacuum Cleaning Supplies

Laundry Appliances (If yes, circle one of the following): In Unit / In Building / Off-Site Cost per Load: \$ _____

Nearest Bank: _____ miles Nearest Grocery Store: _____ miles

In order to complete housing verification, please submit photographs of the unit to employerdocs@unitedworkandtravel.com. Include photos of each room and the various amenities provided. Housing verification is incomplete until these photos are received by United Work and Travel.

Signature of Landlord

Date of Signature