

Housing Survey

Cooperative Education Program

RENSELAER POLYTECHNIC INSTITUTE

If you would like to assist future Co-ops in locating housing in your area, please fill out this form and return it to the Co-op Office. Your help is greatly appreciated.

1. Who was your Co-op employer? _____

2. Location of employer _____
City State Zip

3. Housing Location _____
City State Zip

4. Rent per month _____

Includes:

- heat stove hot water garage
 electric parking refrigerator water
 other _____

5. How far is residence from work? _____ From shopping centers? _____

(approximate miles)

(approximate miles)

6. Is public transportation available to travel to work? Yes No

Distance from residence _____
(approximate miles)

7. Rented from _____ to _____
month/year month/year

8. How many are permitted in residence (including yourself)? _____

9. Residence Type Apartment Rented House
 College Residence Hall Rented Room
 Other _____

10. Contact Person Name _____

Address _____

City

State

Zip

Phone Number _____
(area code)

11. Would you recommend this as suitable housing for future co-ops? No Yes

12. Comments _____

Optional

Your Name: _____

E-mail: _____

Rensselaer



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