



HOUSING FORM

Please indicate your housing preference and return this form to Logos

1) Would you enjoy living in a household with young children? Yes _____ No _____

2) Do you have any religious preferences in connection with your housing accommodation?

Yes _____ No _____ . If yes, please identify _____

3) Do you have any allergies? If so, please describe them.

4) Do you have any dietary restrictions? If so, please describe them.

5) Do you smoke? Yes _____ No _____

6) Do you object sharing house with a person who smokes? Yes _____ No _____

7) Do you mind living with pets? Yes _____ No _____

8) Person (s) to be notified in case of emergency:

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____