

Temp Housing Questions:

Contact person:

Phone #(s):

Email Address:

What kind of rental: Apartment, cabin, house, basement, etc.

Where is the rental located?

How far from the Hospital?

How much for rent a month?

What is included in the rent?

Such as WiFi, garbage, plowing, electric, water, sewer, etc.

Are pets allowed? _____

Smoking allowed? _____

Is the rental unit furnished? _____

Rooms available?

When is the rental available?

Parking:

**Download and email your completed form or the answers of the form to
accounts.payable@northshorehealthgm.org**