Travel Nurse

Housing Preference Checklist

credenza

Nurse Name: _____ **Date:** _____

Facility Name: _____

Item	Notes
1. Select your preferred housing type.	____ Extended-stay hotel ____ Condominium / apartment ____ Off-season vacation rentals ____ Bed and breakfast / guest room ____ RV / Trailer ____ Other (describe): _____ _____
2. Select factors (check all that apply)	____ Accessibility ____ Furnishings / furniture included ____ Parking availability ____ Pet-friendly ____ Proximity to airports ____ Proximity to public transportation ____ Proximity to schools / daycares ____ Proximity to work ____ Rent range (low to high): _____ to _____ ____ Rental term: weekly ____ Rental term: monthly ____ Rental term: 3 months or more ____ Security on site ____ Utilities included in rent
3. List any other housing needs or preferences.	