

## Room in Exchange for Services

### Salem State University

Residence Life/Off Campus Housing  
71A Loring Avenue  
Salem, MA 01970  
Phone: (978) 542-6416 Fax: (978) 542-6356

Date of submission:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date housing becomes available: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Lease Required: \_\_\_\_\_ If Yes: Dates \_\_\_\_\_  
Security Deposit: \_\_\_\_\_ If Yes: Amount: \$ \_\_\_\_\_

Preferred Gender of Tenant: \_\_\_\_\_ How many working hours a week is required? \_\_\_\_\_

Which floor: \_\_\_\_\_ Heat: \_\_\_\_\_ Utilities: \_\_\_\_\_ Washer/Dryer: \_\_\_\_\_

Are there pets presently at the residence? \_\_\_\_\_ If yes, indicate what kind of pet: \_\_\_\_\_

Is the student allowed to bring his/her own pet?

If yes, indicate what kind of pet allowed: \_\_\_\_\_

Furnished: \_\_\_\_\_

Five minute walk to public transportation? \_\_\_\_\_ If yes, what form of transportation? \_\_\_\_\_

Number of minutes to campus by car: \_\_\_\_\_ Minutes \_\_\_\_\_

Reserved off street parking? \_\_\_\_\_ If yes, how many spaces allotted? \_\_\_\_\_

Type of work desired: \_\_\_\_\_

(Optional) Please use this space for any details you wish to share with potential student:

Who should the student ask for when inquiring about this listing: \_\_\_\_\_

ATTENTION: Listings is posed for one month. If you wish to remain on our list, please contact the Office of Residence Life before one month of posting ends.