



LB WATERFRONT WARRIORS 2010 HOME SURVEY

Date: _____

If you would like to host a family in your home, please fill out and return to a WW committee member or mail to:

LB Waterfront Warriors, P.O. B ox 210, Long Beach, NY 11561 or

Email to info@lbwaterfrontwarrirors.org

Homeowners Information:

Mr/Mrs/Ms _____

Address: _____

Telephone: _____ Cell: _____

Work #: _____ Email: _____

Residents living in the home during event: _____

Homeowners will not be in the house during event: _____

How many people can you accommodate: _____

Do you have pets: How many? _____ Size _____ Type _____
(sm, med,lg)_

Air Conditioning? Central Air _____ AC in certain rooms _____

How many stairs outside home? _____

How many stairs inside home? _____

No. of bathrooms accessible to soldiers _____

Any physical handicap access in or around the home? _____

Do you smoke? _____

Do you mind smoking on porch or outside home? _____

Would you allow drinking of alcohol in your home: _____

over →

Do you have any reservations about whom you open your home to?

Yes _____ No _____

(If yes, please discuss with WW committee person. Information will be kept confidential.)

Bedroom(s)

How many bedrooms available _____

Bedroom # 1 on the _____ floor

Bed size(s): _____
(ie, Ground level, 1st/2nd floor, basement)

Bedroom # 2 on the _____ floor

Bed size(s): _____

Bedroom #3 on the _____ floor

Bed size(s): _____

Bedroom #4 on the _____ floor

Bed size(s): _____

Do you have a crib or bed available for a child under 2? _____

Is a highchair available? _____

If host family is not staying on premises:

-Is access to key or security code available to soldiers? _____

-Emergency phone numbers if you cannot be reached:

Name: _____ Tel: _____

Name: _____ Tel: _____

Anything else you'd like us to know:

Thank you for your support!