



**HOMESTAY APPLICATION FOR HOST FAMILY**

Date: \_\_\_\_\_

Applicant's Name(s): A. \_\_\_\_\_ Cellphone: \_\_\_\_\_

Spouse: B. \_\_\_\_\_ Cellphone: \_\_\_\_\_

Address: (physical) \_\_\_\_\_

(mailing) \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_

Email address: \_\_\_\_\_

**Employment Information**

A. _____	_____	_____
Position	Employer	Business Phone

B. _____	_____	_____
Position	Employer	Business Phone

Please provide the following information. It will help us to match students and families.

1. How did you hear about this program? \_\_\_\_\_  
\_\_\_\_\_

2. List people who live in your home

Full Name	Age	Relationship	School & Grade or Occupation	First Language
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

It is your responsibility to inform us of any additional people who move into your home after this application has been submitted.



3. Have you ever had a foreign student stay in your home? If yes, what nationality, how long and when did he/she stay?

- a) Yes/No \_\_\_\_\_ b) Length of stay \_\_\_\_\_  
c) Nationality \_\_\_\_\_

4. Do you have other homestay students? Yes/No \_\_\_\_\_

If YES, please note their Nationality, Gender, and Age: \_\_\_\_\_

Describe the room where the student(s) will sleep.

Location \_\_\_\_\_

Furnishings \_\_\_\_\_

5. Does any family member smoke? \_\_\_\_\_ Do you allow smoking in your home? \_\_\_\_\_

6. Do you have firearms in your home? \_\_\_\_\_ if yes, are they secured \_\_\_\_\_

7. What kind of activities would you include the student in, and how often? \_\_\_\_\_

8. List your household pets- \_\_\_\_\_

9. Are you willing to help with transportation in emergencies and on special occasions? \_\_\_\_\_

10. Are there dietary restrictions in your home? \_\_\_\_\_ allergies \_\_\_\_\_

11. Please list any hobbies, interests, or other activities that your family enjoys which may be shared with your student (i.e. cultural, sports, religious): \_\_\_\_\_

14. Do you attend religious services? \_\_\_\_\_ Religious affiliation \_\_\_\_\_

15. What is the activities schedule of family members? \_\_\_\_\_

16. Write anything else that you feel is important for students(s) to know about your household (food, laundry, family rules, etc.)

17. Would you prefer a short term student (4 weeks) \_\_\_\_\_ long term (3 or more months) \_\_\_\_\_