



## Home Stay Provider Application

### PERSONAL INFORMATION

Applicant Name Birth	Date of	Spouse Name Birth	Date of	Application Date

### CONTACT INFORMATION AND LOCATION DETAILS

Home Address		Mailing Address (if different)	
City, State/Province	Postal Code	E-mail Address	Home Telephone #
Business Telephone #	Cell Phone #	Spouse Business Tel. #	Spouse Cell Phone #
Primary Language	Secondary Languages	Spouse Primary Language	Spouse Secondary Languages
Travel Details/ Convenience to and from School			

### FAMILY ENVIRONMENT

Applicant's Employer Name	Job Title	Spouse's Employer Name	Job Title

<b>Applicant's Work Schedule</b>		<b>Spouse's Work Schedule</b>	
<b>Applicant Highest Level of Education/ School</b>		<b>Spouse Highest Level of Education/ School</b>	
<b>Household Average Annual Income</b> (The income data collected will be used solely for the purposes of ensuring that the basic needs of the international student can be met, including three quality meals and transportation to and from school activities)		<b>Does Your Family Receive Needs-Based Government Subsidies for Food or Housing?</b>	
<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> \$45,000 - \$55,000 <input type="checkbox"/> \$55,000 - \$65,000 <input type="checkbox"/> \$65,000 - \$75,000 <input type="checkbox"/> \$75,000 or above		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Family Type</b>		<b>Children in the Home?</b>	
<input type="checkbox"/> 2 Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Single		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Children in Home - Details</b>		<b>Other Children Not in Home</b>	
<u>Name</u> <u>Date of Birth</u> <u>Relationship to Applicant</u>			

**Description of Your Home**

House Type:

Single \_\_\_ detached \_\_\_ apartment \_\_\_ townhouse \_\_\_ duplex \_\_\_

other (specify) \_\_\_\_\_

Square Footage: \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Backyard \_\_\_\_\_ Balcony \_\_\_

Social Areas \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Front yard \_\_\_\_\_

Level(s) \_\_\_\_\_

Distance from high school(s) \_\_\_\_\_

Describe the room where the student will sleep.

Location: \_\_\_\_\_ Size: \_\_\_\_\_

Furnishings: \_\_\_\_\_

**Amenities to which the student will have access**

Bath  Shower  Washer  Dryer  Quiet Study Space  Computer

Internet Access

Telephone  Television  Iron  Other \_\_\_\_\_

**What are your hobbies and interests?**

**Do you have pets?**

**Pet Details**

Yes  No

**Dietary Choices/Practices**

**Are you flexible to accommodate a student who follows a particular dietary restriction (e.g., vegetarian, Kosher, gluten-free)**

Yes  No

**Medical Concerns**

**Medical Concerns - Additional Notes**

<input type="checkbox"/> Allergies <input type="checkbox"/> Other		
<b>Religious Beliefs</b>		<b>International Travel Experience</b>
		<input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/> Extensive
<b>Do you smoke?</b>	<b>Do any family members smoke?</b>	<b>Do you allow smoking in your home?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES** (Please check one)

We prefer a male student, but can take a female student	
We prefer a female student, but can take a male student	
We prefer a female student; we cannot take a male student	
We prefer a male student; we cannot take a female student	
We do not have a preference	

I AM / I AM NOT (circle one) REGISTERED WITH ANOTHER HOMESTAY PROGRAM. If registered with another Homestay program, I hereby pledge to undertake to inform the same entity to which this application document is being submitted of the presence, gender, age, and country of origin of any other international student I will have in my home during the period under consideration.

Describe your expectations regarding the responsibilities and behavior of the international student while in your home. PLEASE NOTE: A Parent-Student Agreement, signed by each international student and their natural parent(s)/ guardian(s), specifically prohibits driving, smoking, and the use of alcohol or any other illegal substances.

Access to food, beverages & snacks	
Homework	
Household Chores	
Social & extra-curricular Activities	
Use of Computer/ Internet/ E-mail	
Other (please specify)	
Other (please specify)	

### HOSTING TYPES & HISTORY

Have you hosted an international student in the past? If so, provide details below.

Related Experience/ Training

Summarize why your family would like to host an international student.

How did you hear about this Homestay Program?

**REFERENCES (non-relative)**

Please list two references that may be contacted with regard to your suitability as a host family. References from work or local community are preferred over close personal friends.

REFERENCE 1	REFERENCE 2
Name	Name
Address: Street, City, State/ Province	Address: Street, City, State/ Province
Telephone	Telephone
Occupation	Occupation
Relationship to Applicant	Relationship to Applicant

I hereby verify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date