

Contact Information

Last Name	First Name	M.I.

Current Residence Information

Current Residence information		
Street Address	Street Address Line 2	
City	Province	Postal Code
Home Phone Number	Cell Phone Number	
E-mail address		

Transportation

What is the nearest main intersection to your home?

What is the closest subway station to your home? (if applicable)

How far away is the nearest bus stop? (Minutes)

Can you pick-up students from the airport?

Describe your Neighbourhood



Family Details

Please lis	st all family members who live in	your home (including yourself)
Member #1 - Yourself		
First Name	Last Name	
Date of Birth	Occupation	First Language
Member #2		
First Name	Last Name	Relationship
Date of Birth	Occupation	First Language
Member #3		
First Name	La	ast Name
Date of Birth	Fir	rst Language
Member #4		
First Name	La	ast Name
Date of Birth	Fi	rst Language
Member #5		
First Name	La	ast Name
Date of Birth	Fii	rst Language



What is your current status in Canada?

Homestay Services for International Students

If you were not born in Canada, please specify how long you have lived here (Years)

English must be the primary language spoken in your home, please list any other languages spoken in your home (Enter languages separated by coma. Enter NA if no other language is spoken except English)

What are your family's interests and hobbies?
What is your religion (if applicable)?
Does anyone in your home smoke?
Would you allow smoking in your home?
If yes, where?
Do you have pets ?
If yes, please list

Are there any home rules that the students should know about? Please list (Enter NA if none)

Accommodation

What type of Accommodation do you have

How many rooms are available for students?

Main Floor	2nd Floor	3rd Floor	Basement
Yes	Yes	Yes	Yes

Do you have room for sharing?

How many bathrooms are available for students?

How is the bathroom?

If it's shared, how many people share it?



Basic	Bed (clean bed linen incl.)	Closet	Desk/Study Table	Chair
Furniture	Yes	Yes	Yes	Yes
Access to La	undry Facilities	Ir	nternet Access	
	Prefe	erences/Experie	ence	
Do you have	any student preferences?			
Have you ho	sted students before?			
]	If yes, please indicate the agency of	or school name and	d their phone number	
Name		Phone	,	
Name		Phone	·	
Why are you student?	interested in hosting an internatio	nal		
	Le	gal Informatio	n	
Has anyone o	ever been convicted of a criminal of	offence?		
Is anyone sur	ffering from an alcohol/drug probl	em?		
Are all perso	ns (Over 18 years) willing to subn	nit to a Police Crir	ninal Record check?	



Additional Information/Comm	nents
Use the space below to provide any additional information about your may be useful or may benefit your application for this program:	Family or Home that you think
I/We agree that the information that has been provided in this applicati	on is true and correct to the best of my
our knowledge. I/We understand that it is the Homestay family's response the student(s) soon after arrival.	· · · · · · · · · · · · · · · · · · ·
Name / Signature of Host Family	Date