



### HOMESTAY PROGRAM APPLICATION FORM

REFERRED by: \_\_\_\_\_

**PRIMARY APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECONDARY FAMILY INFORMATION (SAME ADDRESS)**

Secondary Contact Full name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to primary: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

<i>Dependent or Children's Full name</i>	<i>Birthday</i>	<i>Gender</i>	<i>Relationship to Primary</i>

**ACCOMMODATION INFORMATION**

I own my home       My home is rental

Number of Bedrooms: Total \_\_\_\_\_ Available \_\_\_\_\_

Number of Residents in Household: \_\_\_\_\_ Number of Smokers: \_\_\_\_\_

Number of pets (specify) \_\_\_\_\_

Dates Available: from \_\_\_\_\_ to \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ In-House Laundry Facility: No Yes

Furnished Guest Bedroom: No Yes (describe) \_\_\_\_\_

Close to college? No Yes If yes, what's the name of college? \_\_\_\_\_

Close to Bus stop No Yes distance from college: \_\_\_\_\_

Close to grocery store? No Yes \_\_\_\_\_

**\*Please attach a copy of your police clearance record**



## New Century Education Consulting Services

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TEL: (905) 577-6260 FAX: (905) 525-0499 WEB: WWW.N-CENTURY.NET

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**OTHER** *(The following information will assist us in matching guests with host families)*

Can you provide daily three meals for your guest?  No  Yes

Do you own a vehicle?  No  Yes (specify type) \_\_\_\_\_

Can you provide daily local ride and pick-up for your guest over short-term stays?  No  Yes

Does your family have any dietary preferences (e.g. vegetarian)? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

*I declare that the information I have given in this housing information form is truthful, complete and correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*Please attach a copy of your police clearance record**