



www.homestayselect.ca

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## HOST FAMILY APPLICATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Names of Family Members staying at home	Relationship	Year of Birth	Comments

Occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
 Full-time Part-time Full-time Part-time

Company \_\_\_\_\_ Company \_\_\_\_\_

Your residence  
 House Townhouse Apartment

What daily language is used at home? \_\_\_\_\_

Does any member of the household have any physical or mental condition that the student should be made aware of? \_\_\_\_\_

Have you or any member of the household ever been convicted of any offence other than a traffic violation? \_\_\_\_\_

What religious organization do you belong? \_\_\_\_\_

Do you have a family pet? If so, what kind \_\_\_\_\_

Name a few of your family's interests and hobbies \_\_\_\_\_

Student preference  
 Male Female Either

Would you allow a student to smoke outside your home?  
 Yes No

Are you able to host students with special diets (vegetarian or other)?  
 Yes No

Which kind of student accommodation will you provide?  
 Single Twin

Have you hosted a student before?  
 Yes No

If yes, which year? What School or Agency?  
 \_\_\_\_\_

Reasons for hosting: \_\_\_\_\_

List two personal or business references below:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Referrals: Names of people that may be interested in hosting international students:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: The completion of this application does not confirm the placement of a student(s) in your home.**

Signature \_\_\_\_\_ Date \_\_\_\_\_