



KJ's Homestay Host Family Application

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Marital Status: _____ Single _____ Married _____ Engaged _____ Divorced _____ Widowed

List All Individuals in Your Household (Include Host Information)

	Name	Relationship	Age	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

How far is your home from the closest Marta stop? _____

What is the Bus number that stops near your home? _____

What language(s) are spoken in your home? _____

Have you hosted students/interns previously? _____ Yes _____ No _____ Not Sure

If you answered yes to the above question – please list the organization(s) that you hosted students for.

Describe your family hobbies or interests:

How many students or interns are you able to host? _____

How many available rooms do you have? _____

Are the room(s) single or double occupancy? _____

Do you have an age preference for the guest that you host? 16-18 ___ 19-25 ___ 26-up ___

Would you prefer to host a female guest? ___ Would you prefer to host a male guest? ___

Do you have a preference for your guest to represent a certain nationality? ___ Yes ___ No
(If your answer is yes - State Country Preference): _____

Do you or anyone in your household smoke? ___ Yes ___ No

Do you allow guests to smoke in your home? ___ Yes ___ No

Can guests smoke outside the home? ___ Yes ___ No

Do you have WIFI (Internet Service)? ___ Yes ___ No

Do you have televisions in the guestroom(s) ___ Yes ___ No

Are you willing to provide daily meals? ___ Yes ___ No

Do you have laundry facilities in your home or near your apartment? ___ Yes ___ No

Do you have smoke detectors in your home? ___ Yes ___ No

Do you have fire extinguishers in your home? ___ Yes ___ No

Have you or anyone in your household been convicted of any crime(s)? ___ Yes ___ No
(If you answered yes please explain)

Please briefly describe why you would like to host exchange students:

Please provide three (3) references in the spaces provided below.

	Name	Email Address	Telephone Number	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please confirm the information in this application is accurate and complete, and that you authorize a background check in conjunction with hosting international exchange students and medical professionals. Details regarding monthly payments will be provided in another document.

Applicant Signature

Today's Date