



# Homestay Family Application

**Housing Office**  
20000 68<sup>th</sup> Ave. West  
Lynnwood, WA 98036

Phone: 425-640-1080  
Fax: 425-640-1057

\$60 Application Fee (non-refundable)  
\$40 for returning families after 1 year

Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Partner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_, WA Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Cell \_\_\_\_\_ Partner's cell \_\_\_\_\_

**List one relative or friend in case of emergency:**

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Name:	Age	Sex	Birthdate mm/dd/yy	Living at home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other people living with you: (include Name, Sex, Age and Relationship)  
\_\_\_\_\_  
\_\_\_\_\_

Do all of the members of your household agree to host a student? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you wish to host a student? \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Partner's Occupation \_\_\_\_\_  
Name of Company \_\_\_\_\_ Name of Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Days/Hours \_\_\_\_\_ Work Days/Hours \_\_\_\_\_

Employment Verification Phone(\_\_\_\_) \_\_\_\_\_ Partner(\_\_\_\_) \_\_\_\_\_

**List Two Personal References (Not Relatives)**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Second Language \_\_\_\_\_  
 What other countries have you visited? \_\_\_\_\_  
 Have you hosted a student before? \_\_\_\_\_ What Nationality? \_\_\_\_\_  
 How many students do you wish to host at one time? \_\_\_\_\_ (Each student must have a separate room with a window, door, bed, dresser, closet, desk, chair and proper light for studying)  
 Do you prefer: Male \_\_\_\_\_ Female \_\_\_\_\_ Either \_\_\_\_\_ Countries \_\_\_\_\_  
 May students put in a private phone? Yes \_\_\_\_\_ No \_\_\_\_\_ (students pay their long distance charges)  
 Will students have access to wireless Internet? Yes \_\_\_\_\_ No \_\_\_\_\_ or a computer with Internet? Yes \_\_\_\_\_ No \_\_\_\_\_ All students must have access to Internet in home at no additional cost to them.  
 Do you have pets? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_  
 Do you smoke? Frequent \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_  
 Would you allow smoking? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, Would you allow smoking outside? \_\_\_\_\_  
 Do you drink alcoholic beverages? Frequent \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_  
 Do you object to students (over 21) drinking? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you mind students using the kitchen? Yes \_\_\_\_\_ No \_\_\_\_\_

**Transportation: Please check with Community Transit or metro Transit for the time between your front door and the school. Including walking, riding, and waiting for transfers it should be less than 45 minutes.**

To: (check one) EdmondsCC \_\_\_\_\_ Shoreline CC \_\_\_\_\_ Both \_\_\_\_\_ Bus Route Number? \_\_\_\_\_  
 Transfer required at \_\_\_\_\_ if so, what bus route number? \_\_\_\_\_  
 Number of minutes to walk to bus stop from your home: \_\_\_\_\_  
 Total number of minutes riding bus and waiting for any transfers from bus stop near your home to school: \_\_\_\_\_ Is there a bus that runs at least hourly all day? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What time is the last bus to return to your home? Weeknights \_\_\_\_\_ Weekends \_\_\_\_\_  
 Are you willing to provide transportation for night classes? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Possible Hosting Options:**

Can you host a student for a reduced monthly stipend (less than \$550 a month)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you willing to host a short program student? (10 days to 6 weeks) Yes \_\_\_\_\_ No \_\_\_\_\_ (Short program students need transportation to and from school, and possibly additional sightseeing opportunities.)

**Hobbies and Activities:**

Do you have a musical instrument in your house? \_\_\_\_\_ What Kind? \_\_\_\_\_  
 Does your family prefer activities at home or away from home? \_\_\_\_\_  
 Please check the activities that your family enjoys. List choices and the family member that participates:  
 Sports \_\_\_\_\_ Miscellaneous \_\_\_\_\_ Family Activities \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Please add anything else that you think would help us to select the right student for you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who may we thank for referring you to our program? \_\_\_\_\_

I confirm that the foregoing information is true, and that I wish to be a Host Family, following all Host Policies and procedures (please see Host Family Handbook and agreement form)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Partner's signature (if applicable)