



Host Family Application Form

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Family Name _____ Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Father's First Name: _____

Mother's First Name: _____

Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____

Child's Name	Birthdates	Gender	Child's Name	Birthdates	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who else resides in the home? (Besides the parents and children)

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Total number of people living in the home _____ Do you Rent or Own your home _____ How Long _____

Address: _____

Street

City

State

Zip Code

Husband's occupation: _____ Wife's occupation: _____

Please tell me what types of students you prefer (Circle to indicate): Boys Girls Either

Please check all that apply in describing the living situation for the student:

Private bedroom shared bedroom single bed bunk beds queen bed king bed

Do you speak a foreign language? Yes / No If yes, please list _____

Main language spoken at home is: _____

Do you have any pets or animals? Yes / No If yes, please list _____

What interests or hobbies do the people in your family have? _____

Please share any other information concerning your family or your home that would be helpful for the Homestay Coordinator or student to know.

How did you hear about us? _____



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RELEASE AUTHORIZATION - All families who participate in the Happy Homestay USA, LLC must pass a criminal background check. Your signature and Social Security Number authorizes the Oregon State Police to report to Happy Homestay USA, LLC any criminal/credit activity, if any exists on your record(s) for all members of your household over the age of 12. Should the report contain negative criminal information, we reserve the right to decline your application. Please know your credit history has no bearing on your application. Should you choose to not sign this release you will not be allowed to participate in the program. We appreciate your cooperation and look forward to working with you.

APPLICANT 1

Full Legal Name: _____ Date: _____

SSN# _____ Date of Birth: _____

Current Address _____

How Long _____

Previous Address (If current address is less than 1 year): _____

Signature: _____ Date: _____

APPLICANT 2

Full Legal Name: _____ Date: _____

SSN# _____ Date of Birth: _____

Current Address _____

How Long _____

Previous Address (If current address is less than 1 year): _____

Signature: _____ Date: _____

Names and Social Security Numbers of family members at least 12 years of age.

Name _____ SS# _____ - _____ - _____

Name _____ SS# _____ - _____ - _____

Name _____ SS# _____ - _____ - _____

Name _____ SS# _____ - _____ - _____

**Please return application to and contact with questions Blanchet Homestay Coordinator:
Annette Wyatt, Phone: 503 991-0002 Fax: 503 391-9798 Email:annette.wyatt.aeea@gmail.com**

Date Received _____

Date Completed _____