

1800 Argyle Street Halifax, Nova Scotia, Canada, B3J 3N8 Tel: 902-404-8880 Email: study@ili.ca Web: www.ili.ca

This application form is for people who wish to apply to the ILI Host Family program. Your application will be reviewed by ILI's Host Family Coordinator.

Please enter your information below: (Note: The asterix \* means "required field".)

#### **Contact Information**

Main Contact #1 (Mandatory)	
*First Name:	
*Last Name:	
* Gender	Male: Female:
Date of Birth (YY/MM/DD):	
Occupation:	
Email:	
*HomePhone:	
Mobile Phone:	
Work Phone:	
Fax:	
*Address 1:	
Address 2:	
*City:	
*Postal Code:	
Number of members in the	Household (including you):
Main Contact #2 (if desired)	
First Name:	
Last Name:	
Gender:	Male: Female:
Date of Birth (YY/MM/DD):	
Occupation:	
Cell:	
Email:	



	Name	Date of Birth	Occupation	Relation
		1		1
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•	anguage(s) used ir	_		
equired	d to be a host fami	ily)		
	1 116			
	ehold Description			C 1
_	, ,		your student to descrik	oe your family,
ests, sp	orts, hobbies. Plea	ase review the exampl	e below	
-				
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Other information about household
Your home is within walking distance to ILI:
If yes, distance (walking minutes) from home to ILI:
Home is within walking distance to a bus stop: $\dots$ yes $\square$ no $\square$
If yes, distance (walking minutes) to the nearest bus stop:
Bus routes (bus number) servicing the bus stop:
Average length of time to come to ILI by bus:
Number of room(s) available for students:
Are the rooms available for male or female students? male only $\ \square$ female only $\ \square$ both $\ \square$
* Do you accommodate Minors (Students under the age of 19)? yes 🔲 no
Can you accommodate students with dietary or allergy restrictions? yes $\Box$ no $\Box$
depends on the special needs restrictions
Are there any dietary or allergy restrictions in your home? yes $\Box$ no $\Box$
What are they?
Do you allow smoking in the house?
Do you allow smoking outside the house?
Homeinformation
Type of home:
Total Number of Bathrooms:
Student room(s) located in: Basement Upper level(s) Main level Other
Earliest date you can begin hosting students: (YY/MM/DD):
Available Amenities for guest student
Each room for guest student must be private and have, at minimum, a window, a bed, a desk, a
lamp and a closet:
Private, un-shared bedroom (mandatory to be a host family) yes $\Box$
In-room Desk
In-room Closet
In-room Windows (mandatory to be a host family) yes
Lamp
In-room Internet Access:
In-home Washer and Dryer
In-room TV Set:
Common/Shared TV Set:
In-room Heat Control
Private bathroom

<sup>\*</sup> ILI requires that host families sign and have notarized a guardianship letter and agreement governing minors for students under the age of 19.



I am aware of the following mandatory requirements to be app  to submit a Police Record Check		ost family:
to have a home insurance.		(Initials)
home insurance policy number:	•	
to have the host family coordinator visit your home.	yes	(Initials)
l accept the terms and conditions		
Signature:		
Signature.		
Date:		
EMAIL to hostfamily@ili.ca		
Reference		
You heard about ILI from		
Friend or Relative who is a current ILI Host Family		
Friend or Relative who was an ILI Host Family		
Friend or Relative who attended ILI		
Friend or Relative who did not attend ILI		
Other Source (Please specify):		