

Renascencia Hall International

HOST FAMILY APPLICATION

FAMILY INFORMATION

Applicant 1 Last Name _____ First Name _____ DOB ___/___/___

Applicant 1 Cell Phone _____

Applicant 1 Email _____

Applicant 2 Last Name _____ First Name _____ DOB ___/___/___

Applicant 2 Cell Phone _____

Applicant 2 Email _____

Marital Status: Single Married Divorced Separated Widowed

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Best way and time to contact you _____

Skype Name _____ FaceTime Name _____

Years at current address _____ (If less than 5 years, please complete Residence History Section)

List all drivers who may transport student. Attach a color copy of license & insurance card(s).

Name _____ Driver License # _____

Name _____ Driver License # _____

Name _____ Driver License # _____

ADDITIONAL FAMILY MEMBERS

Children/Adult	School Attending	M/F	Age	At Home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any special circumstances regarding your immediate family that we should be aware of?

(Example: foster children, elder parents, divorce/child arrangements, mental or health issues)

EMPLOYMENT

Applicant 1 Employment Information

Occupation _____ Place of Employment _____

Office Phone Number _____ Do you travel for work? _____

Full-time Part-time Work Days S M T W TH F S Hours _____

Applicant 2 Employment Information

Occupation _____ Place of Employment _____

Office Phone Number _____ Do you travel for work? _____

Full-time Part-time Work Days S M T W TH F S Hours _____

HOME & COMMUNITY

1. Your School District _____

2. Describe your neighborhood (i.e. rural, urban, population, etc.) _____

3. What type of home do you live in? Condo Duplex Single Family Townhouse
Do you Rent Own

4. Do you have a private bedroom for the student? Yes No Private Bathroom Yes No

5. Do you live near a public bus stop? Yes No

6. Will you be utilizing the school bus for transport? Yes No

If yes: One Way or Round Trip AM or PM

7. Students may require additional transportation to and from extra-curricular activities such as sports, concerts and other events. Will you have difficulty transporting your student to and from these activities? Yes No If yes, please explain why

8. Do you have internet access in your home? Yes No

9. Do you have pets? Yes No If Yes: How many? Type? Breed? Age?

10. Chores possibly expected of student _____

11. Please describe a typical weekday for your family including work schedule(s). _____

12. Will you be able to provide three meals a day and snacks for the student? Yes No

13. Does anyone in your family have any dietary restrictions? Yes No

Please explain _____

14. Please list some hobbies or activities your family enjoys

15. Does anyone in the home smoke? Yes No

16. Has any member of your immediate family ever been arrested or convicted for a criminal offense? Yes No Does this family member live at home or visit? Yes No

If yes, please explain _____

17. Have there been any incidents of domestic violence in your household? Yes No

If yes, please explain _____

18. Is there a firearm(s) in your home? Yes No

19. Please list any upcoming vacations

Dates: _____ Destination: _____

Dates: _____ Destination: _____

Will student be invited to accompany you: Yes No Estimated cost for student: \$ _____

20. Home Church _____ City _____

Will you expect your student to attend religious services with you? Yes No

If yes, please explain _____

21. Have any family members traveled or lived abroad? Yes No

If yes, briefly describe the experience: _____

22. Have you had any previous experience with international students? Yes No

If yes, please explain. What are your expectations of a student? _____

5 YEAR RESIDENCY HISTORY

Please list residencies within the past 5 years if different than current address.

Street Address _____ City _____

State _____ Zip _____ Residence From Date _____ To Date _____

Street Address _____ City _____

State _____ Zip _____ Residence From Date _____ To Date _____

REFERRAL: Please tell us how you heard about our program

School _____ Current Host Family _____

Church _____ RH Employee _____

Other _____

STUDENT PREFERENCE

Male Female No Preference Number of Students Desired (Maximum of 2) _____

School Preference: _____

HOST FAMILY INTERVIEW

Upon verification of the above information, an interview will be scheduled with your family. This meeting will be conducted in your home by the Host Family Coordinator or Renascentia Hall, LLC representative. The purpose of this interview is to learn more about your family and to review the responsibilities of hosting an international student.

The interview does not guarantee student placement nor does it obligate you to host.

CRIMINAL RECORD & CHILD ABUSE CHECKS

Following the interview, you may be provided with instructions to complete a full background check. All adults (18 or older) living in your home must submit to a driver license, state, federal and child abuse background check, including fingerprinting. The associated costs must be paid by you at the time of the procedures. Renascentia Hall, LLC will reimburse all fees associated with the background checks in the first stipend payment, provided a Reimbursement Form has been properly submitted. In the event a family does not pass the background check, fees incurred to obtain the information will not be reimbursed.

I/ We certify that the information contained in this application is true. I/We understand that this application is a preliminary step to becoming a host parent and does not guarantee placement of a student in my/our home.

Applicant 1 Signature

Applicant 2 Signature

Applicant 1 Name (print)

Applicant 2 Name (print)

Date

Date

REFERENCES

List two references (not related) who we will contact about this application. Please advise them to expect our call

1. Name _____ Phone _____

Address _____

Email _____

2. Name _____ Phone _____

Address _____

Email _____

Please send this completed form and requested documents to:

***Renascencia Hall, LLC
700 Barksdale Rd., Suite 2
Newark, DE 19711
Tel: 302-273-2009
Fax: 302-444-4916
Toll Free: 855-344-5515
Email: info@renashall.com***