ILI's Home-stay Program matches area individuals and families with international students studying in the Intensive English Program or the TESOL Certificate Program.

HOST INFORMATION

NAME ___________________________ DATE ____________

STREET ADDRESS ___________________________ CITY ___________________________ ZIP CODE ____________

TELEPHONE ___________________________ CELL ___________________________

WORK PHONE ___________________________ E-MAIL ___________________________

Have you hosted an ILI student in the past?  ________ If YES, who and when? ____________________________________________

How did you hear about ILI?  ☐ Friend  ☐ Internet  ☐ Other ____________________________________________

HOME AND LOCATION INFORMATION

How far do you live from ILI? _______________________________________________________________________

Are you on a convenient bus-line?  ☐ YES  ☐ NO

Do you own pets?  ☐ YES  ☐ NO  If YES, what kind? ____________________________________________

Can you provide a private room with a bed, dresser, closet, desk, chair and lamp?  ☐ YES  ☐ NO

Can you provide a quiet study environment?  ☐ YES  ☐ NO  If NO, please explain. ____________________________________________

Do you have wireless internet?  ☐ YES  ☐ NO

Please give us a brief description of your house and neighborhood. ____________________________________________

PREFERENCES

Do you have a gender preference?  ☐ FEMALE  ☐ MALE  ☐ NO PREFERENCE

Do you have an age preference?  ☐ 18-25  ☐ 25 AND OLDER  ☐ NO PREFERENCE

Are you willing to provide meals (breakfast, lunch and dinner)?  ☐ YES  ☐ NO

Do you or anyone in your household smoke?  ☐ YES  ☐ NO

  Do you permit smoking in the house?  ☐ YES  ☐ NO

  Do you permit smoking outside?  ☐ YES  ☐ NO

Is there a time of year or season when you cannot host a student?  ☐ YES  ☐ NO  If YES, when? ____________________________________________
"Host a Student"
Home-stay Application

**PERSONAL INFORMATION**

Why do you want to host?

What household duties would you expect a student to help with?

Tell us about any activities or hobbies that you pursue:

Would the student be invited to join in any household or family activities? ☐ YES ☐ NO

What is your usual schedule? (For instance, when do you work, usually at home or other?)

Tell us about your family, household or yourself if you live alone.

Let us know if there is anything else you would like us to know about yourself, your family/household or home environment.

Do you know of someone else who would be interested in our Host a Student Program? Please let us know. Thank you!

Thank you for filling out this form.

Your cooperation helps to ensure that we make the best possible matches for hosts and students.

Please return this form to:

**International Language Institute of Massachusetts**

17-25 New South St.

Northampton, MA 01060

Attn: Amy Ben-Ezra