



UDLA
P U E B L A

Housing application form
Centro Internacional de Lengua y Cultura

Last Name _____ First Name _____

Age _____ Gender M F

Major _____ Blood type _____

Telephone & area code _____ Fax & area code _____
Emergency number

E-mail _____

*Do you smoke? Yes () No () (please note that smokers will not be able to smoke inside their host's home)

*Would you mind to live with a smoking family, even if you do not smoke? Yes () No ()

*Would you prefer a family with: No children () Young children ()
Teenagers () No preference ()

*Do you like to have pets inside your home? Yes () No ()

*Do you have any allergies (drugs, plants, etc)? Yes () No ()

If yes, please describe _____

Please comment thoroughly about your eating habits

*What are your hobbies and interests? _____

*Do you have any physical disabilities or health issues? Yes () No ()

If yes, please describe _____

*Have you visited a Spanish-speaking country before? Yes () No ()

If yes, what country and for what period of time _____

*How would you describe yourself? (You may choose more than one adjective)

quiet/ shy () independent () serious/studious ()
talkative/outgoing () open-minded () energetic/active ()
other _____

*It is important that you are matched with a host who has similar expectations to yours. For example, some students would like to be very involved with their host family. Other students would like to act more independently. Please comment any additional information, useful for homestay assignment (expectations, reasons for choosing a homestay program, etc)
