

Housing Application Form

1. Personal Information:

Last Name _____

First and middle name _____

Gender M _____ F _____ Birth date: (day/month/year) _____ Age: _____

Marital Status: _____ Nationality: _____

Passport Number: _____ Social Security Number: _____

Permanent Address: _____

P.O. Box: _____

E-mail: _____

Home telephone: _____

Cell Phone: _____

Fax: _____

Program or major in Costa Rica: _____

2. Arrival information: (If the information is not available at this time, please enter "not available" and provide this information to the University as soon as you complete your air tickets).

- Date of arrival to Costa Rica: _____
- Airline: _____
- Flight Number: _____
- Time: _____

3. General Information: Please print the answer in full. This form will help the International Student Program Coordinators in Costa Rica better assist you with appropriate accommodations. Please note that while we will make an effort to accommodate most of your needs, not all of your requests may be met.

a) Please indicate your preference:

Home stay

One (1) bedroom studio apartment

b) Would you prefer to live with a family that has?

Children younger than 12 years

Teenagers

People your age

Single Parents

Young couple

Older couple

Only Adults

No preference

Other: _____

c) Would you object living with a family that has pets?

Inside the house: yes _____ no _____

Outside the house: yes _____ no _____

Both _____

If yes, specify the type of pet:

d) Are you allergic to

Cats

Dogs

Birds

Other: _____

e) Do you smoke?

Yes

No

Can you stay with a smoker in the family?

Yes

No

f) Do you follow any special diet or are you allergic to any food?

Yes

No

Specify _____

g) Do you have any religious beliefs that should be considered before we choose a home for your stay in Costa Rica?

h) Please specify any medical conditions we need to know and the list of medications:

Are you allergic to any medication?

Yes

No

If yes, explain:

i) Blood Type: _____

j) Special Interests or hobbies:

k) How would you describe your Spanish Language ability?

None

Just enough to survive

Barely fluent

Fluent

Very fluent

o) Will you be bringing a laptop?

__ Yes

__ No

p) In case of emergency, please notify:

1. Name: _____

Relationship: _____

Address: _____

Home phone number: _____

Work phone number: _____

Cellular number: _____

E-mail: _____

2. Name: _____

Relationship: _____

Address: _____

Home phone number: _____

Work phone number: _____

Cellular number: _____

E-mail: _____

Signature of applicant: _____

Date: (day/month/year) _____