

**The Foundation for Worldwide International Student Exchange (WISE)**

**Housing Application**



University:  UC Davis  
 UC Santa Barbara  
 UC Irvine  
 Other \_\_\_\_\_

Name \_\_\_\_\_ Program:  4-wk  6-wk  10-wk  12-wk  20-wk  
(family) (first)  Global Studies  Custom  TESOL  Other

Expected Arrival Date \_\_\_\_\_ Expected Departure Date \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Person to be contacted in case of emergency (address and telephone different from above)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Brothers & Sisters \_\_\_\_\_  
(names and ages)

1. Do you smoke?  Yes  No If yes, are you willing to smoke **outside ONLY**?  Yes  No
2. Would you prefer a home with  young children? (0-7years old)  older children? (8 + years)  no children?
3. Would you prefer a home with  dogs  cats  no pets?  
*(Most American families have pets. Therefore, we cannot guarantee requests for families with no pets.)*
4. Do you have allergies?  Yes  No If yes, please explain: \_\_\_\_\_
5. What are your favorite foods? \_\_\_\_\_
6. Are there any foods you cannot eat?  Yes  No If yes, please explain: \_\_\_\_\_
7. What type of meal plan would you prefer? ?  3-meals  2-meals (breakfast and dinner)  no-meals
8. What activities or hobbies do you enjoy? (type of music, books, sports, etc.) \_\_\_\_\_  
\_\_\_\_\_
9. Describe your personality: \_\_\_\_\_
10. What would you like to do during your studies? \_\_\_\_\_
11. Do you have special requests for your homestay? \_\_\_\_\_
12. Do you prefer a family environment that will give you more independence or would you like more regular interaction with your host family?  independent/more freedom  more time with family  
*(Most American families are very busy, therefore we cannot guarantee how much time a family will have to spend with their student.)*
13. Do you have any health problems your host family should know about?  Yes  No  
If yes, please explain: \_\_\_\_\_
14. Are you taking any medication?  Yes  No If yes, please name \_\_\_\_\_
15. What other countries, if any, have you visited? \_\_\_\_\_
16. What is your English ability?  Beginner  Intermediate  Advanced