



		200000		
PERSONAL INFORMATION				
FIRST NAME:		LAST NAME:		
ADDRESS:				
EMAIL:		TELEPHONE NO.:		
LANGUAGES SPOKEN:		GENDER:		
THE HOME				
TYPE OF UNIT:				
☐ Furnished room	☐ Basement apartment		☐ Separate unit in main house	
Apartment in buildir	ng 🗆 Townhouse		☐ Other:	
HOST'S STATUS:				
$\square$ Owner of unit	☐ Tenant of unit	□ Other:		
NUMBER OF PEOPLE LIVING ON SITE:		PREFERENCE OF TI	HE SIZE OF FAMILY:	
ROOMS AVAILABLE:				
No. of bedrooms:	No. of bedrooms:		No. of bathrooms:	
ENTRANCE:				
☐ Shared	□ Separate			
MEALS:				
□ Included	□ Not included □ Partially included:		ıded:	
HOSTING TERM:				
☐ One month	☐ Three months	☐ Six Months	☐ Other:	
ADDITIONAL COMMENTS:				

## Note:

- A Vulnerable Sector Screening for all persons living in the house over the age of 18 years is required.
  COSTI will pay the costs associated with processing the Screening.
- COSTI will conduct a site visit to assess cleanliness, safety, access, and amenities.

For further information, contact: