

Name:Address:	_ Email: Phone:
1. How did you hear about Host Homes?	
2. Do you have a valid driver's license? Yes No	
3. Can you provide reliable transportation to meet the needs of the people w	ho live in your home on a daily basis?
Yes No	
4. Do you have at least the minimum vehicle insurance required by the State	of lowa? Yes No
5. Do you live in a House Apartment Condo Mobile/	Modular home Other
6. Do you Rent Own	
7. Do you have renter's/homeowner's insurance? Yes No	
8. If you rent, do you have landlord approval to have a non-related individual	move into your home? Yes No
9. How long have you lived at your current address?	
10. Total number of rooms in your home Bedrooms Bathrooms	other: Stairs? Yes No
11. Please indicate the number and location of any fire extinguishers, smoke a	and carbon monoxide detectors in your home.
Fire extinguishers: # locations:	
Smoke detectors: # locations:	
CO2 detectors: # locations:	

12.	Please	list all	the	members	of	voiir	house	hold	ı
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Name	Age	Relationship

13.	Do you own any pets or livestock?	Yes	No	#:	Explain:	

- 14. Do you or other members of the household smoke? Yes No
- 15. Please provide information for 3 character references, one of which must not be your relative

Name	Address	Phone	Relationship

16. In your own words, why do you want to be a Host Home Provider?



