



# HOUSING FORM

*Valdivia, Chile*

Program Term:

\_\_\_\_ Fall      \_\_\_\_ Year

\_\_\_\_ Spring    \_\_\_\_ Year

Living arrangements run from homes of families with children to those of elderly widows, to boarding houses in suburbs, others close to the university. Each situation is unique. You will be a guest in a home and it will therefore be necessary for you to make certain adjustments to the way of life in your new living arrangement. We make every attempt to meet your housing requests, but cannot guarantee to satisfy each one of them.

First name, last name (*nombre y apellido*): \_\_\_\_\_

Male (*varón*):\_\_\_\_                      Female (*mujer*):\_\_\_\_

Birthdate (*Fecha de Nacimiento*):\_\_\_\_\_                      Age (*Edad*):\_\_\_\_

Brothers/Sisters/Ages (*Hermanos /as edades*): \_\_\_\_\_

Interests/Hobbies/Activities (*Intereses / Actividades*): \_\_\_\_\_

Religion (*Religión*): \_\_\_\_\_

Have you traveled in your country or abroad? (*Ha viajado por su país y/o por el exterior*): \_\_\_\_\_

Where (*Dónde*)? \_\_\_\_\_

## HOUSING PREFERENCE

Rank order preference below:

- \_\_\_\_ Couple w/o children (*pareja sin hijos*)
- \_\_\_\_ Elderly single woman (*señora soltera*)
- \_\_\_\_ Family w/ children (*familia con niños*)
- \_\_\_\_ Family w/ teenagers (*familia con adolescentes*)

(over)

Would you prefer to be:

- included as part of the family? (*casa familiar*)  
(participate in family life/activities/meals/rules)  
 a boarder renting a room? (*pension*)  
(life independent from the family, but still sharing communal spaces)

Would you prefer to live:

- with other students? (*con otros estudiantes*)  
 without other students? (*sin otro estudiante*)

(Students will not be placed with other NCSA/AHA students on the program, but may share housing with other international or Chilean students)

Do you speak other languages? (*Habla otros idiomas*): \_\_\_\_\_

Pets (*Mascotas*):      I like them (*Me gustan*)      I don't like them (*No me agradan*)

Allergic to (*Alérgico/a*): \_\_\_\_\_

Allergies, nutritional needs, physical limitations, medication I take  
(*Alergias, limitaciones dietéticas, impedimentos físicos, medicación que toma*):

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Vegetarian (*Vegetariana /o*):                      Yes (*Si*)                      No (*No*)  
(Families are not required to meet your dietary preferences. Vegetarianism is far less common in Chile.)

Please describe your food preferences (*Por favor describir sus preferencias para comer*):

Breakfast (*Desayuno*): \_\_\_\_\_

Dinner (*Cena*): \_\_\_\_\_

Do you smoke? (*Fuma*):                      Yes (*Si*)                      No (*No*)

Could you live with smokers? (*Podría vivir donde hubiera fumadores*): Yes (*Si*)      No (*No*)  
(Please keep in mind that smoking is very common in Chile. We will do our best to accommodate your requests, but it is difficult to find homes in which no one smokes.)

(over)

Do you play sports? (*practica algún deporte*):            Yes (*Si*)            No (*No*)

What? (*Cuál*): \_\_\_\_\_

Describe yourself (*Describe*):

(organizado/a) organized	(independiente) independent	(aventurero/a) adventurous	(conversador/a) talkative
(extrovertido/a) extroverted	(ordenado/a) ordered	(tranquilo/a) calm	(fácil de conformar) adapts easily
(religioso/a) religious	(tímido/a) timid	(leo mucho) reads a lot	(curioso/a) curious
(sociable) sociable	(dormilón/a) tired	(sentido del humor) sense of humor	(le gusta televisión) likes television

(comentarios)  
Com-  
ments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please submit a short letter of  
introduction in Spanish to your host(s) to  
include with this application.**  
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(over)

***HOUSING AGREEMENT***

Please record your initials to indicate your agreement to the following and sign below:

- \_\_\_\_\_ I accept responsibility for any damage or ill I cause during my stay and in my living arrangement while on the program.
- \_\_\_\_\_ I accept full responsibility for any debts that I may incur during the Valdivia program.
- \_\_\_\_\_ I understand that the responsibility of CWU is to find housing and to administer fees to the providers of said housing.
- \_\_\_\_\_ Except for very serious circumstances, I agree that fifteen (15) days notice of termination must be given by the landlord/host or myself.
- \_\_\_\_\_ I agree that in the event a conflict or grievance arises with the landlord/ host, I will attempt to resolve it with them directly. In the event a resolution is not achieved, I will contact the CWU resident director.
- \_\_\_\_\_ I understand and agree that if the host agrees to provide meals other than those included in the program cost I am responsible for the costs thereof, at a rate stipulated by the hosts.
- \_\_\_\_\_ I will not invite friends to my room without specific permission from my host. And as a matter of courtesy, any person brought into the home will be introduced to the host.
- \_\_\_\_\_ In the interest of my own safety, and as a minimum courtesy to my host(s), if I plan to be away, I will notify my host(s) of probable times of departure and return. To the extent possible, I will give a contact address or phone where I can be reached in case of an emergency.
- \_\_\_\_\_ I agree that if I choose to terminate my program housing, that portion of my program fee will not be refunded to me.

Signature of applicant: \_\_\_\_\_

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**IMPORTANT:** Please indicate below the appropriate mailing address and corresponding phone number for your pre-departure packet. The packet will be sent to the address approximately 3 - 4 weeks before the program start date.

Name: \_\_\_\_\_

Pre-departure Address: \_\_\_\_\_

\_\_\_\_\_

Pre-departure Telephone: \_\_\_\_\_

**Return form to:** SAEP – Attention Joe Sweet  
Central Washington University  
400 E. University Way  
Ellensburg, WA 98926-7407