

**ROTARY DISTRICT 5010
YOUTH EXCHANGE PROGRAM
HOUSING PHYSICAL CHECK LIST**

Exchange Student's Full Name: _____

Host Father's Full Name: _____

Host Mother's Full Name: _____

Address of Residence: _____

Overall condition of home: _____

Design: One Story _____ Split-Level _____ Two Story _____ Condominium _____ Apartment _____

Number of Entrances: _____ Number of Smoke/Fire/Carbon Monoxide Alarms: _____/_____/_____

Location and Type of Heating Plant: _____

Livingroom: _____ Diningroom: _____ Familyroom: _____ Bathroom(s): _____ Bedroom(s): _____

Kitchen: _____ Laundry: _____ Garage: _____ Storage: _____ Other: _____

Student's Bedroom -- Location: _____ Door with Lock: _____

Student's Bedroom Amenities: Bed: _____ Closet: _____ Dresser: _____ Desk: _____ Chair: _____

Good lighting: _____ Window(s): _____ Temperature Control: _____ Ceiling fan: _____

Other Amenities in home: TV: _____ Telephone: _____ Computer: _____ Other: _____

Other observations: _____

I hereby certify that I personally inspected the residence described above and interviewed all of the individuals who reside at this residence. Additionally, I certify that I witnessed their signing of the Host Family Application and that I personally handed them a Host Family Information Packet with the Content List.

Interviewer's printed name: _____ Rotary Club: _____

Interviewer's signature: _____ Date: _____

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