



Register form - Senior Classic formula

IDENTITY

Last name.....
 First name.....
 You are: Woman Man
 Birth date.....
 Couple Alone
 Phone number.....
 Email :.....
 Address
 City..... Postal Code.....

OFFER AN ACCOMMODATION

Accommodation: House Apartment
 Is your home accessible by public transportation: Yes No
 Would you like to host : A young woman A young man
 Do you have a parking spot: Yes No
 Type of accommodation offered:
 Independent Room Independent Room and bathroom Studio
 Surface of the place :m2
 Furnished : Yes No
 How many people would you like to host?
 1 2 3 +3
 Amount of rent requested:
 200€-400€
 400€-600€
 600€-800€
 What are your motivations to host and what do you expect from this experience?

ABOUT YOU

Are you a smoker : Yes No
 Do you have pets : Yes No
 What languages do you speak? :
 Your hobbies:

 Did you have a profession?
 Family: very present present few present
 Do you have children grandchildren.....
 Would you like to share other types of information with us?

AIDS (Are you already receiving personal assistance?)

None Home help Housekeeper Nurse Meal delivery Physiotherapist Other

DIVERS

Can he/she use the washing machine? Yes No

Internet: Yes No

TV connection: Yes No

IN CASE OF EMERGENCY CALL

Name.....

Relationship

Phone number.....

Email :.....

Address