



Gulf Atlantic Diocese

Host Home Information Form

Host Name(s): _____

Address: _____

Phone Number(s): _____

Email(s): _____

Accommodations:

Number of Rooms Available: _____

Total number of visitors you are willing to accommodate: _____

Would guests need to use stairs to use the sleeping rooms? Yes/No _____

Are you a smoker? Yes/No _____

Smoking Allowed? Yes/No _____ (circle one): Inside ok/Outside only/ None

Room and bed type per room (K, Q, DBL, TW, BB, SS):

Room 1 _____ Room 2 _____ Room 3 _____ Room 4 _____ Room 5 _____

House pets: _____

Are you willing to accommodate guest pets? Yes _____ No _____

If yes, please indicate if there are any types of pets you cannot accommodate:

Transportation: *Please note that providing transportation for your guest is NOT a requirement of hosting. However, if you are willing to offer this service to your guest we would like to be able to match your offer to those in need.*

Host can provide transportation to/from arrival/departure site (circle one): Yes No

Dates: Host homes are not required to extend housing for any particular length of time. We understand that some of our guests will be in need of only short term stays and some may need a longer length of time depending on their circumstances. We will be matching need with availability. You may enter specific dates that your rooms will be available or you may simply check one of the term selections.

Available Dates:

Specific dates available: _____

Short Term (1-4 nights) _____

Med Term (5 nights -2 weeks) _____

Long Term (longer than 2 weeks) _____

Any other information that you would like us to consider when matching your home to one of our guests:

For more information or to send your request:

Teri Stephenson, Gulf Atlantic Diocese Irma Housing Relief Coordinator

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