

"Housing for Help"

Questionnaire for students as prospective housing partners

Personal data

Name: _____ Date of birth: _____

Address (at place of study): _____

Home address: _____

Phone: _____ Mobile: _____

Email: _____

Sex: female male

Nationality (optional): _____ Identification/passport No.: _____

University/ University of Applied Sciences: _____

Student No.: _____ Academic Dept.: _____ Semester: _____

Expected end of studies: _____

Please attach your study certificate.

Do you smoke? yes no

Do you suffer from pet hair or other allergies? yes no

Are there illnesses or physical limitations which are of importance?

Are you commuting regularly at the weekends? no yes

If yes, how often? _____

In the semester break, for how long? _____

Do you have **experiences** and abilities in social service or in handling the elderly or children?
(e.g. Voluntary Year of Social Services / federal voluntary service / family situation)

Do you have special mechanical, household or cultural skills?

Have you completed an apprenticeship or professional training?

What hobbies do you have?

Photograph
(optional)

Do you have a **driving licence**? yes since _____ no

Do you own a car? yes no

Do you have a **personal liability insurance**? yes no

How far may the accommodation be away from
 the campus of CAU
 the campus of the University of Applied Sciences
the campus of the Muthesius Kunsthochschule?
_____ km _____ minutes by bike bus car

Your wishes concerning homesharing

elderly person (female male no preference) family
room of at least _____m² furnished unfurnished no preference

Do you have furniture to take with you?

Bathroom for private use yes if possible no preference

Bathroom sharing in agreement yes

Kitchen for private use yes if possible no preference

Kitchen sharing in agreement yes

Do you live on a special diet? Vegetarian Vegan Other: _____

Private phone/internet? desired if possible no

TV / radio connection? desired if possible no

Bicycle parking space desired if possible no preference

Car parking space desired if possible no preference

Landlord may have pets? no no _____ no preference

Fixed working hours desired no preference

Overnight stays of visitors desired not necessary

Other: _____

Desired date for **moving in**: _____

Assistance you want to offer

Housework (light, e.g. cleaning, washing, vacuuming, cooking) yes no

Housework (hard, e.g. cleaning floors, cleaning windows) yes no

Cleaning communal areas (e.g. street sweeping, snow shoveling) yes no

Gardening yes no

Small repairs (without special training) yes no

