

# My PASA, Su Casa



## HOME DONOR APPLICATION

Please print clearly. Your guest(s) will receive a copy of this form.

Contact Person's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please provide us with the following information specific to the space you are donating/making available to guests:**

Dates your home is available to guests (check all that apply):

Friday, May 27<sup>th</sup> \_\_\_\_ Saturday, May 28<sup>th</sup> \_\_\_\_ Sunday, May 29<sup>th</sup> \_\_\_\_

Number of bedrooms: \_\_\_\_, sleeping a total number of \_\_\_\_ guests.

How many doubles? \_\_\_\_ How many singles? \_\_\_\_

How many bedrooms on second floor? \_\_\_\_ How many on third floor? \_\_\_\_

Number of bathrooms: \_\_\_\_

Number of cars/parking spaces available : \_\_\_\_

Please indicate if parking includes driveway and/or street spaces:

\_\_\_\_\_  
\_\_\_\_\_

Do you have pets? (So we can inform people who have pet allergies.) \_\_\_\_ Yes \_\_\_\_ No

If yes, please list: \_\_\_\_\_

Will you be leaving any small pets (i.e. fish) in your home while you are away? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list (cats and dogs must NOT be left in the home): \_\_\_\_\_

Do you smoke inside your home? \_\_\_\_ Yes \_\_\_\_ No

Questions/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return completed form to:**

The Providence After School Alliance

Attn: Monique Cote

Fax: 401-228-3915

E-mail: [mcote@mypasa.org](mailto:mcote@mypasa.org)