

SHARED APARTMENT HOUSING APPLICATION

Please complete the application and send it by email to LADO.

GENERAL INFORMATION

Family Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____/_____/_____ Country of Birth: _____ City/Town of Birth: _____
Month Day Year

Citizenship: _____ Native Language: _____ Male Female Email: _____

Marital Status: Single Married Divorced

Permanent Home Address in your country:

Number and Street _____ Apartment or Unit # _____ City _____

State/Prefecture/Province _____ Country _____ Postal Code _____ Telephone Number _____

Emergency Contact Name in USA: _____ Relationship: _____

BACKGROUND INFORMATION

1. English Level: Beginner Intermediate Advanced

2. Languages spoken: _____

3. Type of Visa: Visitor Student Other

4. Interests and Hobbies: _____

5. How would you describe your personality? Please check all the boxes that describe you:

Quiet Noisy Outgoing Private

Messy Organized Open-minded Cautious

Talkative Shy Cheerful Serious

Energetic Calm Athletic Inactive

Other: _____

6. Do you smoke? Yes No

HOUSING INFORMATION

How many months will you need housing? _____

What is the expected homestay begin date? _____

What is the expected homestay end date? _____

OPTION 1 - CitiesHousing (Student should pay a \$300 security deposit [here](#).) Choose A or B

A 2111 Jefferson Davis Hwy, Arlington, VA [MAP](#)

Shared Room (\$875 for 4 weeks)

Single Room (\$1600 for 4 weeks)

B 1600 South Eads Street, Arlington VA 22202 [MAP](#)

Shared Room (\$875 for 4 weeks)

Single Room (\$1600 for 4 weeks)

OPTION 2 - Just Like Home (Student should pay a \$400 security deposit) Choose A or B

A 2111 Jefferson Davis Hwy, Arlington, VA [MAP](#)

Shared Room (\$900 for 4 weeks)

Single Room (\$1400 for 4 weeks)

B 1600 South Eads Street, Arlington VA 22202 [MAP](#)

Shared Room (\$900 for 4 weeks)

Single Room (\$1400 for 4 weeks)

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NOTES

SCHOOL INFORMATION

Enrollment start date: _____ Enrollment end date: _____

Please choose a LADO school by checking one of the boxes below:

Washington, DC Center
401 9th Street, NW Suite C100
Washington, DC 20004
Phone 202-223-0023
Fax 202-337-1118

Silver Spring, MD Center
1400 Spring St. Suite #250
Silver Spring, MD 20910
Phone 301-565-5236
Fax 301-565-2360

Arlington, VA Center
1550 Wilson Blvd. Garden Level
Arlington, VA 22209
Phone 703-524-1100
Fax 703-524-7681

TRAVEL INFORMATION

Arrival Date: _____ Arrival Time: _____ AM PM

Airport Name: BWI Reagan National Dulles International Other _____

Flight Number: _____ Flight Origin: _____

Do you require airport pick-up? Yes No