



Advantages In Life, Inc.

(515) 987-9826

Host Home Provider Application

Name: _____ **Email:** _____

Address: _____ **Phone:** _____

a. Have you previously worked for Advantages In Life? Yes No

If so, indicate where, when and reason for leaving:

_____ b.

Education

i. High School (Name) _____

Location (City, State) _____ From (Year) _____ To (Year) _____

Graduated Yes No ii. College/University (Name)

Location (City, State) _____

From (Year) _____ To (Year) _____ Major _____

Graduated Yes No

iii. Other School (Name) _____

Location(City, State) _____

From (Year) _____ To (Year) _____ Major _____ Graduated Yes No

1.2024



c. Employment History

i. Company (Name) _____ From (Year) _____ To (Year) _____

Address _____ Phone
Number _____

Position (s) _____ From (Year) _____ To (Year) _____

Reason for Leaving _____ ii. Company (Name)

_____ From (Year) _____ To (Year) _____

Address _____ Phone Number _____

Position (s) _____ From (Year) _____ To (Year) _____

Reason for Leaving _____ iii. Company (Name)

_____ From (Year) _____ To (Year) _____

Address _____ Phone Number _____

Position (s) _____ From (Year) _____ To (Year) _____

Reason for Leaving _____

1. How did you hear about Host Homes & please explain why you would like to be an IC (independent contractor) with Advantages in Life as a Host Home provider.

2. Do you have a valid driver's license? YES _____ NO _____

3. Can you provide reliable transportation to meet the needs of the people who live in your home on a daily basis?

Yes No

1.2024



4. Do you have at least the minimum vehicle insurance required by the State of Iowa? Yes No

5. Do you live in a _____ House _____ Apartment _____ Condo _____ Mobile/Modular home _____ Other 6. Do you Rent Own

7. Do you have renter's/homeowner's insurance? Yes No

8. If you rent, do you have landlord approval to have a non-related individual move into your home?
Yes _____ No _____

9. How long have you lived at your current address?

10. Total number of rooms in your home Bedrooms Bathrooms other: Stairs? Yes No

10(a) Is your home handicapped accessible?

11. Please indicate the number and location of any fire extinguishers, smoke, and carbon monoxide detectors in your home.

Fire extinguishers # _____ Locations: _____

Smoke detectors # _____ Locations: _____

CO2 detectors# _____ Locations: _____

12. Please list all the members of your household

Name	Age	Relationship



Please email the completed application
@jennifer.roberts@advantagesinlife.com

to:

Should you have questions, feel free to email the above email and every attempt will be made to contact you in 1 business day.

Upon receipt of your application, our team will review your application and you will be contacted. Thank you and we look forward to talking with you!

Feel free to use this space to share any other information you think would help us to get to know you.



Please email the completed application
@jennifer.roberts@advantagesinlife.com

to:

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