



**14 E. Fourth Street, Fourth Floor
Cincinnati, Ohio 45202
(p) (513) 977-5425**

FC Cincinnati Academy Residential Program Application

Please complete the below form in order to become a host family for FC Cincinnati Academy players

* Required

Primary Applicant

First Name*

Last Name*

Cell Number*

Email Address*

Birth Date*

Social Security Number*

Driver's License Number, State of Issue, Date of Expiration*

Automobile Insurance Provider*

Occupation*

Please describe work schedule*

Have you ever been arrested or charged with a criminal offense?*¹

¹ If yes, attach a Schedule 2 seeing forth: (i) description and date of charge; (ii) location and name of court; and (iii) date and disposition.

Secondary Applicant

First Name*

Last Name*

Cell Number*

Email Address*

Birth Date*

Social Security Number*

Driver's License Number, State of Issue, Date of Expiration*

Automobile Insurance Provider*

Occupation*

Please describe work schedule*

Have you ever been arrested or charged with a criminal offense?*

Household Information

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Please list all other residents at home with ages and gender*

Which high school boundary does your house reside in?*

² If yes, attach a Schedule 2 seeing forth: (i) description and date of charge; (ii) location and name of court; and (iii) date and disposition.

³ Note to Applicant: For all additional residents 18 years of age or older, please complete the required information applicable for Primary/Secondary Applicants and attach as Schedule 1.

Languages spoken at home*

Common Family Activities

Church Affiliation (Optional):

Pets (if so, what kind)?*

Does anyone in the family smoke
and/or vape?*

Do you allow smoking and/or vaping
in your home?*

When does your family take
vacations?*

Description of Home

Home Type*

Number of Levels*

Approximate Square Feet*

How old is the house?*

Check all that you would be able to provide a hosted player:

- Individual Room
- Individual Bed
- Individual Desk
- Closet
- Dresser
- High-Speed Wireless Internet
- TV in Home
- TV in Room
- Bathroom (nearby)
- Bathroom (Same Floor as Room)
- Nearby Access to Laundry
- Three meals a day
- Transportation to and from school and FC Cincinnati Academy events

Size of Bed*

Private or Shared Bedroom*

If the hosted player brought a vehicle, where would it park?*

Would you provide the hosted player with a key to your home (and alarm code if present)?*

Does your family have any specific dietary restrictions? (EX: Vegetarian, Vegan, Kosher, Diabetic, Lactose Intolerant, Allergies, No Pork, etc.)*

Previous Experience

Have you hosted students or players before?*

Are you currently hosting other guests/students/players?*

Other

Would you be comfortable with having a hosted player invite friends over to your home?*

Do you have any specific rules for hosted players to follow (curfew, no shoes in the house, no screens after a certain time, no opposite sex in the house, etc.)?*

Is there anything else about you / your family that you would want FC Cincinnati to know?*

General Authorization and Release

General Authorization. By signing this Application, Applicant hereby authorizes Fussball Club Cincinnati, LLC (the "Club"), having its business address at 14 E Fourth Street, Fourth Floor, Cincinnati, Ohio 45202, or its representatives to request and receive information regarding my professional activities from any and all previous and current employers, companies, corporations, partnerships, associations or private individuals with whom Applicant(s) has conducted business activities, as well as any governmental or regulatory agencies and credit bureaus. This information may include, but is not limited to: past and present employment information, including job titles, duties, length of employment; criminal arrest or conviction records; driver's license or motor vehicle records; military service records, including branch, rank dates of service, or discharge status; educational records, including degrees, transcripts, and attendance information; professional licenses or accreditations; regulatory actions; and financial information, including a consumer credit report. All information generated, disseminated, or obtained in connection with this general authorization will remain confidential and will only be used by select officers, directors and members of the Club (or its representatives) solely for the intended purpose of the evaluation of each Applicant's qualifications for the Residential Program, and any such information will not be disclosed to anyone else or made public or publicly available.

Release. Each Applicant, as applicable, hereby releases all individuals responding to such a request for information from all liability for damages that may result to me on account of compliance or any attempts to comply with this general authorization. Each Applicant further releases the Club and each of its affiliates, duly authorized representatives, and each of their respective owners, officers, directors, shareholders, managers, members, employees and agents of each of the foregoing entities or persons from any and all liability and responsibility resulting from or arising out of the release of any such information.

Signature

**To be executed by Primary Applicant, Secondary Applicant, and any Additional Applicant listed on Schedule 1 attached hereto.*

I, the undersigned, certify that the information provided in this Application has been carefully read and is true and correct. I expressly acknowledge and agree to the general authorization and release above. I further certify that the information contained herein does not contain any untrue statement of a material fact or omit to state any fact necessary in order to make the statements contained herein not misleading, and that all information provided is accurate to the best of my knowledge.

Date Signed

Signature of Applicant

Date Signed

Signature of Applicant

Schedule 1

Please provide information for all applicable household residents that are at least 18 years of age.

Additional Applicant

First Name * _____

Last Name * _____

Cell Number * _____

Email Address * _____

Birth Date * _____

Social Security Number* _____

Driver's License Number, State of Issue, Date of Expiration* _____

Automobile Insurance Provider* _____

Occupation* _____

Please describe work schedule* _____

Have you ever been arrested or charged with a criminal offense?*⁴ _____

⁴ If yes, attach a Schedule 2 seeing forth: (i) description and date of charge; (ii) location and name of court; and (iii) date and disposition.

Schedule 2
(if applicable)