



Hello,

Thank you for contacting the Cancer Support Community to request an Airbnb COVID Relief Housing Application. Medical professionals screening or treating Coronavirus patients may apply by completing the forms below, including the Airbnb Accommodations form. Please understand that Airbnb cannot offer housing to anyone who has tested positive for the Coronavirus virus.

If you have any questions, please feel free to contact us via phone **844-986-1650** or email helpline@cancersupportcommunity.org.

Any information you share on the application is strictly confidential and for use by Cancer Support Community only. Please do not submit original documents with your application as we will not be able to return them to you.

Thank you,

Cancer Support Community
helpline@cancersupportcommunity.org
844-986-1650



Airbnb COVID Relief Housing Application

This grant will provide overnight stays at a single occupancy Airbnb 'medical host' home for eligible medical professionals screening for or treating coronavirus patients for up to 14 days. Please be aware that the availability of 'medical hosts' may be limited in the city in which you are working, and we are committed to assisting as many medical professionals as possible. Once this application is approved, CANCER SUPPORT COMMUNITY will connect you with the Airbnb Support Team who will provide a travel credit and instructions to find an Airbnb home as close as possible to your Coronavirus treatment center. Also, be aware that Airbnb will run a background check for eligible applicants before authorizing the reservation.

If you need assistance with this application, please contact us at 844-986-1650.

APPLICANT INFORMATION

Have you tested positive for the Coronavirus virus? Yes/No **Date of test for Coronavirus** _____

If you answered yes you are ineligible for this program.

Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Ethnicity (optional): _____

Professional Degree: _____

Practice License number: _____

For how many days are you requesting temporary housing?

- 1-5
- 5-10
- 10-14

Institution where you are treating Coronavirus patients _____

Number of staff at Coronavirus Treatment facility _____

At the time of this application, number of Coronavirus patients treated at this facility _____

How far do you live from the hospital where you work? _____ miles

Are you working additional days and hours due to the Coronavirus crisis? Yes _____ No _____

Do you take public transportation to get to work? Yes _____ No _____

2 Please send your application to Fax: (212) 967-8717 or Email: helpline@cancersupportcommunity.org



I am applying for temporary Airbnb housing because (check as many as apply):

Note that *housing will be prioritized based on need.*

- There are people in my household who are:
 - Senior Citizens
 - Immunocompromised
- I prefer to isolate from people in my household while treating Coronavirus patients
- I need a place near the treatment facility to rest in between shifts
- Other _____

Mailing Primary Address (PO BOX address not accepted):

Street

Mailing Primary Address (Line 2): _____

City

State

ZIP Code

Primary Contact Phone number: (_____) _____ Alternative Phone Number: (_____) _____

Email Address (Required): _____

APPLICANT AGREEMENT

I hereby verify that the above information is correct and attest that I will use the Airbnb housing credit strictly for my needs while screening for or treating Coronavirus patients and understand that I will only receive one credit upon booking. I understand that the purpose of this program is to provide short-term housing and neither CSC nor Airbnb guarantees any specific length of stay of stay. I am responsible for providing basic nutritional, medical and other needs for myself. I understand that if at any time during my stay I suspect or test positive for Coronavirus I will suspend my stay and inform Airbnb. I understand and consent to be put in contact with the Airbnb support team to secure a home during my stay once the application is approved. None of the information from this application will be sent to the Airbnb support team. I understand and acknowledge that Cancer Support Community is providing this application solely for the purpose of assisting me with securing housing through the Airbnb Platform. I understand that should my application be approved and I secure housing through the Airbnb platform, that I will be subject to Airbnb's terms and conditions in their entirety. In addition, I agree that I in no way will hold Cancer Support Community, its employees, directors, agents, or successors liable in any way in connection with this application, its approval or denial, or any of my interactions with Airbnb, its Platform, or its Hosts.

Signature

Date

3 Please send your application to Fax: (212) 967-8717 or Email: helpline@cancersupportcommunity.org



Verification of Employment at Coronavirus Treatment Facility

This page must be completed by a supervisor at your treatment facility

I hereby verify _____ is a doctor, medical social worker, nurse or other professional providing care and treatment of Coronavirus patients at _____ center and to the best of my knowledge this applicant is not Coronavirus positive at the time of completing this application.

Supervisor Name: _____

Supervisor Title: _____

Institution: _____

Printed Name

Supervisor Signature

Date

Contact Phone number: (_____) _____ Email: _____

Treatment Center/Clinic: _____

Mailing Address: _____

City

State

ZIP

Consent for Cancer Support Community to verify my employment:

I hereby consent to the Cancer Support Community contacting my supervisor or other contact in the Coronavirus treatment facility as identified above, to verify that I am an employee of the said facility and, relative to this application, eligible to receive temporary housing assistance from CANCER SUPPORT COMMUNITY. **I request that they complete this form, verify the information above, clarify if needed by CANCER SUPPORT COMMUNITY, and return the form to me or CANCER SUPPORT COMMUNITY.** This consent expires thirty (30) days after the date below.

Applicant Signature

Date



****APPLICATION WILL NOT BE PROCESSED IF ALL THE DOCUMENTS ABOVE ARE NOT COMPLETED AND SIGNED****

**Aicha Diallo
Cancer Support Community
Fax (212) 967-8717**

helpline@cancersupportcommunity.org

The Cancer Support Community will review this application and contact the person that is requesting funds if more information is required. All information is strictly confidential and is for Cancer Support Community use only and will not be shared with Airbnb.



Airbnb Housing Application

Accommodation Checklist (single occupancy only)

Name: _____

Dates of Booking: _____

Preferred neighborhood and city: _____

Phone number: _____

Email (Required): _____

Language: _____

Allergies: _____

Do you have a pre-existing Airbnb account? (yes or no): _____

Please select any additional needs/accommodations:

- Fully equipped kitchen
 ____ refrigerator ____ microwave ____ sink ____ stove
 ____ other: please specify _____
- Elevator
- Parking
- Access to a washer or dryer
- No children
- No pets
- Non-smoking facility
- Can accommodate physical accessibility needs (wheelchairs, walkers, etc.)
- Other: Please indicate: _____



Airbnb Registration Instructions

If you don't have an Airbnb account yet, go to airbnb.com and click **Sign Up**. You can sign up using your email address, Facebook account, Google account, or Amex. Signing up and creating an Airbnb account is free. After you sign up, be sure to [complete your account](#) before booking a reservation.

Additional details to sign up for Airbnb:

- Visit the Airbnb site and click the "Sign Up" link in the top right corner.
- Select the "Sign Up using your e-mail address" link.
- Click the pink "Sign up" button after filling in your info.
- Fill out your Facebook Info and click the blue "Log In" option to sign up through Facebook.

This form does not need to be returned*