

Senior Advocacy Network HomeShare Program



HOME SEEKER APPLICATION

Name (first, middle, last): _____ Date: _____

Residential Address: _____

Please check here to confirm that you live or work in Stanislaus County: Yes No

Mailing Address (if different): _____

Phone: _____ Email: _____

Primary Language(s): _____ Date of Birth: _____

Gender Identity: Female Male Not listed, please specify: _____

Pronouns: She, her, hers He, him, his They, them, theirs

Not listed, please specify _____

I wish to elect a Secondary Contact (relative, case manager, etc.) for all HomeShare communications (If so, Release of Information will be collected by staff during intake).

How did you hear about us? _____

If you are applying in affiliation with an employer, alma mater, or other organization, please specify: _____

Non-Discrimination Policy: Our program is open to all. We do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, gender, gender identity, familial status, veteran status, disability, sexual orientation, marital status, source of income, age or other protected characteristics. Preference will be given to seniors aged 60 and over.

App Checklist *Staff Use Only* Staff Member: _____ Photo ID, Type: _____
 Income Ver. Declarations Permission to Share References Program Waiver

DECLARATIONS

Please answer below to indicate if the corresponding statements are true. If you answer "Yes" to any of the following statements, please contact HomeShare staff regarding eligibility.

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been on probation? Yes No

Have you ever been on parole? Yes No

Have you ever been evicted from a rental? Yes No

Have you ever filed for bankruptcy? Yes No

Have you ever had a lien or judgment filed against you? Yes No

I declare under penalty of perjury that the foregoing is true. Furthermore, I understand that upon finding a potential match, I will be required to complete a *background check screening*.

Signature: _____ Printed Name: _____ Date: _____

COSTS & HOUSING HISTORY

Seeking housing for: # of Adults: _____
of Children (specify ages, full-time/part-time): _____

Has housing choice voucher: Yes No NOTE: Stanislaus County Housing Authority makes all final determinations for the use of HCVs. Shared housing is an eligible category but always requires HA approval.

Current Rent: \$ _____ Preferred Move-In Date: _____
Your max budget for rent: \$ _____ Preferred Move-Out Date: _____
Your max budget for utilities: \$ _____ Your max budget for deposit: \$ _____

What brings you to HomeShare (current housing situation)?

Please describe your housing history for the past 3 years:

INCOME & EMPLOYMENT HISTORY

Monthly Gross Income: _____ Monthly Household Income (if different): _____

Current Employer 1: _____ Title: _____

City: _____ Start Date: _____ Hrs/Wk: _____ Annual Pay: _____

Social Security, \$ _____/mo. SSI, \$ _____/mo. SSDI, \$ _____/mo.

Unemployment, \$ _____/mo. Pension, \$ _____/mo. GA, \$ _____/mo.

Other: _____

Please describe your employment/income history for the past 3 years:

Household Income Verification *Staff Use Only*

Staff Member: _____

Monthly Income: _____ Total est. gross income for next 12 months: _____

Tax Return Paystubs Benefits Statement Self-Employ. Form Other

NOTES:

LIVING PREFERENCES

Please check all that apply...

Household			
Do you prefer to live with homemates who are:	<input type="checkbox"/> Male-identifying only	<input type="checkbox"/> Female-identifying only	<input type="checkbox"/> No preference
Do you have any animal companions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:	
Are you able to live with animal companions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:	
Amenities			
How many private rooms do you need?	<input type="checkbox"/> One bedroom	<input type="checkbox"/> Multiple rooms, please specify:	
Do you need a private bathroom?	<input type="checkbox"/> Yes, strict preference	<input type="checkbox"/> No, open to sharing	
What is your preference regarding furniture?	<input type="checkbox"/> Unfurnished bedroom only	<input type="checkbox"/> Furnished bedroom only	<input type="checkbox"/> Open to either
Do you need storage space?	<input type="checkbox"/> Yes, personal closet space	<input type="checkbox"/> Yes, garage space or more	<input type="checkbox"/> No
Do you own a vehicle and need parking?	<input type="checkbox"/> Yes, street parking is fine	<input type="checkbox"/> Yes, private parking only	<input type="checkbox"/> No
Do you need to be close to public transit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you able to use stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lifestyle			
What is your preferred homemate dynamic?	<input type="checkbox"/> Keep to myself	<input type="checkbox"/> Spend time together	<input type="checkbox"/> Open to both
Do you smoke?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Would you accept smoking in the home?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Do you use inhaled cannabis?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Would you accept inhaled cannabis use in the home?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Do you use edible or topical cannabis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Would you accept edible or topical cannabis use in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you drink alcohol?	<input type="checkbox"/> Yes, frequently	<input type="checkbox"/> Yes, occasionally	<input type="checkbox"/> No
Would you accept alcohol in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you store firearms at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you accept stored firearms in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often do you use the kitchen?	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Do you have daytime visitors?	<input type="checkbox"/> Often, please specify:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Do you have overnight visitors?	<input type="checkbox"/> Often, please specify:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
How often do you watch TV and/or listen to music in common areas?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily
At what volume do you watch TV and/or listen to music?	<input type="checkbox"/> N/A	<input type="checkbox"/> Low volume	<input type="checkbox"/> High volume
What best describes your cleaning style?	<input type="checkbox"/> Extremely clean	<input type="checkbox"/> Pick up after myself	<input type="checkbox"/> Cleaning is not a priority
How often are you at home?	<input type="checkbox"/> Variable hours, please describe:	<input type="checkbox"/> Evenings and weekends	<input type="checkbox"/> Most of the day

These descriptions will be used to introduce you as a candidate for any potential matches:

How would you describe your personality as a homemate? What is or was your occupation? What do you like to do in your free time?

Note: We recommend that you do NOT include personal characteristics such as: race, religion, disability status, sexual orientation, and age. You are welcome to please discuss further with staff if disclosing such information is important to assure your personal safety and/or match compatibility.

How would you describe your preferred home setting and homemate?

Do you have any deal breakers – something that would definitely make you turn down a HomeShare match (excluding illegal activity)?

SERVICE EXCHANGE

Some home providers elect to reduce the cost of a room in exchange for help with household chores (no medical care or personal caregiving). Are you interested in providing services under this scenario?

Yes No

If yes, please indicate the types of services you are interested to provide:

Housework Cooking Errands Yardwork Home Maintenance
 Pet Care Driving Companionship Other: _____

How much time would you be able to spend on these services? _____

REFERENCES

Our program **requires** a minimum of two non-familial references. If preferred, you can provide your references to HomeShare staff at a later date. HomeShare staff will reconfirm your permission before contacting and/or sharing your references.

Reference #1: Name _____ Phone _____

Relationship _____

Reference #2: Name _____ Phone _____

Relationship _____

Reference #3: Name _____ Phone _____

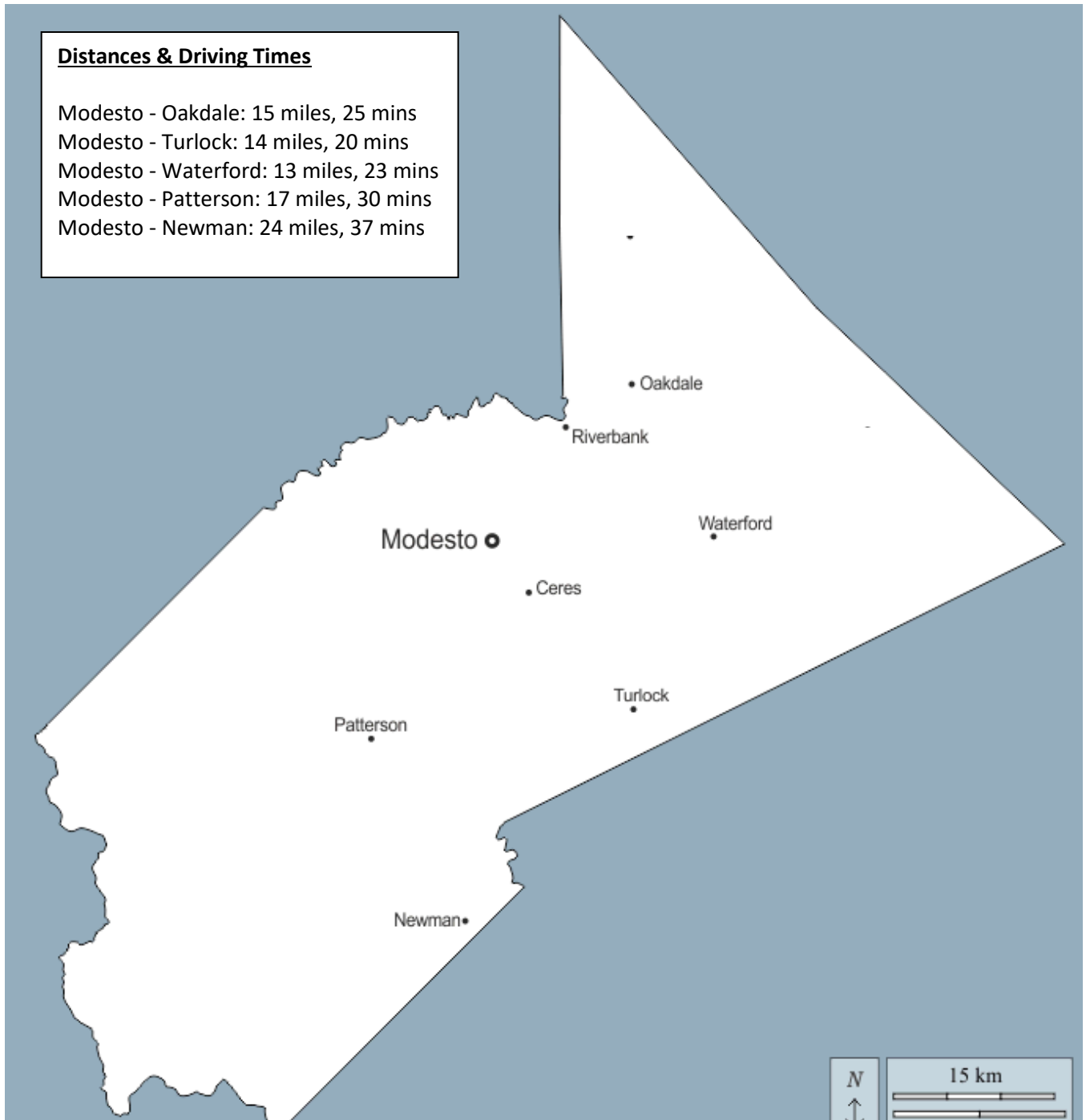
Relationship _____

I give my permission to HomeShare staff to share my *Living Preferences*, *Service Exchange*, and *References* responses with program participants to assist me in finding a good match.

Signature: _____ Printed Name: _____ Date: _____

LOCATION

SAN works with Home Providers whose homes are all throughout Stanislaus County. **Please consult the map below and check the cities where you would accept to live.**



Senior Advocacy Network

HomeShare Program AGREEMENT



This HomeShare Program Agreement (“Agreement”) is made between Senior AdvocacyNetwork (“SAN”) and _____ (“you”).

SAN operates a program (“HomeShare” or the “Program”) in Stanislaus County that helps match persons who provide homes (“Home Providers”) with persons who are seeking residences (“Home Seekers”) (collectively “Program Participants”). HomeShare screens and evaluates prospective Home Providers and Home Seekers in order to help Program Participants find housemates based on mutual needs and compatibility. HomeShare also provides ongoing support to Program Participants after a match is made.

You wish to participate in the Program as a Home Seeker.

1. **Application Process.** All Program Participants are required to complete an application. The application requests identifying information, living needs and preferences, and other relevant information used to match compatible housemates. By signing below, you acknowledge that all application information you provide to SAN is accurate. Material misrepresentations or omissions in the application documents or otherwise provided to SAN may constitute grounds for removal from the Program.
2. **Match Compatibility.** The Program helps facilitate compatible matches by assisting Program Participants in completing questionnaires and using a computer interface to determine likely compatibility. However, Home Providers and Home Seekers will make all final decisions to enter into a Living Together Agreement. SAN does not make any guarantees or representations about the ability of a Program Participant to perform his or her obligations with respect to a housing arrangement, or about the suitability of a housing arrangement. It is the responsibility of each Program Participant to check the references of a potential match before entering into a Living Together Agreement.
3. **No Guarantee.** Entering into this Agreement or submitting application documents does not guarantee a match.
4. **Background and Reference Checks.** In order to ensure the safety of all Program Participants, and the suitability of Program Participants to live in a shared environment, SAN conducts background and reference checks. By signing below,

you understand and agree that SAN and prospective housemates may contact your references. You also understand and agree that the Program may conduct a criminal background search through National or Local Court database records, National Sex Offender databases or a third-party provider of their choice. You agree to comply with any requests for information regarding your criminal background.

5. **Acceptance of Risk.** Living in a close residential setting with another person presents inherent risks including, but not limited to, incompatibility about living conditions and sharing of household duties, failure to pay applicable fees on time or in full, challenges related to financial, psychological, social or substance abuse issues, or exposure to contagious disease (even if a person is not showing symptoms, it does not mean that they do not have an illness or are not contagious). By signing below, you acknowledge and accept these risks.

6. **Living Together Agreement.** A Home Provider and Home Seeker must sign a Living Together Agreement once a successful match has been made. A copy of the Living Together Agreement, along with any amendments, must be given to SAN. Program Participants agree to inform SAN upon the termination of a Living Together Agreement. Before entering into a Living Together Agreement, it is the responsibility of the Home Provider to confirm that his or her current lease or other housing requirements, if any, do not place any limitations on his or her ability to enter into a Living Together Agreement.

7. **Statement of Non-Discrimination:** SAN abides by applicable fair housing requirements under California and federal law which prohibit discrimination in housing on the basis of race, color, religion, sex, national origin, ancestry, gender, familial status, disability, sexual orientation, marital status, source of income, age or other protected characteristics. Preference will be given to seniors aged 60 and over.

By signing below, you acknowledge that you have read and understood this Agreement and consent to the terms of participation in the HomeShare Program as set forth above.

Program Participant

Signature: _____

Printed Name: _____

Date: _____

DEMOGRAPHICS SURVEY

HomeShare collects participant demographic information (including age, gender, and income and other data points) for the purpose of aggregate reporting only. Any personally identifiable information is protected from unauthorized disclosure. For each question, please select one answer that best describes you.

Housing Status	
<input type="checkbox"/> Stably housed <input type="checkbox"/> Inadequately housed: i.e. housing is overcrowded, inhabitable, inaccessible, and/or unsustainably distant from work or school <input type="checkbox"/> Temporarily housed: short-term residence (1 month or less) <input type="checkbox"/> Transitionally housed: supportive/program-based residence with exit date <input type="checkbox"/> At risk of homelessness: imminent risk of losing housing (21 days or less) <input type="checkbox"/> Experiencing homelessness: no fixed, regular & adequate nighttime residence <input type="checkbox"/> Fleeing/attempting to flee domestic violence	
Ethnicity and/or Race	
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multiracial <input type="checkbox"/> Decline to answer	
Sexual Orientation or Identity	Household Type
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not Listed: _____ <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Single-Headed Family <input type="checkbox"/> Dual-Headed Family
Veteran Status	Disability Status
<input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Live without a disability <input type="checkbox"/> Live with one or more disabilities <input type="checkbox"/> Decline to answer