

Senior Advocacy Network

HomeShare Program

HOME PROVIDER APPLICATION

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

Address: _____

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 home visit).

Emergency Contact (name, relation, number): _____

How did you hear about us? _____

What brings you to HomeShare? _____

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

HomeShare Email Newsletter Yes, sign me up! No thanks

If you opt out, we will still contact you regarding matches. You can opt out at any time.

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 62 and over.

App Checklist *Staff Use Only*

- Authorization
- References

Staff Member: _____

- Photo Release
- Permission to Share

Photo ID, Type: _____

- Declarations
- Program Waiver

DECLARATIONS

Part I. 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

Part II. Please check *all* statements that accurately describe your housing status, below.

- As a **Homeowner**:
- I am current with my mortgage payments, of \$_____/mo.
 - I have sole ownership of the home and am allowed to license the available room(s).
 - I am a co-owner of the home and all other co-owners have provided me with permission to license the available room(s).

- As a **Renter**:
- I am current with my rent payments, of \$_____/mo.
 - My lease allows me to license the available room(s).
 - My landlord has provided with me with permission to license the available room(s).

If you are *not* current with payments and/or do *not* have permissions to share your home or rental unit, please provide further explanation:

The HomeShare **Living Together Agreement** (LTA) is a home-sharing-specific agreement template that includes Terms & Conditions as well as a discussion of 'house rules.'

Do you have any supplements to the LTA (EX: from a homeowner association)? Yes No

If yes, please specify: _____

I declare under penalty of perjury that the foregoing (Part I and Part II) is true.

Signature: _____ Printed Name: _____ Date: _____

HOUSEHOLD & AMENITIES

Please check all that apply...

Household

Which best describes your home? House Condo Apartment Mobile home

Who lives in your current household?
(adults, children)

How many new homemates will you accept?
(adults, children)

Do you prefer to live with homemates who are: Male-identifying only Female-identifying only No preference

Do you have any animal companions? No Yes, please specify:

Are you able to accept animal companions? No Yes, please specify:

Room 1

What are the dimensions? Is there a lock on the bedroom door? Yes No Is there a separate entrance? Yes No Yes, it's an ADU (aka in-law unit)

Is there a private bathroom? Yes No Is the room furnished? No Yes, please describe:

Room 2

What are the dimensions? Is there a lock on the bedroom door? Yes No Is there a separate entrance? Yes No Yes, it's an ADU (aka in-law unit)

Is there a private bathroom? Yes No Is the room furnished? No Yes, please describe:

Amenities

Will your homemate(s) have full kitchen access? Yes Limited use, please describe:

Is your home close to public transit? No Yes, please describe:

Is there available parking? Street parking Private parking No parking

Is there in-home laundry? Yes No

Is there available storage space? No Yes, please describe:

Does your home have internet? Yes No, but can be installed No, prefer not to install

Is your home wheelchair accessible? Yes No

Describe any stairs or elevators outside and/or inside your home.

TIMELINE & COSTS

Timeline Preferred Move-In Date: _____ Preferred Move-Out Date: _____

Room 1: Cost: \$_____ Deposit: \$_____ Max Occupancy: _____ Total Move-In Cost: \$_____

Room 2: Cost: \$_____ Deposit: \$_____ Max Occupancy: _____ Total Move-In Cost: \$_____

NOTE: For rent-controlled units, the rent amount may not exceed 50% of your total rent

Please estimate your average monthly utility costs, and check those to be <i>shared</i> .	<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Gas	\$ _____
	<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Waste	\$ _____
	<input type="checkbox"/> Landline	\$ _____	<input type="checkbox"/> Cable	\$ _____
	<input type="checkbox"/> Internet	\$ _____	<input type="checkbox"/> Cleaning	\$ _____
For shared utilities, how will costs be divided?	<input type="checkbox"/> Homemate will pay flat rate of \$ _____ to cover personal use of shared utilities. <input type="checkbox"/> Homemate will pay any increase in shared utilities above the average historical costs (previous bills to be shared with homemate for reference) <input type="checkbox"/> Homemate will pay 50% of shared utilities, as bills arrive. <input type="checkbox"/> Other:			

Service Exchange: Some home providers elect to reduce the cost of the room in exchange for help with household chores (no medical care or personal caregiving). If you are interested in a service exchange, please specify the help you are looking for, along with an estimate of how much time per week or month would be desired:

LIFESTYLE PREFERENCES

Please check all that apply...

Which best describes your guest policy, if given advance notice? Daytime and overnight guests are welcome Open to discussion Prefer no guests

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
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:

Please describe your home, available room(s), neighborhood or anything notable about your home (e.g. compelling features, backyard).

How would you describe your preferred homemate? **Note:** Please do use NOT specific characteristics such as: race, religion, disability status, sexual orientation, and age.

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 discuss further with staff if disclosing such information is important to assure your personal safety and/or match compatibility.

Do you have any additional 'house rules' not yet discussed?

REFERENCES

Please provide three non-familial references. Accepted references types include: employment reference, residential/tenant reference, personal reference.

Reference 1: Name _____

Phone _____

Relationship _____

Reference 2: Name _____

Phone _____

Relationship _____

Reference 3: Name _____

Phone _____

Relationship _____

PHOTO/IMAGE RELEASE

I grant to HomeShare, its representatives and employees the right to take photographs of my property for the purposes of *(select one)*:

Internal HomeShare staff reference only.

Internal HomeShare staff reference and publicly listing my available room(s) in printed form and/or electronically, without use of my name, contact information, or address.

I affirm the above *Photo/Image Release* preferences. I furthermore give my permission to HomeShare staff to share my *Timeline & Costs, Household & Amenities, Lifestyle Preferences, and References* responses with program participants to assist me in finding a good match.

Signature: _____

Print Name: _____ Date: _____

Senior Advocacy Network HomeShare Program

HOMESHARE PROGRAM AGREEMENT

This HomeShare Program Agreement (“Agreement”) is made between Senior Advocacy Network (“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 Provider.

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.

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.

Household Income: Please provide your gross household income: \$ _____, or your income level, based on Stanislaus county levels (table below): _____.

Stanislaus County (2021)

Family of:	1 person	2 persons	3 persons	4 persons
Ext. Low	\$0 – 15,000	\$0 – 17,420	\$0 – 21,960	\$0 – 26,500
Very Low	\$15,001-25,000	\$17,421-28,550	\$21,961-32,100	\$26,501-35,650
Low	\$25,001-39,950	\$28,551-45,650	\$32,101-51,350	\$35,651-57,050
Moderate	\$39,951-50,000	\$45,651-57,100	\$51,351-64,200	\$57,051-68,900
Above Mod.	\$50,001+	\$57,101+	\$64,201+	\$68,901+

Ethnicity and/or Race	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Other/Multiracial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Decline to answer
Sexual Orientation or Identity	Household Type
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Single-Headed Family
<input type="checkbox"/> Gay/Lesbian/Same-Gender Loving	<input type="checkbox"/> Dual-Headed Family
<input type="checkbox"/> Questioning/Unsure	
<input type="checkbox"/> Straight/Heterosexual	
<input type="checkbox"/> Not Listed: _____	
<input type="checkbox"/> Decline to answer	
Veteran Status	Disability Status
<input type="checkbox"/> Veteran	<input type="checkbox"/> Live without a disability
<input type="checkbox"/> Not Veteran	<input type="checkbox"/> Live with one or more disabilities
<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Decline to answer