



For A1AA use only
 Date application received ___/___/___
 Ref. sheet received _____

Guest Application

Please Print

How did you hear about Northcoast Homeshare? _____
 Have you had any past association with Area 1 Agency on Aging? Yes/No _____
 If yes, what kind? _____
 Date housing needed _____

Contact Information

Full name _____
 Mailing address _____
 City _____ State _____ Zip _____
 Physical address (if different) _____
 Email _____ Home phone _____
 Work phone _____ Cell phone _____
 Best number to call during the day (check one) ___ Home ___ Cell ___ Work

Housing Preference

Please indicate your location preference

Arcata area ___ Eureka area ___ McKinleyville ___ SoHum ___
 Fortuna ___ Trinidad ___ Del Norte ___ No preference ___
 I will only consider these towns _____
 What is the maximum rent you would pay? \$_____/Month _____ Not sure
 What is the maximum number of hours of service you can provide?
 _____ Hours/week _____ Not sure _____ None, prefer to only pay rent
 What pets do you have? _____
 If a dog, has it ever bitten anyone? Yes/No ___
 I have a car and I can drive _____ I need to be near a bus line _____

General Information

Have you ever shared housing (other than with immediate family) Yes/No ___
 How was that experience? _____
 How long have you lived in the area? _____
 Where have you lived before? _____
 Are you a homebody or are you active outside the home? _____
 Describe your ideal housemate: _____

For reporting and statistical purposes, our funders require that we ask for the following information. If you do not wish to give your information, you may skip this section.

Gender: _____ Date of birth _____ Age _____

Ethnicity: ___ Hispanic ___ Non-Hispanic

Race: (check all that apply)

___ White ___ American Indian/Alaskan Native ___ Asian

___ Black/African American ___ Native Hawaiian/Pacific Islander

___ Other Multiracial

Do you have a disability? Yes/No _____

As part of our application process, we perform background and reference checks and conduct a personal interview.

Do you have any motor vehicle violations? Yes/No _____

Do you have any pending criminal charges? Yes/No _____

Have you had any criminal convictions? Yes/No _____

Have you ever been evicted? Yes/No _____

If yes to any of these questions, please explain

Other information you want us to know

Housing History

Current housing situation ___ Rent ___ Own ___ Other (explain)

How long at current address? Since _____

Current landlord's name _____ Phone _____

Previous housing situation ___ Rent ___ Own ___ Other (explain)

How long at previous address? From _____ To _____

Address _____ City _____ State _____

Previous landlord's name _____ Phone _____

Service Information

Which of the following services would you be willing to provide? (Check all that apply) Cooking meals (meals/wk) _____ Sharing meals _____
Do you have any food allergies?

Errands/Grocery shopping _____ Computer help _____ Lawn work _____
Driving homeowner's car _____ Changing a bed _____ Garden work _____
Laundry _____ Driving own car _____ Pet care _____

Home Information

What would you require?

No. Bedrooms _____ Private Bath _____ Parking _____ Safety Modifications _____
Laundry facilities _____

Do you wish to bring your own? Bed (what size?) _____ Desk _____ Lamp _____
Dresser _____ Other furniture: _____

Are you going to be bringing large items that need storage? (kayaks, bikes, snowboard, etc.) _____

Would you live with someone who has pets? _____

Do you own guns or other weapons? (If yes, where/would you keep them while homesharing?) _____

Are they legally registered? _____

Do you want cable TV and/or internet service? (Would you be willing to pay for these?) _____

Employment/Income History

Current position/title _____

Full-time ___ Part-time ___ Retired ___ Unemployed ___ Student ___ Other ___

Employer _____

City/State _____

Date of hire _____

Previous employer _____

Position/Title _____

Full-time _____ Part-time _____ Dates employed: From _____ To _____

City/State _____

Annual gross household income _____

Other Information

Will you let your homesharer know when you are leaving and expecting to be back?

Yes/No ____

Will you be spending time away? (Vacations, weekends away, etc?)

Will you have guests? (Check all that apply) Daytime ____ Overnight ____

Evening ____ Romantic Overnight ____ How often: _____

Do you smoke? Yes/No ____ If so, indoors or outdoors? _____

Would you live with a smoker? Yes/No ____

Do you grow cannabis? Yes/No ____

Do you use cannabis products? Yes/No ____

Would you live with someone who uses cannabis in the home? Yes/No ____

How often do you drink? (Check one) ____ Never ____ Once a year

____ Once a month ____ Once a week ____ Daily

Would you live with someone who drinks? Yes/No ____

How do you identify politically? (Check one) ____ Far Left ____ Far Right

____ Moderately Left ____ Moderately Right

Would you be willing to live with someone who does not share the same ethnicity, political and/or social ideology views? Yes/No ____

I hereby acknowledge that all the information I have given in this application is true and complete to the best of my knowledge and belief. I understand that providing any false or misleading information will make me ineligible for the services of Northcoast Homeshare

Signature _____ Date _____

**I am ready to find my
home sharing partner!**

Applicant's name _____ Date __/__/____

All references should be people who have known you at least 1 year. Together, the references should cover a span of at least the last 5 years to the present. Please notify your references that Area 1 Agency on Aging will be calling them. References should not include family members or romantic partners.

Reference 1

Name _____

Daytime phone _____

City _____ State _____

Email _____

How long have they known you? _____

Reference 2

Name _____

Daytime phone _____

City _____ State _____

Email _____

How long have they known you? _____

Reference 3

Name _____

Daytime phone _____

City _____ State _____

Email _____

How long have they known you? _____