



For A1AA use only

Date application received ___/___/___

Ref. sheet received _____

Host Application

Please Print

How did you hear about Northcoast Homeshare?

Any past association with Area 1 Agency on Aging? Yes/No _____

If yes, what kind? _____

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 Information

Current housing situation ___ Rent ___ Own ___ Other

If renting: Landlord's name/phone _____

If other, please explain _____

How long at current address? Since _____

Number of people in the home _____

What pets do you have? _____

If a dog, has it ever bitten anyone? Yes/No _____

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 _____

Do you receive Medicaid? 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

Employment History

Current position/title _____

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

Rent & Service

Rent you would charge _____\$/month _____ Not sure

Hours of service you need _____Hours/week _____ Not sure

Service Information

Do you want a homesharer to help with any of the following? (Check all that apply)

Light housekeeping _____

Cooking meals (meals/wk) _____ Sharing meals _____

If asking for cooking, 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 _____

If asking for services, how are you meeting these needs currently? Do you have caregivers/others who assist you? If so, when are they scheduled?

Home Information

What would you offer to your homesharer?

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

Stair lift _____ Closet _____ Bed _____ Desk _____ Lamp _____ Dresser _____

Laundry facilities _____ Storage Space: _____ Other: _____

Could a homesharer bring their own bedroom furniture? _____

Do you keep guns in the house? (If yes, how do you store them?)

Are they legally registered? _____

Will you offer separate cupboard space for a homesharer's food? _____

Do you have cable TV and/or internet service that you are willing to share? (If not, could either be added at their expense?) _____

Other Information

Do you want a homesharer to let you know when they are leaving and expecting to be back? Yes/No _____

Do you tend to have guests? (Check all that apply) Daytime _____ Overnight _____
Evening _____ Romantic Overnight _____

May your homesharer have guests? (Check all that apply) Daytime _____
Overnight _____ Evening _____ Romantic Overnight _____

Would you accept someone who has pets? Yes/No _____ What kind: _____

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 home? Yes/No _____

Would you allow a homesharer to use cannabis at home? Yes/No _____

How often do you drink? (Check one)

_____ Never _____ Once a year _____ Once a month
_____ Once a week _____ Daily

Would you allow your homesharer to drink at home? (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 _____ Neutral _____ 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 share my home!

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? _____

How do they know you? _____

Reference 2

Name _____

Daytime phone _____

City _____ State _____

Email _____

How long have they known you? _____

How do they know you? _____

Reference 3

Name _____

Daytime phone _____

City _____ State _____

Email _____

How long have they known you? _____

How do they know you? _____