

For A1AA use only				
Date application received//				
Ref. sheet complete □ incomplete □				

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				
Cell phone Best number to callHomeCell				
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 Utilities? 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:				

Gender identity		Sexual Orientation		
Sex at Birth Date of birth				
Ethnicity: Hispanic	Non-Hispani	С		
Race: (check all that apply)			
White American I	ndian/Alaskan Na	ative	Asian	_ Other Multiracia
Black/African America	n Native Haw	vaiian/Pacif	c Islander	
Do you have a disability?	Yes No			
As part of our applicatio checks and conduct a pequestions below, please Do you have any motor ve	ersonal interviev attach an expla	v. If you ar nation.		
Do you have any motor ve Do you have any pending			No	
• • • • •	5			
Have you had any crimina	I convictions?	Yes No		
Have you ever been evicte	ed? Yes No			
•	ed? Yes No			
Have you ever been evicte	ed? Yes No stions, please exp	olain		
Have you ever been evicted if yes to any of these ques	ed? Yes No stions, please exp	olain		
Have you ever been evicted if yes to any of these quest Other information you war	ed? Yes No stions, please exp	olain		
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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 Pet care
Home Information
What would you require? No Redrooms — Private Bath — Parking — Accessibility
No. Bedrooms Private Bath Parking Accessibility 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 (\$/year)

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 If so, do you do so at home? Yes No					
Yes: for medicinal purposes only also for recreational purposes					
How do you consume cannabis: smoke, vape, edibles, tinctures, other:					
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 NeuralModerately Right N/A					
Would you be willing to live with someone who does not share the same ethnicity, so-					
cial and/or political 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.					

I am ready to find my home sharing partner!

Signature _____

Applicant's name	Date//
All references should be people who have references should cover a span of at least notify your references that Area 1 Agency of should not include family members or roma	the last 5 years to the present. Please on Aging will be calling them. Reference
Reference 1	
Name	· · · · · · · · · · · · · · · · · · ·
Daytime phone	
City	
EmailHow long have they known you?	
Reference 2	
Name	
Daytime phone	
City	
EmailHow long have they known you?	
Reference 3	
Name	
Daytime phone City	
How long have they known you?	