



**For A1AA use only**

Date application received \_\_\_/\_\_\_/\_\_\_

Ref. sheet complete  incomplete

**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 identity \_\_\_\_\_ Sexual Orientation \_\_\_\_\_

Sex at Birth \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

Race: (check all that apply)

White  American Indian/Alaskan Native  Asian  Other Multiracial

Black/African American  Native Hawaiian/Pacific Islander

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

Utilities ? \_\_\_\_\_ \$/month  Split 50/50  None  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? \_\_\_\_\_

Any other relevant information you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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? No \_\_\_\_

Yes: for medicinal purposes only \_\_\_\_ also for recreational purposes \_\_\_\_

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? \_\_\_\_ Far Left \_\_\_\_ Far Right \_\_\_\_ Moderately Left  
\_\_\_\_ Neutral \_\_\_\_ Moderately Right \_\_\_\_ N/A

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 would preferably 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? \_\_\_\_\_