



**For A1AA use only**

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

Ref. sheet complete  incomplete

**Host Application**

How did you hear about Northcoast Homeshare?

\_\_\_\_\_ Date housing available \_\_\_\_\_

Any past association with A1AA? NO YES: what kind? \_\_\_\_\_

**Contact Information**

Full name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ OK to text? NO YES Best to call: Home Cell

**Contact person, relationship, and number if different from applicant:**

\_\_\_\_\_

**Housing Information**

Current housing situation Rent Own Other

At current address since \_\_\_\_\_

If renting: Landlord's name/phone \_\_\_\_\_

If other, please explain \_\_\_\_\_

Number of people in the home \_\_\_\_\_ Relationship \_\_\_\_\_

What pets do you have? \_\_\_\_\_

If dogs, have they ever bitten anyone? NO YES

**General Information**

Have you ever shared housing (other than with immediate family) NO YES

How was that experience? \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

Where have you lived before? \_\_\_\_\_

Are you a homebody or 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:  American Indian/Alaskan Native  Asian  Other Multiracial  White  
 Black/African American  Native Hawaiian/Pacific Islander

Do you have a disability? NO YES

Do you receive Medicaid? NO YES

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

Do you have any motor vehicle violations? NO YES

Do you have any pending criminal charges? NO YES

Have you had any criminal convictions? NO YES

Have you ever been evicted? NO YES

If yes to any of these questions, please explain \_\_\_\_\_

Other information you want us to know \_\_\_\_\_

**Employment Information** Current position/title \_\_\_\_\_

Full-time  Part-time  Unemployed  Student  Retired  Other \_\_\_\_\_

**Rent & Services** Rent you would charge \_\_\_\_\_ \$/month  Not sure

Utilities ? \_\_\_\_\_ \$/month  Split 50/50  None  Not sure

Hours of services you need \_\_\_\_\_ hours/week  None  Not sure

Other info \_\_\_\_\_

## Service Information

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

Cooking meals (meals/wk) \_\_\_\_\_ Sharing meals \_\_\_\_\_

If asking for cooking, do you have any food allergies or require accommodations?

Errands/Grocery shopping \_\_\_\_\_ Computer help \_\_\_\_\_ Lawn/garden work \_\_\_\_\_

Driving your car \_\_\_\_\_ Changing a bed \_\_\_\_\_ Doing Laundry \_\_\_\_\_ Driving own car \_\_\_\_\_

Pet care \_\_\_\_\_ Visiting/engaging in conversation \_\_\_\_\_ Light housekeeping \_\_\_\_\_

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

## Home Information: What would you offer to your homesharer?

Nr. of Bedrooms \_\_\_\_\_ Bathroom *private* | *shared* Parking (type) \_\_\_\_\_

Accessibility/Safety Modifications \_\_\_\_\_ Stair lift \_\_\_\_\_

Laundry facilities *in unit* | *on site* | *off site* Storage Space: \_\_\_\_\_

Closet \_\_\_\_\_ Bed \_\_\_\_\_ Desk \_\_\_\_\_ Lamp \_\_\_\_\_ Dresser \_\_\_\_\_ Other: \_\_\_\_\_

Could a homesharer bring their own furniture? NO YES: what kind? \_\_\_\_\_

Do you keep guns or other weapons in the house? NO YES: where do you store them?

\_\_\_\_\_ Are they legally registered? NO YES

Will you offer separate cupboard space for a homesharer's food? NO YES

Do you have cable TV and/or internet service that you are willing to share? NO YES

If not, could either be added at their expense? NO YES \_\_\_\_\_

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?      NO    YES

When do you have guests?                      Daytime    Overnight    Evening  
Romantic Overnight

Could your homesharer have guests?        Daytime    Overnight    Evening  
Romantic Overnight

Would you accept someone who has pets? NO    YES: \_\_\_\_\_

Do you smoke?    NO    YES:    *indoors*    |    *outdoors*

Would you live with a smoker?              NO    YES:    *indoors*    |    *outdoors*

Do you grow cannabis? NO    YES              Do you use cannabis products? NO    YES

Would you live with someone who uses cannabis?

NO    YES:    for medicinal purposes  
also for recreational purposes

Would you allow a homesharer to use cannabis at home?      NO    YES

How often do you drink?                      Never    Once a year    Once a month  
Once a week    Daily

Would you allow your homesharer to drink at home?

Never    Once a year    Once a month  
Once a week    Daily

Would you live with someone who drinks? NO    YES

How do you identify politically?              Far Left    Far Right    Moderately    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?      NO    YES

**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 \_\_\_\_\_ Relationship \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Reference 2

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Reference 3

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

How long have they known you? \_\_\_\_\_