

HomeShare

Provider Application
York Housing

Name: _____ Date: _____
(First, Last)

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Email: _____

DOB: _____ Age: _____ Sex: _____
Marital Status: _____ Ethnicity: _____
Number of Children: _____ Ages: _____
Will they live the Applicant? _____

Highest Level of Education: _____ Referral Source: _____
Primary Language: _____ Secondary Language: _____

**Please check the reason(s) you are interested in
HomeSharing:**

- | | |
|---|--|
| <input type="checkbox"/> Maintain Residence in My Home | <input type="checkbox"/> Increase Income/Financial Stability |
| <input type="checkbox"/> Obtain Household Services | <input type="checkbox"/> Respond to Family Request |
| <input type="checkbox"/> Avoid Alternative Residence | <input type="checkbox"/> Language / Cultural Immersion |
| <input type="checkbox"/> Sense of Security / Well Being | <input type="checkbox"/> Connection to Community |
| <input type="checkbox"/> Other: _____ | |

Employment Current

Occupation: _____
Employer: _____
Start Date: _____
Supervisor: _____

Employment Past

Occupation: _____
Employer: _____
Length of Time: _____
Reason for Leaving: _____

Please answer the following questions:

Have you ever shared your home before (other than family)? _____

If yes, when? _____

What did you learn from this experience? _____

DO YOU:

Smoke _____

Drink _____

Have a Pet _____

Have Day Guests _____

Have Overnight Guests _____

MAY THE SEEKER:

Smoke _____

Drink _____

Have a Pet _____

Have Day Guests _____

Have Overnight Guests _____

Rent with Utilities Included

Desired Monthly Rent _____ Minimum Monthly Rent _____

Annual Income _____ \$0 to \$15,950 _____ \$15,950 to 26,600

_____ \$26,600 to \$38,100 _____ \$38,100 and Above

Please describe the sources of your income: _____

Do you have a car? _____ Do you utilize public transportation? _____

Please indicate which services you are requesting:

___ Daytime Companionship

___ Nighttime Companionship

___ Housekeeping

___ Cooking

___ Transportation

___ Grocery Shopping / Errands

___ Yard Work / Snow Removal

___ Trash Removal / Bringing Mail

___ Other _____

Please indicate shared living spaces

___ Kitchen

___ Refrigerator

___ Cooking utensils / appliances

___ Dishware

___ Dining Room

___ Groceries

___ Living Room

___ Television

___ Telephone Line

___ Laundry Facilities

___ Garage

___ Basement

___ Storage

___ Other: _____

LIFESTYLE:

Which days do you typically work, attend class, or activities? _____

Which hours do you typically work, attend class, or activities? _____

What time do you wake up in the morning? _____

What time do you go to bed at night? _____

Are you in the home most evenings? _____

Do you eat most of your meals in the home? _____

Do you have a home temperature preference? _____

Are you often gone on weekends? _____

Is the rental unit a lower level or basement? _____

What activities are important to you (hobbies, organizations, clubs): _____

How often are you in contact with family or friends? _____

What are some qualities a home seeker may like about you? _____

Do you have any habits or behaviors a housemate may find irritating? _____

What qualities do you look for in someone you believe is compatible? _____

Describe your standards of cleanliness (Immaculate, Tidy, Average, Not so tidy)

HOME ASSESSMENT:

Name of neighborhood or area: _____

Cross streets or landmarks: _____

Description: (Ranch, colonial, modular, etc) _____

Near bus routes and public transportation: _____

Do you own or rent the home? _____ Single Family/Condo/Apt.? _____

Number of Floors (not including basement) _____ Is there a basement? _____

Total number of bedrooms and floors they are located on? _____

Total number of bathrooms and floors they are located on? _____

Will the seeker have a private bathroom? _____

Is the property wheelchair accessible? _____

Parking available? (on street, garage, driveway) _____
Is the home air conditioned? ____ Is there internet access (what type) _____
Home security (locks or security system): _____
Will the rental be furnished? _____ May the seeker bring furniture? _____
Will there be storage space available for the home seeker (above and beyond closet space in bedroom)? _____
General description (size, windows, closets, carpeted, hardwood) _____

HEALTH:

Please list any health conditions you have: _____

Please list any allergies you may have: _____

Are you able to negotiate stairs? ____ Have you recently been hospitalized? ____

Do you have a special diet? _____ Do you take medications? _____

Do you currently see a psychiatrist or professional counselor? _____

Name of physician, psychiatrist, therapist, counselor: _____

Address of: _____

Phone Number of: _____

Do you or have you ever had a drug or alcohol problem? _____

When and which substance? _____

(HomeShare requires 2 consecutive years substance-free)

CRIMINAL BACKGROUND:

Have you ever been convicted of a felony? _____

If yes, please explain: _____

When and where: _____

EMERGENCY CONTACTS:

Name	Relationship	Phone Number
1,		
2.		
3.		

CHARACTER REFERENCES:

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		

I give permission for York Housing Staff to contact the above named individuals to obtain reference information regarding my request for HomeShare. I understand that this information is needed to determine my eligibility for the HomeShare program. I waive any rights to review the information provided about me.

Applicant signature: _____ Date: _____
HomeShare Coordinator Signature: _____ Date: _____

Please return application to:
York Housing
Attn: HomeShare Program
4 Pine Grove Lane
York, ME 03909