

HomeShare

Seeker 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: _____
When do you need housing by? _____ Furnished / Unfurnished ?
Desired Location of Housing? _____ Need Storage Space? _____

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

- | | |
|---|--|
| <input type="checkbox"/> Obtain Affordable Housing | <input type="checkbox"/> Afford Education or Training |
| <input type="checkbox"/> Avoid or end Homelessness | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Resolve Credit Issues | <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: _____

Education

School: _____
Field of Study: _____
Degree: _____
Graduation Date: _____

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 PROVIDER:

Smoke _____

Drink _____

Have a Pet _____

Have Day Guests X

Have Overnight Guests X

Rent / Income

Desired Monthly Rent _____

Maximum Monthly Rent _____

Annual Income \$0 to \$15,950

 \$15,950 to 26,600

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

What are the sources of your income: _____

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

Please indicate which services you are willing to provide:

 Daytime Companionship

 Nighttime Companionship

 Housekeeping

 Cooking

 Transportation

 Grocery Shopping / Errands

 Yard Work / Snow Removal

 Trash Removal / Bringing Mail

 Heavy Lifting

 Computer / Tech Assistance

 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 prefer to eat most of your meals in home or out? _____

Do you have a home temperature preference? _____

Are you often gone on weekends? _____

Are you willing to share a bathroom? _____

Would you be willing to live in 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 provider 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)

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: _____

HOUSING HISTORY:

Please list all the residences you have resided in during the past 5 years

Dates Address Rent/Own Reason for Moving

EMERGENCY CONTACTS:

Name Relationship Phone Number

- 1.
- 2.
- 3.

CHARACTER REFERENCES:

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

NOTES:

Is there anything else that you feel we should know about you to help create a successful HomeShare?

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