

SHARED HOUSING SERVICES

DATE _____

ARE YOU APPLYING TO BECOME A _____ **HOMESEEKER** OR _____ **HOMEPROVIDER**? (PLEASE MARK APPROPRIATE SPACE)

MAIDEN OR OTHER NAMES USED _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (ZIP)

**IF YOU HAVE NO MAILING ADDRESS PLEASE PUT THE AREA AND/OR ZIP OF WHERE YOU WERE LAST NIGHT*

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

TELEPHONE (HOME) _____ (WORK) _____ BEST TIME TO CALL _____

HOW DID YOU FIND OUT ABOUT SHARED HOUSING SERVICES? _____

DESIRED LOCATION (WHAT AREA WOULD YOU LIKE TO LIVE IN?):

1ST _____

2ND _____

3RD _____

EMPLOYMENT/SCHOOL INFORMATION

OCCUPATION _____ EMPLOYER _____

HOW LONG HAVE YOU BEEN AT PRESENT JOB? _____

HOW MANY YEARS WORKED (TOTAL)? _____

ARE YOU A STUDENT? _____ YES _____ NO

IF YES, WHAT SCHOOL/DEPARTMENT _____ GRADUATION DATE _____

HIGHEST GRADE COMPLETED _____ GED _____

MARITAL STATUS

SINGLE _____

WIDOWED _____

DIVORCED _____

MARRIED _____

SEPARATED _____

SINGLE PARENT _____

RACE _____ AGE _____ BIRTHDATE _____

NAME IN HOUSEHOLD

GENDER

AGE

BIRTHDATE

HAVE YOU LIVED IN ANY OTHER STATE IN THE LAST 10 YEARS? ___ YES ___ NO IF YES PLEASE LIST THE STATE(S) AND FOR HOW LONG? _____

HOW LONG HAVE YOU LIVED IN TACOMA/PIERCE COUNTY? ___ IN PRESENT HOME? ___

HAVE YOU EVER BEEN EVICTED? _____ IF YES HOW MANY TIMES _____

WHY ARE YOU NEEDING TO MOVE? _____

HAVE YOU SHARED HOUSING BEFORE (OTHER THAN FAMILY)? ___ YES ___ NO IF YES, SUCCESSFUL? _____

DO YOU CONSIDER THIS TO BE URGENT? ___ YES ___ NO

IF YES MATCH IS NEED BY WHAT DATE? _____

HAVE YOU EVER BEEN CONVICTED, ARRESTED OR DETAINED FOR A CRIME? ___ IF YES, WHAT AND WHEN? _____

ANY PAST DRUG USE? _____ IF YES, WHAT DRUGS? _____ TREATMENT _____

SOURCE OF INCOME

SALARY _____
SS _____
OTHER _____

PENSION _____
SSI _____

UNEMPLOYMENT _____
DSHS _____

TOTAL MONTHLY INCOME \$ _____

CAN YOU VERIFY YOUR INCOME (PAYSTUB, PAPERWORK, ETC)? ___ YES ___ NO

PLEASE **CHECK AT LEAST 3 GOALS** YOU WANT TO ACHIEVE TO BECOME MORE SELF SUFFICIENT AND/OR A BETTER QUALITY OF LIFE THROUGH HOMESHARING

- 1. To obtain affordable housing.
- 2. Be within walking distance to work/school or bus stop.
- 3. To improve quality of living situation.
- 4. Maintain stable housing.
- 5. Able to meet monthly housing cost.
- 6. Facilities to maintain personal hygiene and laundry.
- 7. To better meet nutritional needs.
- 8. Safe/Secure housing.
- 9. A place to study/do homework to further education.
- 10. To overcome homelessness
- 11. To obtain independent housing and not rely on relative or friends.
- 12. To obtain independent housing and not rely on relative or friends
- 13. Help someone.
- 14. Increase income...
- 15. Companionship
- 16. Receive Services.
- 17. Provide services for free rent, room and board, and/or for room, board, and income
- 18. Other Please Specify: _____

WORKING BUDGET

WORKING BUDGET	AT TIME OF APPLICATION	COMMENTS
SOURCE OF INCOME		
DSHS (CASH TANF, CAU)		
FOOD STAMPS		
UNEMPLOYMENT		
CHILD SUPPORT		
SSI/SSA/SSD		
WAGES/SALARIES		
RETIREMENT/PENSIONS		
RENTS		
OTHER: SPECIFY		
TOTAL		
LIVING EXPENSES		
RENT/MORTGAGE INS TAXES		
UTILITIES		
FOOD		
TRANSPORTATION		
CHILD CARE		
ENTERTAINMENT		
PHONE		
HEALTHCARE INC INSURANCE		
CLOTHING, ETC		
PERSONAL CARE ITEMS		
OTHER: SPECIFY		

PLEASE FILL OUT BOTH COLUMNS

	HOME PROVIDER	HOMESSEEKER (ACCEPTABLE) (UNACCEPTABLE)	COMMENTS
MALE			
FEMALE			
COUPLE			
CHILDREN			
NUMBER OF PEOPLE			
STUDENT			
WORKING FULL TIME			
WORKING PART TIME			
UNEMPLOYED			
RETIRED			
SMOKING			
DRINKING			
ILLEGAL DRUGS			
PETS			
FURNITURE			
STORAGE			

WHAT KIND OF PERSON WOULD YOU BE COMPATIBLE WITH? (PERSONALITY TRAITS, DAILY ROUTINE, CLEANLINESS STANDARDS, ETC.) _____

WHAT IRRITATES YOU ABOUT PEOPLE? _____

DO YOU HAVE SOME TRAITS THAT MIGHT IRRATE A HOMESHARER? _____

WHAT WOULD SOMEONE LIKE ABOUT YOU? _____

TO WHAT EXTENT ARE YOU INVOLVED WITH YOUR FAMILY? _____ FRIENDS? _____ NEIGHBORS? _____

WHOM COULD WE CONTACT IN CASE OF AN EMERGENCY? _____ (NAME)

(ADDRESS) (CITY) (ZIP) (RELATIONSHIP)

HAVE YOU BEEN HOSPITALIZED RECENTLY? _____ HEALTH ISSUES? _____

MEDICATIONS? _____

SPECIAL DIET? _____

HAVE YOU EVER BEEN DIAGNOSED AS HAVING A MENTAL ILLNESS? _____
IF YES, WHAT? _____ MEDICATIONS? _____

CONSTRAINTS IN DAILY LIVING? _____ HOW DO YOU DEAL WITH THEM? _____

ARE YOU OR DO YOU NEED TO BE NEAR PUBLIC TRANSPORTATION? _____
DO YOU DRIVE? _____ OWN YOUR OWN CAR? _____ OTHER? _____

IF YOU FIND A HOUSEMATE THROUGH OTHER EFFORTS, WILL YOU NOTIFY US? _____
HOW LONG DO YOU WANT YOUR HOMESHARING ARRANGEMENT TO LAST? _____

CONCERNS AND/OR QUESTIONS YOU MAY HAVE ABOUT HOMESHARING? _____

TWO REFERENCES WE MAY CONTACT (WHO ARE NOT RELATED TO YOU)

1. _____
(NAME) (ADDRESS) (PHONE) (RELATIONSHIP)

2. _____
(NAME) (ADDRESS) (PHONE) (RELATIONSHIP)

IF YOU ARE APPLYING TO BE A HOME SEEKER FILL OUT THIS SECTION. IF YOU ARE APPLYING TO BE A HOME PROVIDER PLEASE GO TO NEXT SECTION:

MAXIMUM YOU CAN PAY FOR RENT? _____ PRESENT RENT _____

ARE YOU INTERESTED IN EXCHANGING SERVICE FOR: RENT _____ FREE
RENT _____ FREE ROOM AND BOARD _____ ROOM, BOARD AND COMPENSATION _____

WILL YOU NEED, PROVIDE OR SHARE THE FOLLOWING?

HOUSEWORK _____ COOKING _____ ERRANDS _____
DRIVING _____ GARDENING _____ LAUNDRY _____
OTHER _____

DO YOU HAVE ANY CAREGIVING EXPERIENCE? _____ YES _____ NO

LANDLORD REFERENCE (OR SOMEONE THAT YOU HAVE LIVED WITH BEFORE) _____
(NAME) (ADDRESS) (PHONE)

DO YOU WANT TO BE WITHIN WALKING DISTANCE TO THE FOLLOWING?

GROCERY STORE _____ CHURCHES _____ SENIOR CENTER _____
SHOPPING _____ LAUNDROMAT _____ HOSPITAL _____
OTHER _____

CAN YOU MANAGE STAIRS? ____ YES ____ NO

SPACE NEEDED: HOW MANY ROOMS? _____ WHICH FLOOR? _____
FURNISHED? _____ UNFURNISHED? _____

IF YOU ARE APPLYING TO BE A HOME PROVIDER PLEASE FILL OUT THIS SECTION:

RENT AMOUNT YOU ARE ASKING _____

DOES THIS AMOUNT INCLUDE UTILITIES ____ YES ____ NO

IF NO, WHAT IS THE ADDITIONAL UTILITY COST _____

ARE YOU INTRESTED IN REDUCED RENT FOR SERVICES? ____ YES ____ NO

IF YES, WHAT SERVICES DO YOU WISH? _____

WOULD THIS INVOLVE _____ SOME REDUCTION IN RENT FOR SERVICES
_____ FREE RENT FOR SERVICES
_____ FREE ROOM AND BOARD
_____ FREE ROOM AND BOARD PLUS COMPENSATION
FOR SERVICES

NEIGHBORHOOD AND BLOCK DESCRIPTION _____

PARKING/GARAGE SPACE? _____

IS YOUR HOME WITHIN WALKING DISTANCE TO THE FOLLOWING?

GROCERY STORE _____ CHURCHES _____ SENIOR CENTER _____
SHOPPING _____ LAUNDROMAT _____ HOSPITAL _____

CRIMINAL HISTORY POLICY: IT IS THE POLICY OF SHARED HOUSING SERVICES TO SCREEN ALL APPLICANTS FOR CRIMINAL CONVICTIONS THROUGH THE WASHINGTON STATE PATROL. AT THE TIME OF APPLICATION, THE APPLICANT WILL BE ASKED TO SIGN THE WASHINGTON STATE PATROL'S "REQUEST FOR CRIMINAL HISTORY INFORMATION" FORM ALLOWING THE WASHINGTON STATE PATROL TO RELEASE CRIMINAL HISTORY INFORMATION TO SHARED HOUSING SERVICES. ANY APPLICANT WHO DECLINES TO SIGN THIS FORM WILL NOT BE REFERRED BY SHARED HOUSING SERVICES FOR HOMESHARING.

IT IS THE POLICY OF SHARED HOUSING SERVICES NOT TO REFER ANY APPLICANT FOR HOMESHARING, BASED ON INFORMATION RECEIVED BY THE SHARED HOUSING SERVICES OFFICE, WHO HAS BEEN CONVICTED OF A FELONY CRIME, A CRIME OF MORAL TURPITUDE, A CRIME OF CHILD OR ADULT ABUSE, OR CRIMINAL ACTIVITY INVOLVING CRIMES OF PHYSICAL VIOLENCE TO PERSONS OR PROPERTY WITHIN THE LAST TEN YEARS.

UPON RECEIPT OF AN ADVERSE REPORT OF CRIMINAL HISTORY, THE APPLICANT WILL BE SENT A LETTER DENYING THE APPLICATION DUE TO CRIMINAL HISTORY REPORT AND INFORMING THE CLIENT OF THE PROCEDURES TO FOLLOW IF THE CLIENT WISHES TO SEEK REVIEW/RECONSIDERATION.

POLICY ON NONDISCRIMINATION: ALL SERVICES OFFERED BY SHARE HOUSING SERVICES ARE PROVIDED IN A MANNER WHICH IS FREE FROM DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, SEXUAL PREFERENCE, NATIONAL ORIGIN, AGE, HANDICAP, AND FAMILIAL STATUS.

I CERTIFY THAT I HAVE READ THIS APPLICATION FORM AND THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE _____

RELEASE OF INFORMATION: I HEREBY AUTHORIZE SHARED HOUSING SERVICES STAFF TO PROVIDE INFORMATION SUPPLIED BY ME TO POTENTIAL HOMESHARERS IN THE PROCESS OF ATTEMPTING TO BRING ABOUT A HOMESHARING ARRANGEMENT FOR ME AND INFORMATION ON ANY ARREST AND/OR CRIMINAL CONVICTIONS OBTAINED BY SHARED HOUSING SERVICES.

SIGNATURE _____

AGREEMENT OF NON-LIABILITY I UNDERSTAND THAT THE STAFF OF SHARED HOUSING SERVICES WILL USE THEIR FACILITIES TO BRING TOGETHER THOSE WHO HAVE AVAILABLE HOUSING (HOMEPROVIDERS) WITH THOSE WHO EXPRESS A DESIRE FOR HOUSING (HOMESEEKERS).

I, AS HOMEPROVIDER/HOMESEEKER UNDERSTAND THAT SHARED HOUSING SERVICES IS NOT THE AGENT OF EITHER PARTY, BUT ACTS ONLY AS A FACILITATOR, TO PROVIDE THE OPPORTUNITY FOR THE PARTIES INVOLVED TO COME TOGETHER AND WORK OUT AN ACCEPTABLE AGREEMENT.

I, AS A HOMEPROVIDER, AM NOT RELYING ON SHARED HOUSING SERVICES TO SCREEN HOMESEEKERS. ALL CREDIT CHECKS, REFERENCES AND ALL OTHER BACKGROUND INFORMATION WILL BE OBTAINED AND/OR CONFIRMED BY MYSELF.

I, AS A HOMESEEKER, AM NOT RELYING ON SHARED HOUSING SERVICES AS TO THE HOMEPROVIDER'S BACKGROUND OR AS TO CONDITIONS OF THE PROMISES AND THEIR SUITABILITY FOR MY NEEDS. I AGREE TO OBTAIN AND/OR CONFIRM INFORMATION MYSELF.

ANY DISPUTES BETWEEN THE HOMEPROVIDER AND HOMESEEKER WHICH MAY ARISE SHALL NOT INVOLVE THE STAFF OF SHARED HOUSING SERVICES, EITHER INDIVIDUALLY OR AS A GROUP, AND I WILL NOT HOLD STAFF RESPONSIBLE FOR ANY CLAIMS, DAMAGES OR OTHER CONSEQUENCES WHICH MAY ARISE FROM ANY HOMESHARING ARRANGEMENT.

I HAVE ALSO BEEN ADVISED TO SEEK THE SERVICES OF AN ATTORNEY SHOULD I HAVE ANY QUESTIONS ABOUT MY LEGAL RIGHTS AND THE LAWS OF THE STATE OF WASHINGTON.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

PRINT NAME: _____

DATE _____

SIGNATURE: _____

STAFF MEMBER, SHARED HOUSING