



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: _____

We ask everyone the following demographic questions that are intended to improve care delivery, reduce disparities in access to services and improve measurement and recognition that can lead to more services and funding. You can choose not to answer any question. Your information is kept confidential and is federally protected against intrusion and unlawful sharing.

Date of birth_____ **Age**_____

Ethnicity: Not Hispanic/Latino Hispanic Decline to State

Race: (check all that apply) White Black or African American

American Indian or Alaskan Native Asian Indian Cambodian Chinese

Filipino Japanese Korean Laotian Vietnamese Other Asian

Guamanian Hawaiian Samoan Other Pacific Islander

What pronouns do you use? He/Him She/Her They/Them

What sex was assigned to you at birth? Male Female

Intersex Decline to State

Choose the best gender option that describes you: (check one)

Male Female Nonbinary/Genderqueer Transgender Male Transgender Female

Not listed, please specify _____ Decline to State

Choose the option that best describes you: (check one)

Straight/Heterosexual Bisexual Gay/Lesbian/Same-Gender Loving Queer

Questioning Not listed, please specify _____ Decline to State

Have you ever served in the United States military? Yes No Decline to State

Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? Yes No Decline to State

Do you have a disability? NO YES

Describe as needed _____

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

Are you: Full-time employed Part-time employed Unemployed Retired Student

Other: _____

*****Current** annual gross household income (\$/year) _____

*****Are you receiving CalFresh benefits?** YES NO: Would you be interested in

learning more about CalFresh? YES NO

Rent & Services

*****Rent** you would charge _____ \$/month Need advice Not sure

*****Utilities?** _____ \$/month Split 50/50 Included Not sure

*****Any services?** _____ hours/week None needed 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? _____

Are there guns/other weapons in the house? NO YES: Are they legally registered? NO YES

YES: where are they stored? _____

Could a homesharer have legally registered and securely stored guns/weapons? 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

Cable TV _____ Wi-Fi _____ Streaming channels _____

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

How do you consume cannabis: smoke | vape | edibles | tinctures | other: _____

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 live with someone who drinks? NO YES

Would you allow your homesharer to drink at home?
Never Once a year Once a month
Once a week Daily

How do you identify politically? Far Left Moderately Left Neutral
Far Right Moderately Right N/A

Would you be willing to live with someone who does not share the same ethnicity, religion, and/or socio-political 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? _____