



AREA 1
Agency on Aging

Northcoast Homeshare

For A1AA use only

Date application received ___/___/___

Ref. sheet complete incomplete

Guest Application

How did you hear about Northcoast Homeshare?

Date housing needed _____

Any past association with A1AA? NO YES: what kind? _____

Interest in Specific Room (as appropriate) _____

www.a1aa.org/homesharing/available-rooms/

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

Preferred Location, Rent Budget, Services, Pets & Transportation

Arcata area ___ Eureka area ___ McKinleyville ___ SoHum ___

Fortuna ___ Trinidad ___ Del Norte ___ No preference ___

Max. rent amount you wish to pay: \$ _____/mo. Utilities? included / \$ _____

Max. number of hours of service you can provide: up to _____hrs/wk Not sure

None: I prefer to only pay rent

List all pets: _____ if a dog, has it ever bitten anyone? NO YES

I have a car and I can drive _____ I need to be near a bus line _____

General Information

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

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

Housing History

Current housing situation ___ Rent ___ Own ___ Other (explain)

How long at current address? Since _____

Current landlord's name _____ Phone _____

Previous housing situation ___ Rent ___ Own ___ Other (explain)

How long at previous address? From _____ To _____

Service Information: Which of the following services would you be willing to provide?

- Cooking meals (meals/wk) _____ Sharing meals
- Errands/Grocery shopping Computer help Lawn/garden work Pet care
- Driving homeowner's car Driving own car Changing a bed Doing Laundry
- Visiting/Engaging in Conversation (companionship)

Do you have any food allergies or require accommodations with food/in the kitchen?

Home Information: What would you require?

Nr. of Bedrooms _____ Accessibility _____ Parking _____

Bathroom *private / shared OK* Laundry facilities *in unit / on site / off site OK*

Do you wish to bring your own: Bed: NO YES: size _____ Desk _____

Lamp _____ Dresser _____ Other furniture: _____

Will you bring large items that need storage? (kayaks, bikes, snowboard, etc.) NO YES:

Would you live with someone who has pets? NO YES (type): _____

Do you own guns or other weapons? NO YES: where would you keep them while homesharing? _____ Are they legally registered? NO YES

Would you live with someone who keeps guns/other weapons in the home? NO YES

Do you want cable TV and/or internet service? NO YES: Would you be willing to pay to have it set up if not currently available in the home? _____

Employment History - Current Income - CalFresh Benefits

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

Other: _____

*****Current position** _____ Hire Date _____

Employer _____ Location _____

*****Previous position** _____ Dates: _____

Employer _____ Location _____

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

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

learning more about CalFresh? YES NO

Other Information

Would you let your homesharer know about your comings & goings? NO YES

Will you be spending time away? (vacations, weekends, housesitting, etc.?)

Will you have guests? Daytime Overnight Evening Romantic Overnight

Describe/How often: _____

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: do you do so at home? NO YES

YES: for medicinal purposes also for recreational purposes

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

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

Once a week Daily

Would you live with someone who drinks at home? NO YES

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 find my home sharing partner!

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? _____