01-25				
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Nort	hcoas	st H	omes	share

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
CityStateZip
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 tohrs/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:

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 □ Samoan ☐ Guamanian ☐ Hawaiian ☐ Other Pacific Islander ☐ He/Him ☐ She/Her ☐ They/Them What pronouns do you use? What sex was assigned to you at birth? ☐ Male ☐ Female ☐ Decline to State ☐ Intersex Choose the best gender option that describes you: (check one) ☐ Male ☐ Female ☐ Nonbinary/Gendergueer ☐ 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 _____

We ask everyone the following demographic questions that are intended to improve

As part of our application process, we pe and conduct a personal interview.	rform bac	kground and reference checks	
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 expla	ain		_
Other information you want us to know			-
Employment History - Current Income - Are you: □Full-time employed □Part-time e □Other:	mployed	□Unemployed □Retired □Student	
***Current position		Hire Date	
Employer			
		Dates:	
***Previous position			
***Previous position	Lo	cation	
*** Previous position	<i>Loc</i> (\$/year)	cation	
***Previous position Employer ***Current annual gross household income	<i>Loc</i> (\$/year)	cation	
***Previous position Employer ***Current annual gross household income of the state of the sta	Loc (\$/year) YES NO	NO: Would you be interested in	_
***Previous position Employer ***Current annual gross household income of the state of the sta	Loc (\$/year) YES NO	NO: Would you be interested in	_
***Previous position Employer ***Current annual gross household income of the state of the sta	<i>Loc</i> (\$/year) YES NO	NO: Would you be interested in	
***Previous position Employer ***Current annual gross household income of the second state of the second	Local (\$/year) YES NO ther	NO: Would you be interested in	_
***Previous position Employer ***Current annual gross household income of the second state of the second	Loc (\$/year) YES NO ther name	NO: Would you be interested in	
***Previous position Employer ***Current annual gross household income of the complex of the co	Local (\$/year) YES NO ther Dther Dther Total Points	NO: Would you be interested in	
***Previous position Employer ***Current annual gross household income of the second state of the second	<i>Loc</i> (\$/year) YES NO ther Other	NO: Would you be interested in	

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?				

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!

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				
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				
Email				
How long have they known you?				
Return to A1AA, 333 J Street, Eureka CA 9	05501 or homeshare@a1aa.c	orgPage		

Applicant's name _____