



**HomeShare St. Croix
Homeseeker Application**

Name _____ D.O.B. ___/___/___
Address _____
City _____ State _____ Zip _____
Phone# (h) _____ (w) _____ (c) _____

EMPLOYMENT

Occupation/Employment

- Employed Full-time Part-time Unemployed Student
 Retired Volunteer

Employed - name of employer _____
Phone# _____ Address _____
Contact person _____ Dates of employment _____
Position _____ OK to contact & verify employment? Yes No

STUDENT No, Yes full-time part-time **VETERAN** Yes No
Name of School _____ Address _____

Educational Background

- GED High School College Technical School Other: _____
OK to verify enrollment? Yes No
-

HOUSING STATUS

Owns house Rents a house/apartment
Monthly rent \$ _____ How long have you lived at this address? _____
Name of landlord _____ Phone _____
Address _____

What are a few qualities/characteristics about yourself?



What qualities are most important to you about someone you share living space with?

Do you have any concerns about homesharing?

Do you have any special needs or concerns that might affect a homeshare situation?

How long do you see yourself in a homeshare situation?

Please fill in any of the following information:

MEDICAL HEALTH _____

MENTAL HEALTH _____

PHYSICAL HEALTH _____

LEGAL _____

OTHER _____

Have you ever been convicted of a crime? No Yes, please explain on separate page

Are criminal charges pending against you? No Yes, please explain on separate page

Do you have any motor vehicle violations? No Yes, please explain on separate page



HOMESSEEKER APPLICATION

How much of a monthly fee are you able/willing to pay per month? \$_____

If you are willing to provide services, which of the following could you provide?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Shopping | <input type="checkbox"/> Home maintenance | <input type="checkbox"/> Pet care |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Cooking | <input type="checkbox"/> Companionship | <input type="checkbox"/> Child/Elder care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Trash removal | <input type="checkbox"/> Med reminders | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Yard work (gardening/snow removal) | <input type="checkbox"/> Mail | <input type="checkbox"/> Other_____ | |

How many hours are you able to devote to these tasks?

Per month _____

Accommodations Needed

Homeseekers personal space desired

Number of rooms_____ Furnished Unfurnished

Kitchen Shared Private

Bathroom/shower Shared Private

Describe personal belongings that you would bring with _____

Would you be willing to store these items if space is not available? Yes No

Additional Amenities Needed:

- | | | | | |
|--------------------------------------|----------------------------------|---------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Television | <input type="checkbox"/> Laundry | <input type="checkbox"/> Dishes | <input type="checkbox"/> Linens | <input type="checkbox"/> Driveway parking |
| <input type="checkbox"/> Phone jack | <input type="checkbox"/> Garage | <input type="checkbox"/> Cable | <input type="checkbox"/> Microwave | <input type="checkbox"/> Street parking |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Freezer | <input type="checkbox"/> Tools | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stereo |
| <input type="checkbox"/> Other:_____ | | | | |

Additional comments that may be beneficial to know:



Preferences of Homeseeker

Do you prefer your housemate to be:

- Male Female Couple Family
- Senior Student Single parent w/child
- Single Could you live with someone who is physically disabled?

Do you smoke? No Yes

Homeseeker, could you live with a homeowner who smokes? Yes No

Do you drink? Yes (drinks per week: _____) No

Could you live with someone who drinks occasionally? Yes No

Do you have pets? No Yes, how many _____

Breed _____

Do you have allergies to pets? No Yes, explain: _____

Homeseeker, would you like to have guests over to the house Yes No

Guests overnight guests? No Yes, who might visit? _____

Do you have a religious preference? Yes No

Please explain _____

DECLARATION OF APPLICATION/HISTORY

I, _____ declare and state as follows:

(Print Your Name)

I am an applicant for the HomeShare St. Croix homesharing program. I have never been charged with and/or convicted of any felony, nor have I been convicted of a misdemeanor. That I not now, nor have I ever been on probation or parole.

I declare under penalty of perjury that the foregoing is true and correct. I certify that the above information on this application is true and correct. For the purposes of determining if I qualify for the HomeShare program, I understand that this information will only be shared with HomeShare St. Croix staff, their consultants and with persons with whom I may be matched with and/or their representatives. I have also been provided the opportunity to explain in advance any past criminal history.

Executed on this _____ day of _____, 20_____

Signature of Applicant



For reporting and statistical purposes, our funders require that we ask the following information. This information will help determine that HomeShare St. Croix does not discriminate in its services.

Ethnicity:

- Indian Hispanic Caucasian Asian
- Black, not Hispanic Origin Other _____

Income Level

- Below \$30,000 \$30-\$35,000 \$35-\$40,000
- \$40-\$60,000 \$60-\$100,000

Personal Characteristics

- Student Physical/Developmental Disability Senior (over 60)
- Retired Single parent with child
- Mental disability Other _____

EXPLANATION OF MOTOR VEHICLE VIOLATION OR FELONY AND/OR MISDEMEANOR

EXPLANATION OF PROBATION AND/OR PAROLE
