HOME SHARE INQUIRY FORM

Thank you for your interest in our Home Share Program. A Senior Services staff member will contact you within 48 business hours upon receipt of a completed Home Share Inquiry Form.

Name: ____________________________________________
First __________________________ Middle Name __________________________ Last __________________________ Suffix (Mr., Mrs., Ms.)

Date of Birth: ____________ Current Age: ____________ Gender: ☐ Male ☐ Female ☐ Other

(YYYY/MM/DD)

Your Preferred Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Other __________________________

Current Address: __________________________________________

City/Town: __________________________ State: __________________________ Zip: _______

Phone: Home (____________________) Cell (____________________) Work (____________________)

Your Email Address: __________________________

Please check how you would like to participate in the Home Share Program: ☐ Seeker ☐ Provider

Your current housing status:
☐ Single family own ☐ Single family rent
☐ Condo/townhome own ☐ Condo/townhome rent
☐ Mobile home own ☐ Mobile home rent
☐ Apartment ☐ Other If other, please describe __________________________

How long have you lived in that home: _________

How did you learn about the Home Share Program?
☐ Newspaper ☐ Radio
☐ TV ☐ Senior Services member
☐ Senior Services publication ☐ Facebook
☐ Friend ☐ Other If other, please explain __________________________

If you selected TV or Radio, provide name and date/time of the program/show __________________________

ADMINISTRATION USE ONLY

Referral Date __________________________ Comments __________________________

Referral Organization __________________________

Contact Name __________________________ HS Staff Name __________________________

Contact Phone __________________________ HS Contact Phone __________________________

Contact Email __________________________ HS Email __________________________