HOME SHARE PROVIDER APPLICATION

Dear Home Share Applicant,

Thank you for your interest in the Home Share Program at Senior Services for South Sound. We look forward to partnering with you to find your new Home Share housemate.

If you are applying to be a Home Provider, acceptance into the program is dependent upon providing a complete application, three references (that we can contact), an entrance interview, passing a background check, passing a home inspection, and the receipt of the $35 non-refundable processing fee.

If you are applying to be a Home Seeker, acceptance into the program is dependent upon providing a complete application, three references (that we can contact), passing a background check, an entrance interview, and the receipt of the $35 non-refundable application fee for each person in your household 18 years or older. Although some Home Providers do offer free or reduced rent in exchange for caregiving, cooking, and other household help, it will be necessary to provide proof of income and the ability to pay the requested rent.

Return your completed application and $35 non-refundable processing fee to Home Share Program, Senior Services for South Sound, 222 Columbia St NW, Olympia, WA 98501. You may also access the application and Frequently Asked Questions (FAQs) about the Home Share Program on our website at: www.southsoundseniors.org.

It takes approximately three (3) to seven (7) business days to confirm acceptance into the program after the completed application, reference and background checks, and application fee are received and processed. To expedite the application process, we recommend you notify your references in advance and encourage them to respond quickly. The inability to reach listed references in a timely manner will mean disqualification from the program.

The Home Share Program is designed to provide stable and affordable housing for both the Home Seeker and Home Provider. Home Providers and Home Seekers are matched on the basis of compatibility and it can take weeks or months to find a compatible match. When a match is made, the Home Provider is assessed a $50 match fee. It is important to note that The Home Share Program is not an emergency shelter program, and placement is not based upon vulnerability. We cannot guarantee a match.

You may contact us by email regarding the status of your application. We will provide you with information about what you can expect next in the process at that time.

Thank you for your interest in the Home Share Program at Senior Services for South Sound. We look forward to working with you.

Please contact us with any questions or comments at homeshare@southsoundseniors.org.

The Home Share Program Team!
DATE: __________________________

HOME SHARE PROVIDER APPLICATION

Thank you for your interest in our Home Share Program. Please complete this application as accurately and as thoroughly as possible to help us make the best match for you. Application is complete upon receipt of the $35 application fee by cash or check.

$35 Application Fee

Please make checks payable to Senior Services for South Sound, Home Share. Mail your application or deliver in person with your check to:
222 Columbia St NW  l  Olympia WA 98501

Providers are charged a $50 Match Fee at the time a match is made.

Section 1: PERSONAL INFORMATION  Please print all responses.

● Name: ___________________________ ___________________________ ___________________________ Suffix (Mr., Mrs., Ms.)
  First                                        Middle Name                                      Last

● Other Names Used: ___________________________ Primary Language __________

● What is your ethnicity/race (optional):  ☐ Asian/Pacific Islander  ☐ Black/African
  ☐ Native American/Indian  ☐ Hispanic  ☐ White (non-Hispanic)  ☐ Other ________________

● Date of Birth: ___________________________ Current Age: (MM/DD/YYYY)

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

● Current Address: ___________________________
  City/Town: ___________________________ State: ___________ Zip: ___________

● Phone: Home (______________)  Cell (______________)  Work (______________)

● Your Email Address: ___________________________

● Emergency Contact Person: __________________________
  First Name  Last Name  Phone Number

  ________________________________________________
  Emergency Contact Email  Your Relationship to Emergency Contact

● How long have you resided in Thurston County:  Months _________ Years _________

● Have you lived in another state in the past 10 years:  ☐ Yes  ☐ No

  If yes, please list all states: ________________________________________________
Section 1: **PERSONAL INFORMATION (Continued)** Please print all responses.

- Do you have any disabilities: ❑ Yes ❑ No  If yes, please list them: __________________________

- What disability services do you require: __________________________

- What disability services do you receive: __________________________

  Please list all medical doctor prescribed medications you take: __________________________

- What is your relationship status: ❑ Married ❑ Domestic Partner ❑ Single ❑ Widowed ❑ Separated

- How many people currently reside with you: __________________________

  For people residing with you, please list the name and relationship (relative, friend, roommate, partner, etc.):

  1. __________________________  2. __________________________
  3. __________________________  4. __________________________

- Please describe any disabilities of those people living with you: __________________________

- Do you have allergies, other than pet allergies: ❑ Yes ❑ No

  If yes, please describe your allergies: __________________________

- Are you a U.S. Veteran: ❑ Yes ❑ No  If yes, which military branch: __________________________

- Are you a gun owner: ❑ Yes ❑ No

- Do you have home owner/rental insurance: ❑ Yes ❑ No

- Do you have pets: ❑ Yes ❑ No  If yes, please list type (bird, dog, cat, etc.,) and breed of each pet: __________________________

  What is the weight (oz/lbs) of your largest pet: __________________________

  Do you have pet allergies: ❑ Yes ❑ No  If yes, please describe: __________________________
Section 2: EMPLOYMENT/VOLUNTEER INFORMATION  Please print all responses.

**Position 1)** Employer/Volunteer Agency:_____________________________

Current/most recent employer/volunteer dates: ____________________________

(example: 02/19/18 to 02/22/19)

Job Title:_________________________ Supervisor:_______________________ Phone #:________

**Position 2)** Employer/Volunteer Agency:_____________________________

Current/most recent employer/volunteer dates: ____________________________

(example: 02/19/18 to 02/22/19)

Job Title:_________________________ Supervisor:_______________________ Phone #:________

**Position 3)** Employer/Volunteer Agency:_____________________________

Current/most recent employer/volunteer dates: ____________________________

(example: 02/19/18 to 02/22/19)

Job Title:_________________________ Supervisor:_______________________ Phone #:________

Section 3: INCOME - PAST 30 DAYS  Please print all responses.

- Please list the dollar ($) amount of monthly income you received in the following categories:
  - Supplemental Security Income:______  - Social Security:______  - Child/Spousal Support:______
  - Housing Voucher:______  - Food Stamps:______  - Medical Voucher:______  - Veteran Benefits::______
  - Other Type of Income:______  Dollar Amount of Other Income:______

- Total Monthly Income:________________________

Section 4: PERSONAL REFERENCES  Please print all responses.

- Please list three (3) references that are non-family relationships.

**Reference 1)**

FIRST NAME ___________________________  LAST NAME ___________________________

REFERENCE PHONE NUMBER ___________________________  REFERENCE EMAIL ADDRESS ___________________________

**Reference 2)**

FIRST NAME ___________________________  LAST NAME ___________________________

REFERENCE PHONE NUMBER ___________________________  REFERENCE EMAIL ADDRESS ___________________________

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Section 5: **SUBSTANCE USAGE**  Please check all responses.

- Do you use non-prescription drugs:  □ Yes  □ No  If yes, please list all drugs used: __________________________

- Have you ever, or currently, been enrolled in an addiction treatment program:  □ Yes  □ No  
  If yes, please list the dates and treatment locations: __________________________

- Do you consume alcohol:  □ Yes  □ No  If yes, please list the types of alcohol consumed (i.e., beer, wine, liquor, spirits, if other please specify): __________________________

- How many alcoholic drinks do you consume daily, if any:  □ 0-1  □ 2-3  □ 3 or more

- Are you a smoker?  □ Yes  □ No  
  Please list any/all tobacco and/or recreational inhalant products you use: __________________________

Section 6: **LEGAL/CRIMINAL HISTORY**  Please print all responses.

- Have you ever been convicted of a felony:  □ Yes  □ No  If yes, please list the convictions and dates: __________________________

- Have you ever been convicted of a DUI (driving under the influence):  □ Yes  □ No  If yes, please list the convictions and dates: __________________________

- Have you ever been convicted of a criminal misdemeanor:  If yes, please list the convictions and dates: __________________________

- Have you ever been involved in a Child Protective Services (CPS) case:  □ Yes  □ No  If yes, please list CPS involvement dates and description: __________________________

- Have you ever been involved in an Adult Protective Services (APS) case:  □ Yes  □ No  If yes, please list APS involvement dates and description: __________________________
Section 6: **LEGAL/CRIMINAL HISTORY Continued**  
Please print all responses.

- Have you experienced an incident of domestic violence in your home: [ ] Yes [ ] No
  
  If yes, please select: [ ] Past 30 days [ ] Past 90 days [ ] 3-6 months [ ] 1 year ago or more

Section 7: **HOME SHARE PROGRAM**

- Please select the top three (3) reasons you desire to enter the Home Share Program:
  - [ ] Increase income
  - [ ] Secure, stable housing
  - [ ] Increased quality of life
  - [ ] Companionship
  - [ ] Meet monthly housing expenses
  - [ ] Help another person
  - [ ] Receive services
  - [ ] Maintain independent living/housing
  - [ ] Other

  If other, please describe the other reason(s) you desire to enter the Home Share Program:

- How long do you expect the Home Share arrangement to last:
  - [ ] 0-3 months
  - [ ] 6-12 months
  - [ ] 12-18 months
  - [ ] Longer than 18 months

- 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 Radio or TV, please provide the name of the program/show and approximate date/time:

- Describe what someone would like about you:

Section 8: **CURRENT HOUSING STATUS**

- What type of home do you reside in currently:
  - [ ] 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 many rooms do you have available for home share: _________
Section 8: CURRENT HOUSING STATUS  (Continued)

● Please describe your available rooms (for example, upstairs/downstairs bedroom, den, etc.): __________

● Is the available space:  □ Furnished  □ Unfurnished  □ Partially furnished
   If partially furnished, please describe furniture that will remain in the room: ____________________________

● Are there in-home laundry privileges:  □ Yes  □ No  If no, please describe how Seeker is expected to do laundry:__________________________________________________________

● Please check if the following are available to the Seeker:  □ Closet space  □ Additional on-site storage

● Please describe the bathroom facilities available to the Seeker:
   □ Shared bathroom (please describe)  □ Toilet  □ Bathtub  □ Shower
   □ Private bathroom (please describe)  □ Toilet  □ Bathtub  □ Shower

● Is the Seeker’s bathroom facility ADA Accessible:  □ Yes  □ No  Please describe any ADA modifications or limitations: ____________________________________________________________

● Are there stairs or other environmental barriers:  □ Yes  □ No  If yes, please describe:____________________

● What is the amount, in dollars, you currently pay in rent/mortgage: ____________________________

● What is the minimum rent, in dollars, that is acceptable to you: ____________________________

● Are you willing to exchange any services for reduced rent:  □ Yes  □ No
   If yes, please select the services you are willing to exchange for rent:
   □ Housework  □ Cooking
   □ Light maintenance/repair  □ Driving/errands
   □ Laundry  □ Caregiving
   □ Gardening  □ Yard work

● What is the minimum amount of service-compensated rent you would be willing to accept:___________

● Is TV cable service included?  □ Yes  □ No  Is Internet service included:  □ Yes  □ No
Section 8: CURRENT HOUSING STATUS (Continued)

- Are there other utilities included:  
  - Yes  
  - No  
  If yes, please select below:
    - Natural gas  
    - Propane  
    - Sewer  
    - Water  
    - Electric  
    - Garbage  
    - Other  
  If other, please describe:______________________________

- Please describe vehicle parking, and any associated costs (such as garage, carport, street, etc.): ______
  ________________________________

- Are you close to local services/amenities:  
  - Yes  
  - No  
  If yes, please describe (i.e., grocery, pharmacy, parks, retail shops, etc.): ________________________________

- Please list all elementary, middle, high schools, and day care facilities in your neighborhood: ______
  ________________________________

- Please select the noise level of your neighborhood:  
  - Low  
  - Medium  
  - High

- Please describe your unique neighborhood characteristics/concerns: ________________________________
  ________________________________

- What is the proximity to public transportation:  
  - 0-3 blocks  
  - 3-6 blocks  
  - more than 6 blocks

- We welcome any additional information you would like to provide: ________________________________
  ________________________________
Section 9: **CRIMINAL HISTORY POLICY**

It is the policy of Senior Services for South Sound to screen all applicants for criminal convictions. Washington residents are screened through the Washington State Patrol. If an applicant has lived outside of Washington in the last ten (10) years, a multi-state background check is required.

Based on information received by Senior Services, it is the policy of Senior Services not to refer any applicant to Home Share who has been convicted of a felony crime, a crime of moral turpitude, a crime of child or adult abuse, or criminal activity involving crimes of physical violence to persons or property within the last ten (10) years. Upon receipt of an adverse report of criminal history, the applicant will be sent a letter denying the application due to a criminal history report, and informing the client of the procedures to follow if the client wishes to seek review/reconsideration.

**Policy on nondiscrimination:** All services offered by Home Share services are provided without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, handicap, and familial status.

**I certify that I have read this Criminal History Policy and understand the above information.**

Participant Signature: _______________________________________________________

Spouse/Partner Signature: ___________________________________________________

**In order to ensure the safety of our clients, other volunteers, staff, and to protect Senior Services for South Sound from risk of liability, you must agree to the following:**

**Criminal History Background Check**

By your signature you authorize Senior Services for South Sound to conduct a thorough Criminal History Background Check at the time your Home Share Application is received. The Criminal History Background Check draws upon records from multiple sources, including, but not limited to, Washington Access to Criminal History (WATCH) and the National Sex Offender Registry (NSOR). An adverse background check finding does not automatically disqualify you from entering the Home Share Program. Disqualifying offenses are listed in WAC 388-113-0020. If you have any criminal or traffic convictions, please list the nature of the offense(s) and conviction date(s) here: _______________________________________

Participant Signature: ____________________________________________ Date________

Spouse/Partner Signature: ____________________________________________ Date________
Section 10: AGREEMENT OF NON-LIABILITY/RELEASE INFORMATION

Agreement of Non-Liability

I understand that the staff of Senior Services for South Sound will use their facilities to bring together those who have available housing (Home Provider) with those who express a desire for housing (Home Seeker).

I, as a Home Provider/Home Seeker, understand that Senior Services for South Sound is not the agent of either party, but acts only as a facilitator to provide the opportunity for the parties involved to come together and work out an acceptable housing agreement.

I, as the Home Provider, am not relying entirely on Senior Services for South Sound to screen Home Seekers. All credit checks, references, and all other background information will be obtained and/or confirmed by myself.

I, as the Home Seeker, am not relying entirely on Senior Services for South Sound as to the Home Provider background or as to condition of the premises and their sustainability for my needs. I agree to obtain and/or conform all information myself.

Any disputes between the Home Provider and Home Seeker which may arise shall not involve the staff of Senior Services for South Sound, either individually or as a group, and I will not hold staff responsible for any claims, damages, or other consequences which may arise from any home sharing arrangement. I have also been advised to seek the services of an attorney should I have any questions about my legal rights and the laws of the State of Washington.

Participant Signature: _____________________________ Date ____________

Spouse/Partner Signature: _____________________________ Date ____________

Release of Information (General)

I, _____________________________, hereby authorize Senior Services for South Sound staff to send information to and discuss my specific circumstances with Senior Services for South Sound coordinators and staff of other agencies. It is understood that any interchange of information between staff and coordinators of Senior services for South Sound and other agencies will be used only for purposes of attempting to determine appropriate services on my and my family’s behalf.

I also hereby authorize Senior Services for South Sound staff to provide information supplied by myself to potential home sharers in the process of attempting to bring about a home sharing arrangement for me, including any information on any arrest and/or criminal convictions obtained by Senior Services for South Sound.

Participant Signature: _____________________________ Date ____________

Spouse/Partner Signature: _____________________________ Date ____________
ACKNOWLEDGEMENT
I hereby acknowledge that I have read, understand, and agree to the terms of this document, and that I have answered all questions fully and truthfully.

Participant Signature: _______________________________ Date______________

Spouse/Partner Signature: _______________________________ Date______________