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](http://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](mailto:homeshare@southsoundseniors.org).

The Home Share Program Team!
HOME SHARE SEEKER 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  | Olympia WA 98501

Section 1: PERSONAL INFORMATION  Please print all responses.

Name: ________________________________________________ First M iddle L ast Suffix (Mr., Mrs., Ms.)

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 #: __________

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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: __________________________

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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 ________________________________________________________________________________
Section 4: PERSONAL REFERENCES Continued  Please print all responses.

Reference 3) ________________________________________________________________________________________________

FIRST NAME ___________________________ LAST NAME ___________________________

REFERENCE PHONE NUMBER ___________________________ REFERENCE EMAIL ADDRESS ___________________________

Section 5: SUBSTANCE USAGE  Please print 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________________________
Section 6: **LEGAL/CRIMINAL HISTORY Continued** Please print all responses.

- Have you ever been involved in an **Adult Protective Services (APS)** case:  
  - Yes  
  - No  
  If yes, please list APS involvement dates and description

- Are you fleeing a domestic violence situation:  
  - 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**  Please print all responses.

- **Are you currently homeless:**  
  - Yes  
  - No  
  If yes, how many times have you been homeless in the last three (3) years: ________________________________

- **Do you currently have stable housing:**  
  If you do, please select appropriate response:
  - Single family home
  - Multi-family home
  - Shared home/apartment
  - Apartment
  - Mobile home
  - Other ________________________________

- **Are you currently unstably housed:**  
  - Yes
  - No  
  If you do not currently have stable housing, please select appropriate response:
  - Emergency shelter
  - Tent
  - Abandoned building
  - Car/truck/van/RV
  - Other ________________________________

- **Please select your housing requirements:**  
  - Furnished
  - Unfurnished
  - Partially furnished
  - Closet space
  - Additional storage
  - Private bathroom
  - Vehicle parking
  If you selected partially furnished, please explain: ________________________________

- **Can you live where there are stairs or other mobility barriers:**  
  - Yes
  - No  
  If you selected No, please explain: ________________________________

- **Do you have any ADA requirements:**  
  - Yes
  - No  
  If you selected Yes to ADA requirements, please describe: ________________________________

- **How much do you currently pay in rent:**  
  ________________________________  
  **What is the maximum rent you can afford:**  
  ________________________________

- **Would you be 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
  - Other ________________________________
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: 

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________________