

# HOMESHARE

## Seeker Application UMHS Housing Bureau for Seniors

Name (First and Last)		Application Date		File Number	
Street Address		City		State	Zip Code
Home Phone Number ( ) -	Cell Phone Number ( ) -		Email Address		
Date of Birth: Month/ Day/ Year / /	Age	Sex	Ethnicity	Marital Status	Number in Household
Number of Children	Ages		Will They Live With the Applicant		
Highest Level of Education			How did you hear about HomeShare:		
Primary Language			Secondary Language		
Do You Live with in Ann Arbor City Limits			If Not, Which City or Township Do You Reside In		
Housing Needed from:	Housing Needed Until:		Desired Location of Housing:		
Prefer Furnished or Unfurnished:			Do You Need Storage Space:		

**Please check the reason(s) you are interested in HomeSharing?**

- |  |   |
|--|---|
| <input type="checkbox"/> Obtain Affordable Housing     | <input type="checkbox"/> Afford Education or Training |
| <input type="checkbox"/> Avoid or End Homelessness     | <input type="checkbox"/> Transitional Housing         |
| <input type="checkbox"/> Resolve Credit Issues         | <input type="checkbox"/> Language/ Cultural Immersion |
| <input type="checkbox"/> Sense of Security/ Well Being | <input type="checkbox"/> Connection to Community      |
| <input type="checkbox"/> Other: _____                  |   |

Current/ Past Employment	Current/ Past Education
Occupation	School
Employer	Field of Study
Start Date	Degree
Supervisor	Graduation Date

**Please Answer the Following Questions:**

Do You:		May the Provider:	
Smoke:		Smoke:	
Drink:		Drink:	
Have a Pet: (What Type)		Have a Pet: Type	
Have Daytime Guests:		Have Daytime Guests:	<b>YES</b>
Have Overnight Guests:		Have Overnight Guests:	<b>YES</b>

**Rent/ Income/ Transportation**

Desired Monthly Rent w/ Utilities Included:	
Maximum Monthly Rent w/ Utilities Included:	
Estimated Monthly Income Gross:	
Sources of Income:	
Do you have a Car?	
Do you need public transportation?	

**Please indicate which services you would be willing to provide.**

- |  |  |
|--|--|
| <input type="checkbox"/> Daytime Companionship   | <input type="checkbox"/> Nighttime Companionship             |
| <input type="checkbox"/> Housekeeping            | <input type="checkbox"/> Cooking                             |
| <input type="checkbox"/> Transportation          | <input type="checkbox"/> Grocery Shopping/ Errands           |
| <input type="checkbox"/> Yard Work/ Snow Removal | <input type="checkbox"/> Trash Removal/ Bringing in the Mail |
| <input type="checkbox"/> Heavy Lifting           | <input type="checkbox"/> Computer/ Tech Assistance           |
| <input type="checkbox"/> Other: _____            |  |

**Lifestyle:**

What days/ hours do you typically work/ attend class/ activities:	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
What are these activities:							
What time do you wake up in the morning:							
What time do you go to bed at night:							
Are you in the home most evening:							

Do you prefer to eat most of your meals in the home or out?	
Do you have a home temperature preference:	
Are you often gone on weekends:	
Would you be willing to share a bathroom:	
Would you be willing to live in a lower level or basement:	
What activities are important to you: (hobbies, organizations, clubs)	
How often are you in contact with family or friends:	
What are some qualities a home provider may like about you:	
What qualities do you look for in someone you believe is compatible:	
Describe your standards of cleanliness (Immaculate, Tidy, Average, Not so tidy)	

**Health:**

Please list any health conditions you have:	
Please list any allergies you may have:	
Are you able to negotiate stairs:	
Have you recently been hospitalized:	
Do you have a special diet:	
Do you take medications on a regular basis? If so, for what:	
Do you currently see a psychiatrist or professional counselor: For what reason:	
Name of physician, psychiatrist, therapist, counselor:	
Address of physician, psychiatrist, therapist, counselor:	
Phone number of physician, psychiatrist, therapist, counselor:	
Do you or have you ever had a drug or	

alcohol problem? When and which substance: (HomeShare requires 2 consecutive years substance-free)	
--	--

**Criminal Background**

Have you ever been convicted of a felony or a misdemeanor? When?	
If yes, please explain:	

**Housing History**

Please list all the residences you have resided in during the past 5 years			
Dates	Address	Rent/Own/Share	Reasons for Moving

**Emergency Contacts**

Name	Relationship	Phone Number

**Character References**

Please provide the names of at least 3 persons how have known you for 1 year or longer and who are unrelated to you. Please contact your references and let them know they can expect a phone call or email from the HomeShare program. Ask your references to provide the best day and time that they can be reached Tuesday – Fridays. Progression through the program is dependent upon a completed reference check.

Name of character references	Relationship to you	Phone number or email address	Best day and time to be reached
1.			
2.			
3.			
4.			

**Is there anything else that you feel we should know about you to help create a successful HomeShare?**

I give permission for the Housing Bureau for Seniors staff and volunteers to contact the above named individuals to obtain reference information regarding my request for HomeShare. I understand that this information is needed to determine my eligibility for the HomeShare program. I waive any rights to review the information provided about me.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

HomeShare Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised August 9, 2007

## **HOME *SHARE* Clarification Agreement of Non-Liability**

The staff of the Housing Bureau for Seniors (HBS) will use their training and experience to bring together those persons who have housing and those persons who are seeking housing.

I understand that the HBS acts only as a facilitator providing the opportunity for parties involved to come together and work out their own housing arrangements. HBS makes no promises, guarantees, warranties or claims regarding seekers or providers of housing. I understand that criminal record checks completed are limited in nature and do not provide information on federal arrests or criminal records from other states. I understand that it is my responsibility to determine whether any individual referred to me may be compatible. All final decisions regarding HomeSharing rest with the seekers and providers of housing.

I understand that the final decision on any living arrangement that I make is voluntary and the decision will be made solely by the parties in the living arrangement. I do not hold the Housing Bureau for Seniors or personnel legally responsible for my living arrangements, nor will they assume any liability for claims, damages, or other consequences which may arise from this HomeSharing arrangement.

Further, I understand that the HBS recommends that any housing arrangements should be set forth in a written agreement. I acknowledge receipt of a sample HomeShare agreement. The agreement includes provisions for 30 days notice to be given by seeker or provider of housing before terminating this arrangement. (The thirty day notice provision will not apply in the event of theft, property damage to owner's residence and/or belongings, abuse or any other situation which the parties and a representative from the HBS deem unmanageable.)

While the seeker/provider may personally decide whom they wish to share their housing, based on their own preferences, the Housing Bureau for Seniors will not make any HomeShare decision/referral based on an individual's race, color, religion, national origin, ancestry, age, gender, marital status, or handicap status.

I further state that I am of lawful age and legally competent to sign this disclaimer. I have read and understand the above agreement.

\_\_\_\_\_  
HomeShare Applicant Signature

\_\_\_\_\_  
Date

# HOME SHARE

## Criminal Background Consent Form

TO: Michigan Department of State Police  
Freedom of Information Unit  
7150 Harris Drive  
Lansing, MI 48913

As a prospective HomeShare participant, I understand that it is the Housing Bureau for Senior's policy to secure conviction criminal history information as part of the HomeShare screening process.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden name/Names previously used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_.

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_.

I understand that the above information is required by the Central Records Division, Freedom of Information Unit, Lansing, Michigan.

I authorize and consent to the Housing Bureau for Seniors obtaining and utilizing the above information for the sole purpose of obtaining a criminal history file search.

\_\_\_\_\_  
Signature/HomeShare Participant

\_\_\_\_\_  
Date