



HS# \_\_\_\_\_

## Vashon Household Homeshare Partners

### Home SEEKER Application

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

Maiden or other previous names: \_\_\_\_\_

Gender: **M**      **F**      Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

How did you find out about Homeshare Partners? \_\_\_\_\_  
\_\_\_\_\_

Marital Status:      Single      Married      Partnered      Separated      Divorced      Widowed

Other Members of Household (living in the home full or part time):

Name	Gender	Age	Relationship to Home Provider	Full or part time?

Do you have any pets? \_\_\_\_\_

How many? \_\_\_\_\_

What kinds? \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT/INCOME**

Are you currently employed? **Y** **N**

Full or part time? \_\_\_\_\_

Occupation: \_\_\_\_\_ Most Recent Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Income source		Amount per month

Are you currently enrolled as a student? **Y** **N**

Full or part time? Full Part

If yes, where are you enrolled? \_\_\_\_\_

**HEALTH/PERSONAL**

Please explain any health conditions you may have that would be important for a fellow homesharer to know:

\_\_\_\_\_

Have you been hospitalized recently? **Y** **N**

If so, why? \_\_\_\_\_

Do you have a history of drug, alcohol, or physical abuse? **Y** **N**

If yes, please explain: \_\_\_\_\_

Have you ever been diagnosed as having a mental illness? **Y** **N**

If yes, please explain: \_\_\_\_\_

Have you ever been involved with Child Protective Services? **Y** **N**

If yes, please explain: \_\_\_\_\_

Do you have a special diet? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

How involved are you with your family? \_\_\_\_\_

Friends? \_\_\_\_\_

Neighbors? \_\_\_\_\_

**Who could we contact in the case of any emergency?**

**Name & Relationship:** \_\_\_\_\_

Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**HOUSING**

How long have you lived at your current address? \_\_\_\_\_

Please list any other counties or states in which you have lived and for how long:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own or rent? \_\_\_\_\_  
If you rent, who owns the home? \_\_\_\_\_

How much is your rent or mortgage? \_\_\_\_\_

Have you ever been evicted from any home?                    **Y**        **N**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maximum rent per month you can afford: \_\_\_\_\_

**Space Required**

Number of rooms: \_\_\_\_\_

Which floor? \_\_\_\_\_

Do you need a furnished space?                    **Y**        **N**

If so, please describe what furnishings you need: \_\_\_\_\_  
\_\_\_\_\_

If you have a physical disability, what accommodations would be needed in a homeshare situation?

Can you manage stairs without assistance?                    **Y**        **N**

Are you interested in offering reduced rent in exchange for services?                    **Y**        **N**

If so, how many hours per week of services will you be able to provide? \_\_\_\_\_

**Which services are you willing to provide? (please check all that apply)**

Meal Preparation	_____	Housework	_____
Driving	_____	Errands	_____



Please share any concerns or questions you have about homesharing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_