

-----FOR OFFICE USE ONLY-----

____ Pass ____ Fail

Background Check Date: _____

Interview Date: _____

HOME SHARE PINELLAS

Local Community Housing Corporation

Home Provider's Application



Date: _____ Name (First/Middle/Last): _____

Street Address: _____ Bldg/Lot/Apt: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Social Security #: _____

E-mail: _____ Marital Status: _____

Sex: Male Female Ethnicity: Hispanic Non-Hispanic Are you a Veteran: Yes No

Race: White Black American Indian/Alaska Native Asian or Pacific Islander Other: _____

How did you hear about Home Share: Tampa Bay Times Suncoast News Internet Search The Flyer Friend Craigslist Facebook
 Other: _____

Do you give authorization to Home Share Pinellas to check your criminal background? Yes No

How long have you lived in Pinellas County? _____ Average Annual Income: _____

Why do you want to Home Share?

Please describe the type of person with whom you would like to share a home. Be as specific as possible, i.e. male or female, age, race, religion, smoking/drinking, sexual orientation, characteristics or behavior/habits that are important to you, driver, have children, work FT/PT, languages spoken, etc...

Are there other occupants in your home? (Children, spouse, friend, etc...) Yes No If yes, please specify name(s), age(s) & sex(es):

Do you smoke? Yes No If yes, would you agree to smoke outside only? Yes No

Do you drink alcoholic beverages? Yes No Occasionally

Do you have a pet? Yes No If yes, how many & what type(s)?

Would you accept living with (check box if yes): Occasional Drinker Smoker Outside Smoker Large Pet
 Small Pet A Couple Man Woman Minor Children in Home College Student Person in a Wheelchair

PLEASE NOTE: Tenant is responsible for the first month's rent at time of placement.

Range of MONTHLY rent expected: \$ _____ Will you be offering **reduced rent** for services? Yes No

Please indicate if you are willing to **provide/share** any of the following services: Housekeeping Driving Cooking
Yard Work Laundry Grocery Shopping Other: _____

How long do you want your Home Share arrangement to last? _____

Do you have a health condition a roommate should know about?

What are your special talents, interests, hobbies, etc?

Do you own your own home? Yes No How many years at present home? _____

In what area of town are you located? _____

Is it near (Check if Yes): Bus Line Grocery Store Churches Shopping Laundry

Briefly describe your home and the space you will be providing to the roommate (how many rooms, room size, closet space, etc).

Furnished Bedroom **OR** Unfurnished Bedroom Private Bath **OR** Shared Bath

Do you have a car? Yes No Do you drive? Yes No Do you need to be on or close to a bus line? Yes No

Please use this space to provide us with any additional information including concerns and/or questions you may have about Home Sharing:

References *NOTE: Do not use persons related to you.*

Employment Reference	Residence Reference	Personal Reference
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Relationship: _____	Relationship: _____	Relationship: _____

Emergency Contact Information (Mandatory)

Name: _____ Relationship: _____ Phone: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

HOME SHARE PINELLAS CONTACT INFORMATION

Mail: Home Share Pinellas
500 S. Walton Ave.
Tarpon Springs, FL 34689

Phone: (727) 945-1528
Fax: (727) 279-2814
E-mail: info@homesharepinellas.org

PERMISSION FOR USE OF PHOTOGRAPHS

I hereby give HOME SHARE PINELLAS permission to use photographs of the following in their marketing or other program materials:

House Inside Yes No

House Outside Yes No

Pictures of Myself Yes No

DECLARATION ON NON-CRIMINAL HISTORY
County of Pinellas & State of Florida

I _____ declare as follows:

PRINT NAME

- I am an applicant for the Home Share Pinellas Program.
I have never been convicted of any felony or misdemeanor.
I have never been on probation or parole.
I declare under penalty of perjury that the foregoing is true and correct.

HOME SHARE PINELLAS IS UNABLE TO ACCEPT PERSONS ON ACTIVE PAROLE

HOME SHARE PINELLAS (HSP)
The Local Community Housing Corporation (LCHC)

AUTHORIZATION TO RELEASE INFORMATION

The HOME SHARE PINELLAS (HSP) program will verify information provided from an applicant as contained in the intake form, application and other documents required in connection with the Home Share Pinellas program.

To Whom It May Concern:

- 1. I am considering application for participation in the Home Share Pinellas program.
2. I authorize you to provide HSP all information and documentation they request.
3. I hereby consent and authorize HSP and/or its agents to prepare and obtain a consumer report which may contain information bearing on my criminal history (if any), creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living.
4. A copy of this authorization may be accepted as an original.
5. This authorization will stay in effect for fifteen (15) months from the date signed.
6. Your prompt reply is appreciated.

I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for rejecting my application or termination of my HOME SHARE AGREEMENT.

I, THE APPLICANT, FOR THIS APPLICATION, WARRANT THE TRUTHFULNESS OF THE INFORMATION PROVIDED IN THIS APPLICATION AND BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND IT, AND AGREE TO IT VOLUNTARILY AND WITHOUT DURESS.

APPLICANT'S SIGNATURE

DATE

I UNDERSTAND THAT CHECKING THIS BOX CONSTITUTES A LEGAL SIGNATURE CONFIRMING THAT I ACKNOWLEDGE AND AGREE TO THE ABOVE TERMS OF ACCEPTANCE.

Home Share Pinellas/Local Community Housing Corporation

AGREEMENT OF NON-LIABILITY

The employees of Home Share Pinellas and the Local Community Housing Corporation use their training and experience to bring together those who have housing and those who are in need of housing. Each of the undersigned acknowledges the following:

- (a) That although Home Share Pinellas has introduced him or her to a person or persons with whom a possible housing arrangement may be made, neither Home Share Pinellas nor any of its directors, officers, employees, agents, or contractors have made any representations or warranty about any such person(s), including the accuracy of any information furnished by such person(s) to Home Share Pinellas, or the ability of any such person(s) to perform his, her, or their obligations in connection with such possible housing arrangement;
- (b) That any housing arrangement he or she may enter into will be voluntary;
- (c) That any decisions in the selection and/or acceptance or rejection of a housing arrangement of a person or persons with whom to enter into such housing arrangement, will be made solely by the undersigned and the other person(s) involved and that Home Share Pinellas had no part in such decision; and,
- (d) That neither Home Share Pinellas nor any of its directors, officers, employees, agents or contractors has made any expressed or implied guarantees of warranties regarding the suitability of any housing arrangement entered into by the undersigned or the success of such housing arrangements.

The undersigned release and discharge, and agree to indemnify, hold harmless and defend, Home Share Pinellas and its directors, officers, employees, agents and contractors from and against claims, causes of action, damages, costs, losses and expenses arising from, related to, or incurred due to the participation by the undersigned in any of Home Share Pinellas' programs or activities, including, without limitation, its Home Sharing program.

Home Share Pinellas cannot discriminate on behalf of its clients. Each client has the responsibility and privilege of choosing his/her own housemate. Home Share Pinellas does not ask applicants about, nor refer applicants on the basis of race, color, religion, sexual orientation or other factors not specifically referenced on the application. Application questions are designed to assist applicants in finding suitable Home Share matches. No referrals will be made for clients requiring "hands on care" such as dispensing medication, bathing, dressing, medical care, turning or lifting, assistance getting in/out of bed or bath, etc.

Home Share Pinellas agrees to maintain confidentiality with regard to any information set forth on the application or obtained through the investigation process. However, Home Share Pinellas also retains the right to disclose said information for any reasonable legitimate purpose at Home Share Pinellas' sole discretion. The undersigned gives permission for his or her references to be checked by the Home Share Pinellas' staff.

In addition, the undersigned agrees to inform Home Share Pinellas staff when a Home Sharing placement decision is made and if or when a placement terminates.

Clients are responsible for the truth of all statements made on their applications. Home Share Pinellas reserves the right to exclude persons from the program for false statements or other just cause. Persons on active parole will not be accepted as clients.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION IS TRUE, THAT SUCH INFORMATION MAY BE VERIFIED, AND THAT THIS AGREEMENT HAS BEEN READ AND UNDERSTOOD.

I, THE APPLICANT, FOR THIS APPLICATION, WARRANT THE TRUTHFULNESS OF THE INFORMATION PROVIDED IN THIS APPLICATION AND BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND IT, AND AGREE TO IT VOLUNTARILY AND WITHOUT DURESS.

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