



# HOME SHARE PINELLAS

## Local Community Housing Corporation

### Home Renter's Application

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

\_\_\_\_ Pass \_\_\_\_ Fail

Background Check Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_

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? \_\_\_\_\_

Why do you want to Home Share?  
 \_\_\_\_\_  
 \_\_\_\_\_

**MONTHLY INCOME:**

Type:	SS, SSI or VA Disability	Unemployment or Workers Compensation	Wages	Pension	Student Loans	Parents	Other
Amount:							

Maximum **monthly** rent able to pay with utilities included: \$ \_\_\_\_\_ *PLEASE NOTE: Tenant is responsible for the first month's rent at time of placement.*

List at least two Pinellas County cities you would like to live in: \_\_\_\_\_

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...

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many people will be moving with you? (Please include Name, Relationship to you and Age):  
 \_\_\_\_\_

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  Single Parent w/Child  College Student  Person in a Wheelchair

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?  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe space desired; Furnished Bedroom Unfurnished Bedroom Private Bath Shared Bath  
\_\_\_\_\_

Do you need to be within walking distance of a grocery, shopping, churches, etc? Yes No If yes, please explain:  
\_\_\_\_\_

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.*

<b>Employment Reference</b>	<b>Residence Reference</b>	<b>Personal Reference</b>
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](mailto: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

- True  False I am an applicant for the Home Share Pinellas Program.
 True  False I have never been convicted of any felony or misdemeanor.
 True  False I have never been on probation or parole.
 True  False 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. As part of a background/credit check, the HSP may obtain a report about an applicant from a consumer reporting agency for the purpose of evaluating the individual as a prospective program participant.

To Whom It May Concern:

- 1. I am considering application for participation in the Home Share Pinellas program. As part of the pre-application and application process, I understand that HSP may verify information contained in my intake form or application and other documents required in connection with HSP.
2. I authorize you to provide HSP all information and documentation they request. Such information includes, but is not limited to: two personal references (non-relative), including employment; employment history; residence; rental history; criminal history; credit history and income sources.
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. Public records may be used in this report, such as civil and court records.
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.

APPLICANT'S SIGNATURE

DATE

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