



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

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:  Newspaper  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 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, have children, work FT/PT, languages spoken, etc...

How many people will be moving with you? (children, spouse, friend, etc...) \_\_\_\_\_

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, what type? \_\_\_\_\_

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 with 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? YesNo 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: \_\_\_\_\_

**Emergency Contact Information (Mandatory)**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

For more information about "home sharing", please call the office at (727) 945-1528.

Please contact our office to schedule an appointment after returning your application. Please return the application by mail, fax or E-mail.

Mail: Home Share Pinellas  
500 S. Walton Ave.  
Tarpon Springs, FL 34689  
Fax: (727) 279-2814  
E-mail: [info@homesharepinellas.org](mailto:info@homesharepinellas.org)

**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.

If False, please explain conviction history:

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True  False I have never been on probation or parole.

If False, please explain conviction history:

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True  False I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**HOME SHARE PINELLAS IS UNABLE TO ACCEPT PERSONS ON ACTIVE PAROLE**

**REFERENCES**

*NOTE: Relatives should not be used as references.*

**Employment Reference (non-relative) Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Residence Reference (non-relative) Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Personal Reference (non-relative) Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**The Local Community Housing Corporation:  
HOME SHARE PINELLAS (HSP)**

***AUTHORIZATION TO RELEASE INFORMATION***

The HOME SHARE PINELLAS (HSP) program will verify information provided from an applicant as provided in the application and other documents required in connection with the Home Share Pinellas program. The purpose is to identify program eligibility in addition to assisting personnel in effectively matching home providers and renters for successful home sharing.

Please review the following procedures and statements:

1. I am considering application for participation in the Home Share Pinellas program. As part of the application process, I understand that HSP may verify information contained in my application and other documents required.
2. I authorize contacts listed in my application to provide HSP information. Such information includes, but is not limited to: two personal references (non-relative), including employment; employment history; residence; rental history; criminal history; and income sources. Public records may be used in this report, such as civil and court records.
3. A copy of this authorization may be accepted as an original.
4. This authorization will stay in effect for twenty-four (24) months / two (2) years from the date signed.

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. By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

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**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

By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

**Local Community Housing Corporation:  
Home Share Pinellas**

**AGREEMENT OF NON-LIABILITY**

The employees of Home Share Pinellas and The Local Community Housing Corporation have years of training and experience in facilitating public housing, affordable housing and home sharing services. The HSP program objective is to bring together those who have housing with 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 officers or employees, 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 that Home Share Pinellas had no part in such decision; and,
- (d) That neither Home Share Pinellas nor any of its officers, employees, or contractors has made any expressed or implied guarantees of warranties regarding the suitability of any housing arrangement entered into by the undersigned or its success.

The undersigned releases and discharges and agrees to indemnify, hold harmless and defend, Home Share Pinellas and its officers, employees, 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' program or activities and without limitation to 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 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 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, the program 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 as provided in the application to be verified by personnel.

In addition, the undersigned agrees to inform Home Share Pinellas personnel 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 WILL BE VERIFIED, AND THAT THIS AGREEMENT HAS BEEN READ AND UNDERSTOOD.**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**