



Date Received:

# HOMESHARE APPLICATION

### I AM INTERESTED AS (CHECK ONE)

Home Provider

Home Seeker

### APPLICANT INFORMATION

Name:	Date of Birth:	Age:
Phone:	Alternate Phone:	
Address:		
City:	State:	Zip:
Length of time at address:		
Email address:	How did you hear about HomeShare?	

Ever applied to HomeShare before?  Yes, when:  No

### RACE (CHOOSE ALL THAT APPLY):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

- White
- Refused

### ETHNICITY:

- Non-Hispanic/Latino
- Hispanic/Latino
- Refused

GENDER:	DISABLING CONDITION:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refused <input type="checkbox"/> Prefer to self-describe: _____	Do you have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

### CO-APPLICANT INFORMATION:

Name:	Relationship to Applicant:	
RACE (CHOOSE ALL THAT APPLY):	ETHNICITY:	Date of Birth:
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Refused <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Refused	____/____/____ (Month/Day/Year) Age:
GENDER:	DISABLING CONDITION:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refused <input type="checkbox"/> Prefer to self-describe: _____	Do they have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

### OTHER HOUSEHOLD MEMBERS CURRENTLY LIVING WITH YOU:

Name:			
Relation:			
Age:			

**Household Benefits and Income for all individuals and family members (SSI, TANF, Food stamps, etc):**

Type of Benefit:	Type of Benefit:	Type of Benefit:
Monthly Amount:	Monthly Amount:	Monthly Amount:
Retirement Income:	Investment Income:	Other Income:
Monthly Amount:	Monthly Amount:	Monthly Amount:

**EMPLOYMENT**

Name of Employee:	Job Title:
Name of Employer:	
Start Date:	Average Hours Worked Per Week:
Wage: \$ (hour/week/month)	Total Monthly Income (Gross): \$

Type of Work:  Permanent  Temporary  Seasonal  Contract-Based**Other Employment**

Name of Employee:	Job Title:
Name of Employer:	
Start Date:	Average Hours Worked Per Week:
Wage: \$ (hour/week/month)	Total Monthly Income (Gross): \$

Type of Work:  Permanent  Temporary  Seasonal  Contract-Based

Are you able to handle your own personal care?(circle one) YES NO

\*Personal Care Includes tasks such as: bathing, feeding, toileting, transferring, ambulation, taking medication, dressing, etc.

Have you ever been convicted of a felony or misdemeanor?(circle one) YES NO (if yes be prepared to explain)

Are you currently or have you ever been on probation? (circle one) YES NO (if yes be prepared to explain)

Have you ever been evicted? (circle one) YES NO (if yes be prepared to explain)

**References:** Provide the names and phone numbers of three (3) people who know you well (usually 5 years or more) and will act as a character reference for you. Include the full name, phone number and relationship.**For HomeSeekers a residence reference is required and must be a current or former landlord or housemate reference, the other two can be an employment and/or personal reference.**

Residence Reference: (non-relative, landlord, housemate, roommate etc.)	Employment Reference: (non-relative, employment, volunteer etc.)	Personal Reference: (non-relative)
Name:	Name:	Name:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

**Submit application to HomeShare Coordinator:****Mail- 1550 Blue Spruce Dr. Fort Collins, CO 80524: Fax- 970.488.2355: Email- hdomko@n2n.org**