

# HOME SEEKER INQUIRY FORM

THIS FORM IDENTIFIES YOUR PERTINENT INFORMATION TO HELP US DETERMINE ANY POTENTIAL MATCH(ES). CALL REGULARLY. WE WILL CONTACT YOU WHEN A POTENTIAL MATCH HAS BEEN IDENTIFIED FOR YOU.

**NOTE: THIS PROGRAM SERVES MOSTLY INDIVIDUALS**

**RETURN COMPLETED FORM TO SHARE SONOMA COUNTY BY ANY OF THE FOLLOWING**

- VIA PHONE: 707-766-8800 – Call Lynn to schedule phone interview
- VIA FAX: 707-766-8899
- EMAIL: INFO@SHARESONOMACOUNTY.ORG

DATE Uploaded to SF: \_\_\_\_\_, 2020

**CONTACT INFORMATION**

Name 1:			
Gender Identity			
Name 2:			
Gender Identity			
Street Address			
City, ST, ZIP Code			
Contact	Cell Phone:	Email:	
Date of Birth Name 1	/ /	Place of Birth:	
Date of Birth Name 2	/ /	Place of Birth:	

How Did You Hear About SHARE? Name Any Referral Agency: \_\_\_\_\_

Marital Status:  Single  Widow / Widower  Divorced  Currently in a relationship

Total Net Monthly Income: \$ \_\_\_\_\_/mo.  SS  SSDI  SSI  Pension  Unemployment  No Income

Wages / Salary Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**COMPLETE ALL THAT APPLY**

<input type="checkbox"/> At Risk Of Homelessness <input type="checkbox"/> Losing / Lost Housing Due To: _____ _____ <input type="checkbox"/> I Am Currently Homeless Need Housing No Later Than: _____, 2020	Currently Staying At: <input type="checkbox"/> Sloan <input type="checkbox"/> MIC <input type="checkbox"/> Sam Jones <input type="checkbox"/> RGM <input type="checkbox"/> The Rose <input type="checkbox"/> Car <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Other _____ Exit Date: _____	History of Homelessness <input type="checkbox"/> Yes <input type="checkbox"/> No Date of First Homelessness: _____ List Homeless Timeline: _____ _____ _____
--	---	---

**WHERE IN SONOMA COUNTY YOU PREFER TO LIVE (Choose top in order of preference)**

<input type="checkbox"/> Cloverdale	<input type="checkbox"/> Cotati	<input type="checkbox"/> Guerneville	<input type="checkbox"/> Healdsburg	<input type="checkbox"/> Penngrove
<input type="checkbox"/> Petaluma	<input type="checkbox"/> Rohnert Park	<input type="checkbox"/> Santa Rosa	<input type="checkbox"/> Sebastopol	<input type="checkbox"/> Sonoma
<input type="checkbox"/> Windsor	<input type="checkbox"/> Other		<input type="checkbox"/> No preference	

**SHARE Sonoma County cannot accept those who have been convicted of felonies or misdemeanors involving elder or child abuse within the past ten (10) years, who are currently on parole or in a restitution program, or who are experiencing addictive or other problematic behavioral issues.**

# HOME SEEKER INQUIRY FORM

## COMPLETE IF INTERESTED IN A RENT EXCHANGE HOME SHARE

Currently Paying: \$ _____/month	Maximum Rent And Utilities: \$ _____/month	Assistance With Security Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	---	---

## COMPLETE IF INTERESTED IN A SERVICE EXCHANGE HOME SHARE – INCLUDES (UP TO) A 30-DAY TRIAL PERIOD

<input type="checkbox"/> No Rent Per Month (15 Hours with 2 days off/week)	<input type="checkbox"/> Partial Rent Per Month (Less Hours or Services)	*Security Deposit and/or Monthly Utility Cost May Be Required Once Introductory Period Completed
---	---	--

## CHECK SERVICES YOU CAN PROVIDE

<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> I Am An IHSS Provider How Long: _____	<input type="checkbox"/> Laundry
<input type="checkbox"/> Housework	<input type="checkbox"/> Driving <input type="checkbox"/> Gardening <input type="checkbox"/> Home Maintenance	<input type="checkbox"/> Pet Care / Walking
<input type="checkbox"/> Personal Care:	<input type="checkbox"/> Errands / Appointments / Grocery Shopping	<input type="checkbox"/> Companionship

## GENERAL INFORMATION

**Smoke Tobacco:**  Yes  No    **Use Cannabis:**  Yes  No    **Drink**  Yes  Occasionally  No

**Have Car:**  Yes  No    **Valid CDL**  Yes  No    **Valid Insurance**  Yes  No

**Pet(s):**  Yes  No    Describe: \_\_\_\_\_    **Allergy Sensitivity to Pets?**  Yes  No

If Yes, Describe Pet Allergies: \_\_\_\_\_

**History of Alcohol Abuse:**  Yes  No    If yes, please explain history of abuse & steps to alleviate problem: \_\_\_\_\_

**History of Drug Abuse:**  Yes  No    If yes, please describe addiction, history & steps to alleviate problem: \_\_\_\_\_

**Conviction of Crime:**  Yes  No    **On Parole / Probation:**  Yes  No    Describe: \_\_\_\_\_

**List Any Medical, Physical and/or Behavioral Health Diagnosis:** \_\_\_\_\_

## RESOURCE REFERRAL(S) (Completed By SHARE Staff)

## WHY ARE YOU CONSIDERING THE SHARE HOME SHARING PROGRAM?

## SIGNATURE

I understand that this is an inquiry to participate in the SHARE Sonoma County Home Share Program. That this information will help determine my eligibility for placement. Any false statements or omissions made by me may result in my ineligibility to become an applicant of the SHARE Sonoma County Home Share Program.

Signature / Phone Interviewer	
Name (Please Print)	
Date / Date of Phone Interview	

**THANK YOU FOR COMPLETING THIS INQUIRY FORM.** SHARE will contact you to complete our application process once a potential match(es) has been determined. We do not guarantee placement nor can we provide emergency or urgent placements. **WE STRONGLY RECOMMEND PURSUING ALL HOUSING OPTIONS.** It is our policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.