



Home Match
A COVIA COMMUNITY SERVICE

HOME PROVIDER APPLICATION

Contra Costa
(925) 956-7385

Fremont Area
(510) 574-2173

Marin County
(415) 456-9068

Monterey County
(831) 760-5529

San Francisco
(415) 351-1000

Name (first, middle, last): _____ Date: _____

Address: _____

Phone: _____ Email: _____

Primary Language(s): _____ Date of Birth: _____

Gender Identity: Female Male Not listed, please specify _____

Pronouns: She, her, hers He, him, his They, them, theirs

Not listed, please specify _____

I wish to elect a Primary Contact (relative, case manager, etc.) for all Home Match communications (If so, a Release of Information will be collected by staff).

How did you hear about us? _____

What brings you to Home Match? _____

If you are applying in affiliation with an employer, alma mater, or other organization, please specify: _____

Home Match Email Newsletter Yes, sign me up! No thanks

If you opt out, we will still contact you regarding matches. You can opt out at any time.

Non-Discrimination Policy: Our program is open to all. We do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, gender, gender identity, familial status, veteran status, disability, sexual orientation, marital status, source of income, age or other protected characteristics.

App Checklist *Staff Use Only*

- Authorization
- References

Staff Member: _____

- Photo Release
- Permission to Share

Photo ID, Type: _____

- Declarations P&P
- Program Waiver

DECLARATIONS

Please check the boxes below to indicate if the corresponding statements are *true*. If any of the following statements are *not true*, please contact Home Match staff regarding eligibility. Our Eligibility Policy is available on our website (covia.org/services/home-match/).

- I have never been convicted of a felony or misdemeanor.
- I have never been on probation.
- I have never been on parole.
- I have never been evicted from a rental.
- I have never filed for bankruptcy.
- I have never had a lien or judgement filed against me.

I declare under penalty of perjury that the foregoing is true.

Signature: _____ Printed Name: _____ Date: _____

PAYMENTS & PERMISSIONS

Please check *all* statements that accurately describe your housing status, below.

- As a **Homeowner**:
- I am current with my mortgage payments, of \$_____/mo.
 - I have sole ownership of the home and am allowed to rent the available room(s).
 - I am a co-owner of the home and all other co-owners have provided me with permission to rent the available room(s).
- As a **Renter**:
- I am current with my rent payments, of \$_____/mo.
 - My lease allows me to rent the available room(s).
 - My landlord has provided with me with permission to rent the available room(s).

I affirm that the foregoing is true.

Signature: _____ Printed Name: _____ Date: _____

If you are *not* current with payments and/or do *not* have rental permissions, please provide further explanation:

The Home Match **Living Together Agreement** (LTA) is a home-sharing-specific rental agreement template that includes Terms & Conditions as well as a discussion of ‘house rules.’

Do you have any supplements to the LTA (EX: from a homeowner association)? Yes No

If yes, please specify: _____

HOUSEHOLD & AMENITIES

Please check all that apply...

Household

Which best describes your home? House Condo Apartment Mobile home

Who lives in your current household?
(adults, children)

How many new homemates will you accept?
(adults, children)

Do you prefer to live with homemates who are: Male-identifying only Female-identifying only No preference

Do you have any animal companions? No Yes, please specify:

Would you accept animal companions? No Yes, please specify:

Room 1

What are the dimensions? Is there a lock on the bedroom door? Yes No Is there a separate entrance? Yes No Yes, it's an ADU (aka in-law unit)

Is there a private bathroom? Yes No Is the room furnished? No Yes, please describe:

Room 2

What are the dimensions? Is there a lock on the bedroom door? Yes No Is there a separate entrance? Yes No Yes, it's an ADU (aka in-law unit)

Is there a private bathroom? Yes No Is the room furnished? No Yes, please describe:

Amenities

Will your homemate(s) have full kitchen access? Yes Limited use, please describe:

Is your home close to public transit? No Yes, please describe:

Does your home have parking?	<input type="checkbox"/> Street parking	<input type="checkbox"/> Private parking	<input type="checkbox"/> No parking
Is there in-home laundry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there available storage space?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please describe:	
Is your home wheelchair accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your home have internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, but can be installed	<input type="checkbox"/> No, prefer not to install

TIMELINE & COSTS

Timeline Preferred Move-In Date: _____ Preferred Move-Out Date: _____

Room 1: Rent: \$_____ Deposit: \$_____ Max Occupancy: ____ Total Move-In Cost: \$_____

Room 2: Rent: \$_____ Deposit: \$_____ Max Occupancy: ____ Total Move-In Cost: \$_____

NOTE: For rent-controlled units, the rent amount may not exceed 50% of your total rent

Please estimate your average monthly utility costs, and check those to be <i>shared</i> .	<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Gas	\$ _____
	<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Waste	\$ _____
	<input type="checkbox"/> Landline	\$ _____	<input type="checkbox"/> Cable	\$ _____
	<input type="checkbox"/> Internet	\$ _____	<input type="checkbox"/> Cleaning	\$ _____
For shared utilities, how will costs be divided?	<input type="checkbox"/> Homemate will pay flat rate of \$_____ to cover personal use of shared utilities. <input type="checkbox"/> Homemate will pay any increase in shared utilities above the average historical costs (previous bills to be shared with homemate for reference) <input type="checkbox"/> Homemate will pay 50% of shared utilities, as bills arrive. <input type="checkbox"/> Other: _____			

Service Exchange Some home providers elect to reduce the rent they charge in exchange for help with household chores (no medical care or caregiving). Are you interested in a service exchange arrangement? Yes No

If yes, please check the types of services you would like provided:

- Housework Cooking Errands Driving (If so, is car provided? Yes No)
 Yardwork Home Maintenance Pet Care Other _____

How much time per week would you request for these services? _____

LIFESTYLE PREFERENCES

Please check all that apply...

Which best describes your guest policy, if given advance notice?	<input type="checkbox"/> Daytime and overnight guests are welcome	<input type="checkbox"/> Open to discussion	<input type="checkbox"/> Prefer no guests
What is your preferred homemate dynamic?	<input type="checkbox"/> Keep to myself	<input type="checkbox"/> Spend time together	<input type="checkbox"/> Open to both
Do you smoke?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Would you accept smoking in the home?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Do you use inhaled marijuana?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Would you accept inhaled marijuana use in the home?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Do you use edible or topical marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you accept edible or topical marijuana use in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you drink alcohol?	<input type="checkbox"/> Yes, frequently	<input type="checkbox"/> Yes, occasionally	<input type="checkbox"/> No
Would you accept alcohol in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you store firearms at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you accept stored firearms in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often do you use the kitchen?	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
How often do you watch TV and/or listen to music in common areas?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily
At what volume do you watch TV and/or listen to music?	<input type="checkbox"/> N/A	<input type="checkbox"/> Low volume	<input type="checkbox"/> High volume
What best describes your cleaning style?	<input type="checkbox"/> Extremely clean	<input type="checkbox"/> Pick up after myself	<input type="checkbox"/> Cleaning is not a priority

How often are you at home?

Variable hours, please describe:

Evenings and weekends

Most of the day

These descriptions will be used to introduce you as a candidate for any potential matches:

Please describe your home, available room(s), neighborhood or anything notable about your home (e.g. stairs, backyard).

How would you describe your preferred homemate?

How would you like to be described to a potential homemate? You might include your occupation, lifestyle, background, interests, and personality traits.

Do you have any additional 'house rules' not yet discussed?

REFERENCES

Please provide three non-familial references. Accepted references types include: employment reference, residential/tenant reference, personal reference.

Reference 1: Name _____

Phone _____

Relationship _____

Reference 2: Name _____

Phone _____

Relationship _____

Reference 3: Name _____

Phone _____

Relationship _____

I give my permission to Home Match staff to share my *Rent & Utilities, Home & Living Preferences, Service Exchange, and References* responses with program participants to assist me in finding a good match.

Signature: _____

Print Name: _____ Date: _____

PHOTO/IMAGE RELEASE

I grant to Home Match, its representatives and employees the right to take photographs of my property for the purposes of (*select one*):

Internal Home Match staff reference only.

Internal Home Match staff reference and publically listing my available room(s) in printed form and/or electronically, without use of my name, contact information, or address.

I affirm the above.

Signature: _____

Print Name: _____ Date: _____



This Home Match Program Agreement (“Agreement”) is made between Covia Communities (“Covia”) and _____ (“you”).

Covia operates a program (“Home Match” or the “Program”) in _____ County that helps pair persons who provide homes (“Home Providers”) with persons who are seeking residences (“Home Seekers”) (collectively “Program Participants”). Home Match screens and evaluates prospective Home Providers and Home Seekers in order to help Program Participants find housemates based on mutual needs and compatibility. Home Match also provides ongoing support to Program Participants after a match is made.

You wish to participate in the Program as a (select one): Home Provider
 Home Seeker

1. **Application Process.** All Program Participants are required to complete an application. The application requests identifying information, living needs and preferences, and other relevant information used to match compatible Housemates. By signing below, you acknowledge that all application information you provide to Covia is accurate. False or misleading statements in the application documents or otherwise provided to Covia may constitute grounds for removal from the Program.
2. **Match Compatibility.** The Program helps facilitate compatible matches by assisting Program Participants in completing questionnaires and using a computer interface to determine likely compatibility. However, Home Providers and Home Seekers will make all final decisions to enter into a Living Together Agreement. Covia does not make any guarantees or representations about the ability of a Program Participant to perform his or her obligations with respect to a housing arrangement, or about the suitability of a housing arrangement. It is the responsibility of a Program Participant to check the references of a potential match before entering into a Living Together Agreement.
3. **No Guarantee.** Entering into this Agreement or submitting application documents does not guarantee a match.
4. **Background and Reference Checks.** In order to ensure the safety of all Program Participants, and the suitability of Program Participants to live in a shared environment, Covia conducts background and reference checks. By signing

below, you understand and agree that Covia and prospective Housemates may contact your references. You also understand and agree that Administrator may conduct a criminal background search through National or Local Court database records, National Sex Offender databases or a third party provider of their choice. You agree to comply with any requests for information regarding your criminal background.

5. **Acceptance of Risk.** Living in a close residential setting with another person presents inherent risks including, but not limited to, incompatibility about living conditions and sharing of household duties, failure to pay rent on time or in full, challenges related to financial, psychological, social or substance abuse issues, or exposure to contagious disease (even if a person is not showing symptoms, it does not mean that they do not have an illness or are not contagious). By signing below, you acknowledge and accept these risks.

6. **Living Together Agreement.** A Home Provider and Home Seeker must sign a Living Together Agreement once a successful match has been made. A copy of the Living Together Agreement, and any amendments, must be given to Covia. Program Participants agree to inform Covia upon the termination of a Living Together Agreement. Before entering into a Living Together Agreement, it is the responsibility of the Home Provider to confirm that his or her current lease or other housing requirements, if any, do not place any limitations on the ability to enter into a Living Together Agreement.

7. **Statement of Non-Discrimination:** Covia abides by the Fair Employment and Housing Act, Unruh Civil Rights Act and other California and federal law which prohibit discrimination in housing on the basis of race, color, religion, sex, national origin, ancestry, gender, familial status, disability, sexual orientation, marital status, source of income, age or other protected characteristics.

By signing below, you acknowledge that you have read and understood this Agreement and consent to the terms of participation in the Home Match Program as set forth above.

Covia Communities

Program Participant

By: _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Date: _____

DEMOGRAPHICS SURVEY

Home Match collects participant demographic information for the purpose of reporting only. Any personally identifiable information is protected from unauthorized disclosure. For each question, please select one answer that best describes you.

Household Income: Please provide your gross household income: \$ _____, or your income level, based on your county of residence (tables below): _____.

Alameda County & Contra Costa County (2020)

Family of:	1 person	2 persons	3 persons	4 persons
Ext. Low	\$0 – 27,450	\$0 – 31,350	\$0 – 35,250	\$0 – 39,150
Very Low	\$27,451 – 45,700	\$31,351 – 52,200	\$35,251 – 58,750	\$39,150 – 62,250
Low	\$45,701 – 73,100	\$52,201 – 83,550	\$58,751 – 94,000	\$62,251 -104,400
Moderate	\$73,101 – 100,150	\$83,551 – 114,450	\$94,001 – 128,750	\$104,401 –143,050
Above Mod.	\$100,151 +	\$114,451 +	\$128,751 +	\$143,051 +

Marin County & San Francisco City & County (2020)

Family of:	1 person	2 persons	3 persons	4 persons
Ext. Low	\$0 - 33,850	\$0 - 38,700	\$0 - 43,350	\$0 - \$48,350
Low	\$33,851 - 56,450	\$38,701 - 64,500	\$43,351 - 72,550	\$48,351 - 80,600
Moderate	\$56,451 - 90,450	\$64,501 - 103,350	\$72,551 -116,250	\$80,601 -129,150
Above Mod.	\$90,451 +	\$103,351 +	\$116,251 +	\$129,151 +

Monterey County (2020)

Family of:	1 person	2 persons	3 persons	4 persons
Ext. Low	\$0 – 20,350	\$0 – 23,250	\$0 – 26,150	\$0 – 29,050
Very Low	\$20,351 – 33,950	\$23,250 – 38,801	\$26,151 – 43,650	\$29,051 – 48,450
Low	\$33,951 – 54,250	\$38,802 – 62,000	\$43,651 – 69,750	\$48,451 – 77,500
Moderate	\$54,251 – 81,396	\$62,001 – 93,122	\$69,751 – 104,760	\$77,501 – 116,280
Above Mod.	\$81,397 +	\$93,123 +	\$104,761 +	\$116,281 +

Household Type	<input type="checkbox"/> Single-Headed Family		<input type="checkbox"/> Dual-Headed Family	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female		<input type="checkbox"/> Trans Male <input type="checkbox"/> Not Listed: _____ <input type="checkbox"/> Decline to answer	
Ethnicity and/or Race	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multiracial <input type="checkbox"/> Decline to answer	
Sexual Orientation or Identity	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure		<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not Listed: _____ <input type="checkbox"/> Decline to answer	
Veteran Status	<input type="checkbox"/> Veteran	<input type="checkbox"/> Not Veteran	<input type="checkbox"/> Decline to answer	