



**Home Match**  
A COVIA COMMUNITY SERVICE

## HOME SEEKER 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: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

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? \_\_\_\_\_

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* Staff Member: \_\_\_\_\_  Photo ID, Type: \_\_\_\_\_  
 Income Ver.  Declarations  Permission to Share  References  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/](http://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. Furthermore, I understand that upon finding a potential match, I will be required to complete a *background check screening*.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PROGRAM LOCATIONS

In which Home Match program locations do you currently live, work, or study?

- Contra Costa     Fremont Area     Marin     Monterey     San Francisco

For only the locations you selected above, please indicate where you wish to seek housing:

Contra Costa County	Fremont Area	Monterey County
<input type="checkbox"/> Any <input type="checkbox"/> Richmond, El Cerrito <input type="checkbox"/> San Ramon, Danville, Lamorinda <input type="checkbox"/> Antioch, Brentwood <input type="checkbox"/> Concord, Walnut Creek, Pleasant Hill <input type="checkbox"/> Martinez, Pittsburgh	<input type="checkbox"/> Any <input type="checkbox"/> Fremont <input type="checkbox"/> Newark <input type="checkbox"/> Union City	<input type="checkbox"/> Any <input type="checkbox"/> Marina <input type="checkbox"/> Sand City, Seaside, Del Rey Oaks <input type="checkbox"/> Monterey, Pacific Grove <input type="checkbox"/> Carmel
Marin County	San Francisco	
<input type="checkbox"/> Any <input type="checkbox"/> San Rafael <input type="checkbox"/> Novato <input type="checkbox"/> Fairfax, San Anselmo, Ross, Greenbrae, Larkspur <input type="checkbox"/> Mill Valley, Tiburon, Belvedere, Marin City, Sausalito <input type="checkbox"/> Tomales Bay Area, Inland Valley, South Costal, Central	<input type="checkbox"/> Any <input type="checkbox"/> Richmond, Presidio <input type="checkbox"/> Marina, Russian Hill, North Beach, Pacific Heights <input type="checkbox"/> Downtown, SOMA, Potrero Hill <input type="checkbox"/> Western Addition, Haight, Castro	<input type="checkbox"/> Mission District, Noe Valley, Bernal Heights <input type="checkbox"/> Twin Peaks, West of Twin Peaks <input type="checkbox"/> Sunset, Parkside <input type="checkbox"/> Lakeside, Ingleside <input type="checkbox"/> Excelsior, Portola <input type="checkbox"/> Bayview, Hunters Point

## RENT & HOUSING HISTORY

Seeking housing for: # of Adults: \_\_\_\_\_  
# of Children (specify ages, full-time/part-time): \_\_\_\_\_

Has housing choice voucher:  Yes  No NOTE: We are not set up to work with housing choice vouchers. Being housed via Home Match may result in the loss of your voucher.

Current Rent: \$ \_\_\_\_\_ Preferred Move-In Date: \_\_\_\_\_  
Affordable Max. Rent: \$ \_\_\_\_\_ Preferred Move-Out Date: \_\_\_\_\_  
Affordable Max. Utilities: \$ \_\_\_\_\_ Affordable Max. Deposit: \$ \_\_\_\_\_

What brings you to Home Match (current housing situation)?

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Please describe your housing history for the past 3 years:

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## INCOME & EMPLOYMENT HISTORY

Monthly Gross Income: \_\_\_\_\_ Monthly Household Income (if different): \_\_\_\_\_

Current Employer 1: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ Start Date: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Annual Pay: \_\_\_\_\_

Current Employer 2: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ Start Date: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Annual Pay: \_\_\_\_\_

Social Security, \$ \_\_\_\_\_ /mo.  SSI, \$ \_\_\_\_\_ /mo.  SSDI, \$ \_\_\_\_\_ /mo.

Unemployment, \$ \_\_\_\_\_ /mo.  Pension, \$ \_\_\_\_\_ /mo.  GA, \$ \_\_\_\_\_ /mo.

Other: \_\_\_\_\_

Please describe your employment/income history for the past 3 years:

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**Household Income Verification** *Staff Use Only*

Staff Member: \_\_\_\_\_

Total est. gross income for next 12 months: \_\_\_\_\_ Income Level: \_\_\_\_\_

Tax Return  Paystubs  Benefits Statement  Self-Employ. Form  Other

NOTES:

## LIVING PREFERENCES

*Please check all that apply...*

<b>Household</b>			
Do you prefer to live with homemates who are:	<input type="checkbox"/> Male-identifying only	<input type="checkbox"/> Female-identifying only	<input type="checkbox"/> No preference
Do you have any animal companions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:	
Are there any animals you would not live with?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:	
<b>Amenities</b>			
How many private rooms do you need?	<input type="checkbox"/> One bedroom	<input type="checkbox"/> Multiple rooms, please specify:	
Do you need a private bathroom?	<input type="checkbox"/> Yes, strict preference	<input type="checkbox"/> No, open to sharing	
Do you need wheelchair accessibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have preferences regarding stairs?	<input type="checkbox"/> Elevator or no stairs only	<input type="checkbox"/> Minimal to no stairs preferred	<input type="checkbox"/> No preference
What is your preference regarding furniture?	<input type="checkbox"/> Unfurnished bedroom only	<input type="checkbox"/> Furnished bedroom only	<input type="checkbox"/> Open to either
Do you need storage space?	<input type="checkbox"/> Yes, personal closet space	<input type="checkbox"/> Yes, garage space or more	<input type="checkbox"/> No
Do you own a vehicle and need parking?	<input type="checkbox"/> Yes, street parking is fine	<input type="checkbox"/> Yes, private parking only	<input type="checkbox"/> No
Do you need to be close to public transit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Lifestyle</b>			
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
Do you have daytime visitors?	<input type="checkbox"/> Often, please specify:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Do you have overnight visitors?	<input type="checkbox"/> Often, please specify:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
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?	<input type="checkbox"/> Variable hours, please describe:	<input type="checkbox"/> Evenings and weekends	<input type="checkbox"/> Most of the day

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

How would you describe your preferred home setting and homemate?

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

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## 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 providing services under this scenario?  Yes  No

If yes, please indicate the types of services you are interested to provide:

- Housework  Cooking  Errands  Yardwork  Home Maintenance  
 Pet Care  Driving  Companionship  Other: \_\_\_\_\_

How much time would you be able to spend on these services? \_\_\_\_\_

## REFERENCES

Please provide three non-familial references.

Residential Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Employment Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

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

Signature: \_\_\_\_\_ Printed 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: \_\_\_\_\_

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## 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:

<b>Housing Status</b>	
<input type="checkbox"/> Stably housed <input type="checkbox"/> Inadequately housed: i.e. housing is overcrowded, inhabitable, inaccessible, and/or unsustainably distant from work or school <input type="checkbox"/> Temporarily housed: short-term residence (1 month or less) <input type="checkbox"/> Transitionally housed: supportive/program-based residence with exit date <input type="checkbox"/> At risk of homelessness: imminent risk of losing housing (21 days or less) <input type="checkbox"/> Experiencing homelessness: no fixed, regular & adequate nighttime residence <input type="checkbox"/> Fleeing/attempting to flee domestic violence	
<b>Ethnicity and/or Race</b>	
<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	
<b>Gender</b>	<b>Sexual Orientation or Identity</b>
<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	<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
<b>Household Type</b>	<b>Household Size</b>
<input type="checkbox"/> Single-Headed Family <input type="checkbox"/> Dual-Headed Family	<input type="checkbox"/> One person <input type="checkbox"/> Two people <input type="checkbox"/> Specify number: _____
<b>Veteran Status</b>	
<input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran <input type="checkbox"/> Decline to answer	