



HOME PROVIDER APPLICATION

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

Former/Other Names (if any, used in past 7 years): _____

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, Release of Information will be collected by staff during the home visit).

Emergency Contact (name, relation, number): _____

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

[] Program Waiver

DECLARATIONS

Part I. Please answer below to indicate if the corresponding statements are true. If you answer “Yes” to any of the following statements, please contact Home Match staff regarding eligibility. Our Eligibility Policy is available on our website (covia.org/services/home-match/).

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been on probation? Yes No

Have you ever been on parole? Yes No

Have you ever been evicted from a rental? Yes No

Have you ever filed for bankruptcy? Yes No

Have you ever had a lien or judgment filed against you? Yes No

Part II. 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 license the available room(s).

I am a co-owner of the home and all other co-owners have provided me with permission to license the available room(s).

As a **Renter**: I am current with my rent payments, of \$_____/mo.

My lease allows me to license the available room(s).

My landlord has provided with me with permission to license the available room(s).

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

The Home Match **Living Together Agreement** (LTA) is a home-sharing-specific 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: _____

I declare under penalty of perjury that the foregoing (Part I and Part II) is true.

Signature: _____ Printed Name: _____ Date: _____

HOUSEHOLD & AMENITIES

Please check all that apply...

Household			
Which best describes your home?	<input type="checkbox"/> House	<input type="checkbox"/> Condo	<input type="checkbox"/> Apartment <input type="checkbox"/> 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:	<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 you able to accept animal companions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:	
Room 1			
What are the dimensions?	Is there a lock on the bedroom door? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a separate entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, it's an ADU (aka in-law unit)	
Is there a private bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the room furnished? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:		
Room 2			
What are the dimensions?	Is there a lock on the bedroom door? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a separate entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, it's an ADU (aka in-law unit)	
Is there a private bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the room furnished? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:		
Amenities			
Will your homemate(s) have full kitchen access?	<input type="checkbox"/> Yes	<input type="checkbox"/> Limited use, please describe:	
Is your home close to public transit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please describe:	
Is there available parking?	<input type="checkbox"/> Street parking, hard to find	<input type="checkbox"/> Street parking, easy to find	<input type="checkbox"/> Private 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:	
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

Is your home wheelchair accessible? Yes No

Describe any stairs or elevators outside and/or inside your home.

TIMELINE & COSTS

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

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

Room 2: Cost: \$_____ 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:			

Task Exchange: Some home providers elect to reduce the cost of the room in exchange for help with household chores (no medical care or personal caregiving). If you are interested in a task exchange, please specify the help you are looking for, along with an estimate of how much time per week or month would be desired:

LIFESTYLE PREFERENCES

Please check all that apply...

Which best describes your guest policy, if given advance notice? Daytime and overnight guests are welcome Open to discussion 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 cannabis?	<input type="checkbox"/> Yes, including indoors	<input type="checkbox"/> Yes, outdoors only	<input type="checkbox"/> No
Would you accept inhaled cannabis 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 cannabis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you accept edible or topical cannabis 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?	<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:

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

How would you describe your preferred homemate? **Note:** Please do use NOT specific characteristics such as: race, religion, disability status, sexual orientation, and age.

How would you describe your personality as a homemate? What is or was your occupation? What do you like to do in your free time? **Note:** We recommend that you do NOT include personal characteristics such as: race, religion, disability status, sexual orientation, and age. You are welcome to discuss further with staff if disclosing such information is important to assure your personal safety and/or match compatibility.

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 _____

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 *Photo/Image Release* preferences. I furthermore give my permission to Home Match staff to share my *Timeline & Costs, Household & Amenities, Lifestyle Preferences*, and *References* responses with program participants to assist me in finding a good match.

Signature: _____

Print Name: _____ Date: _____

DEMOGRAPHICS SURVEY

Home Match collects participant demographic information (including age, gender, and income and other data points) for the purpose of aggregate 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 (2021)

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	\$39,151-65,250
Low	\$45,701-73,100	\$52,201-83,550	\$58,751-94,000	\$65,251-104,400
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 (2021)

Family of:	1 person	2 persons	3 persons	4 persons
Ext. Low	\$0 – 36,550	\$0 – 41,800	\$0 – 47,000	\$0 – 52,200
Low	\$36,551- 60,900	\$41,801- 69,600	\$47,000- 78,300	\$52,201- 87,000
Moderate	\$60,901- 97,600	\$69,601- 111,550	\$78,301- 125,500	\$87,001- 139,400
Above Mod.	\$97,601+	\$111,551+	\$125,501+	\$139,401+

Monterey County (2021)

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	\$23,251-38,801	\$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	\$54,251-68,550	\$62,001-78,300	\$69,751-88,100	\$77,501-97,900
Above Mod.	\$68,551+	\$78,301+	\$88,101+	\$97,901+

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	Household Type
<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	<input type="checkbox"/> Single-Headed Family <input type="checkbox"/> Dual-Headed Family
<i>Continues onto next page...</i>	

Veteran Status	Disability Status
<input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Live without a disability <input type="checkbox"/> Live with one or more disabilities <input type="checkbox"/> Decline to answer