



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.

Front Porch's Fair Housing/Discrimination Policy

Front Porch conforms to the Fair Housing Act and Title VI of the Civil Rights Act of 1964; all participants in the Home Match program are forbidden from discriminating based on a protected class, including: race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, and disability.

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: | |
| Is your home wheelchair accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

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

Does your home have internet? Yes No, but can be installed No, prefer not to install

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 |

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

What personality traits or interests are you looking for in a home mate? **Note:** You are not allowed to discriminate based on race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, and disability.

What personality traits or interests you would like your potential home mate to know about you? **Note:** You are not allowed to discriminate based on race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, and disability.

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

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

REFERENCES

Our program requires a minimum of two non-familial references. If preferred, you can provide your references to Home Match staff at a later date. Home Match staff will reconfirm your permission before contacting and/or sharing your 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.

Do not take photos of my property.

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: _____



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

Front Porch operates a program (“Home Match” or the “Program”) in Alameda County, Contra Costa County, Marin County, and San Francisco City & County that helps match 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 Home Provider.

- 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 Front Porch is accurate. Material misrepresentations or omissions in the application documents or otherwise provided to Front Porch 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. Front Porch 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 each 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, Front Porch conducts background and reference checks. By signing below, you understand and agree that Front Porch and prospective housemates may contact your references. You also understand and agree that the Program 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 applicable fees 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, along with any amendments, must be given to Front Porch. Program Participants agree to inform Front Porch 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 his or her ability to enter into a Living Together Agreement.

7. **Statement of Non-Discrimination:** Front Porch abides by applicable fair housing requirements under 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.

Program Participant

Signature: _____

Printed Name: _____

Date: _____



Complaint/Grievance Process

Front Porch will help Community Services program participants and their representatives file complaints or grievances when such requests are made. A participant has the right to voice a complaint or grievance to the community or agency or entity that hears grievances without fear of discrimination or reprisal. Each Community Services program investigates all complaints and grievances and makes prompt efforts to resolve them.

At the time of entering a program, the program manager or a designated representative informs the participant of:

- a. the desire by the program to accommodate participant requests, needs, complaints, and concerns;
- b. the internal program complaint/grievance policy and procedure;

The Vice President of Community Services will investigate all complaints/grievances and will inform the participant and their representative, if any, of the findings of the investigation and the actions that will be taken to correct any identified problems.

Tracy Powell
Vice President, Community Services
2185 N. California Blvd. Suite 215
Walnut Creek, CA 94596
tpowell@frontporch.net
510-593-0954

Please initial below to acknowledge your receipt of the above information

Participant: _____ Date: _____

Participant Representative (If Applicable): _____ 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 (2022)

| Family of: | 1 person | 2 persons | 3 persons | 4 persons |
|-------------|--------------------|-------------------|--------------------|---------------------|
| Acutely Low | \$0- 15,000 | \$0- 17,100 | \$0- 19,250 | \$0- 21,400 |
| Ext. Low | \$15,001 – 30,000 | \$17,101 – 34,300 | \$19,251 – 38,600 | \$21,401 – 42,850 |
| Very Low | \$30,001 – 50,000 | \$34,301 – 57,150 | \$38,601 – 64,300 | \$42,851 – 71,400 |
| Low | \$50,001 – 76,750 | \$57,151- 87,700 | \$64,301 – 98,650 | \$71,401 – 109,600 |
| Median | \$76,751 – 99,950 | \$87,701- 114,250 | \$98,651 – 128,500 | \$109,601 – 142,800 |
| Moderate | \$99,951- 119,950+ | \$137,100+ | \$154,200+ | \$171,350+ |

Marin County & San Francisco City & County (2022)

| Family of: | 1 person | 2 persons | 3 persons | 4 persons |
|-------------|------------------------|------------------------|------------------------|---------------------|
| Acutely Low | \$0 – 17,450 | \$0 – 19,900 | \$0 – 22,400 | \$0 – 24,900 |
| Ext. Low | \$17,451 – 39,150 | \$19,901 – 44,750 | \$22,401 – 50,350 | \$24,901 – 55,900 |
| Very Low | \$39,151 – 65,250 | \$44,751 – 74,600 | \$50,351 – 83,900 | \$55,901 – 93,200 |
| Low | \$65,251 – 104,400 | \$74,601 – 119,300 | \$83,901 – 134,200 | \$93,201 – 149,100 |
| Median | \$104,401 – 116,200 | \$119,301 – 132,800 | \$134,201 – 149,400 | \$149,101 – 166,000 |
| Moderate | \$139,450 | \$159,350+ | \$179,300+ | \$199,200+ |

| Ethnicity and/or Race | |
|---|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other/Multiracial |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Decline to answer |
| Sexual Orientation or Identity | Household Type |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Single-Headed Family |
| <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving | <input type="checkbox"/> Dual-Headed Family |
| <input type="checkbox"/> Questioning/Unsure | |
| <input type="checkbox"/> Straight/Heterosexual | |
| <input type="checkbox"/> Not Listed: _____ | |
| <input type="checkbox"/> Decline to answer | |
| Veteran Status | Disability Status |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Live without a disability |
| <input type="checkbox"/> Not Veteran | <input type="checkbox"/> Live with one or more disabilities |
| <input type="checkbox"/> Decline to answer | <input type="checkbox"/> Decline to answer |