

-----FOR OFFICE USE ONLY-----  
Date Received: \_\_\_\_\_  
Background Check Date: \_\_\_\_\_  
Home Visit Date: \_\_\_\_\_

# HomeShare Sarasota



## Home Provider's Application

Name (First/Middle/Last): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Bldg./Lot/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

Sex:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Are you a Veteran?  Yes  No

Race:  White  Black  American Indian/Alaska Native  Asian or Pacific Islander  Other: \_\_\_\_\_

How did you hear about HomeShare:  Newspaper  Suncoast News  Internet Search  The Flyer  
 Friend  Craigslist  Facebook  Other: \_\_\_\_\_

Do you give authorization to HomeShare Sarasota to conduct a criminal background check?  Yes  No

How long have you lived in Sarasota County? \_\_\_\_\_

Why do you want to HomeShare? \_\_\_\_\_

*PLEASE NOTE: Tenant is responsible for the first month's rent at time of placement.*

Range of rent expected: \_\_\_\_\_  Monthly

Will you be offering **reduced rent** for services?  Yes  No

Please describe the type of person with whom you would like to share a home. Be as specific as possible, i.e. male or female, age, race, religion, smoking/drinking, sexual orientation, characteristics or behavior/habits that are important to you, driver, have children, work FT/PT, languages spoken, etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other occupants in your home? (Children, spouse, friend, etc...)  Yes  No If yes, please specify name(s), age(s) and gender(s): \_\_\_\_\_

Do you smoke?  Yes  No If yes, would you agree to smoke outside only?  Yes  No

Do you drink alcoholic beverages?  Yes  No  Occasionally

Do you have a pet?  Yes  No If yes, what type? \_\_\_\_\_

Would you accept living with (check box if yes):  Occasional Drinker  Smoker  Outside Smoker  Large Pet

Small Pet  A Couple  Man  Woman  Single Parent w/Child  College Student  Person with a Wheelchair

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Will tenant be expected to share the cost of utilities in addition to or in lieu of rent?  Yes  No If yes, please indicate cost to tenant per month: Electric-\$\_\_\_\_\_ Gas-\$\_\_\_\_\_ Water-\$\_\_\_\_\_ Phone-\$\_\_\_\_\_ Cable-\$ \_\_\_\_\_

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Please indicate if you are willing to **provide/share** any of the following services:  Housekeeping  Driving  Cooking  Yard Work  Laundry  Grocery Shopping  Other: \_\_\_\_\_

How long do you want your HomeShare arrangement to last? \_\_\_\_\_

Do you have a health condition a roommate should know about? \_\_\_\_\_

What are your special talents, interests, hobbies, etc? \_\_\_\_\_

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Do you own your own home?  Yes  No How many years at present home? \_\_\_\_\_

In what area of town are you located? \_\_\_\_\_

Is it near (Check if Yes):  Bus Line  Grocery Store  Churches  Shopping  Laundry?

Briefly describe your home and the space you will be providing to the roommate. (How many rooms, room size, closet space, etc.)  Furnished Bedroom **OR**  Unfurnished Bedroom  Private Bath **OR**  Shared Bath

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Do you have a car?  Yes  No Do you drive?  Yes  No Is a parking space provided?  Yes  No

Please use this space to provide us with any additional information including concerns and/or questions you may have about Home Sharing: \_\_\_\_\_

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**Emergency Contact Information (Mandatory)**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ / \_\_\_\_\_

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**APPLICANT'S SIGNATURE**

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**DATE**

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For more information concerning home sharing, please call the office at (941) 361-6210.

Please contact our office as soon as possible to schedule an appointment after returning your application. Please return the application by mail, fax or E-mail.

Mail: HomeShare Sarasota  
269 S. Osprey Ave.  
Sarasota, FL 34236  
Fax: (941) 361-6210  
E-mail: [rshaulis@sarasotahousing.org](mailto:rshaulis@sarasotahousing.org)

**DECLARATION ON NON-CRIMINAL HISTORY**  
**County of Sarasota & State of Florida**

I \_\_\_\_\_ declare as follows:

**PRINT NAME**

True  False I am an applicant for the HomeShare Sarasota program.

True  False I have never been convicted of any felony or misdemeanor.

If False, please explain conviction history:

\_\_\_\_\_  
\_\_\_\_\_

True  False I have never been on probation or parole.

If False, please explain conviction history:

\_\_\_\_\_  
\_\_\_\_\_

True  False I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**HOMESHARE SARASOTA IS UNABLE TO ACCEPT PERSONS ON ACTIVE PAROLE**

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**REFERENCES**

*NOTE: Relatives should not be used as references.*

**Employment Reference (non-relative)** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_/\_\_\_\_\_

Relationship: \_\_\_\_\_

**Residence Reference (non-relative)** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_/\_\_\_\_\_

Relationship: \_\_\_\_\_

**Personal Reference (non-relative)** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_/\_\_\_\_\_

Relationship: \_\_\_\_\_

**HOMESHARE SARASOTA (HSS)**

***AUTHORIZATION TO RELEASE INFORMATION***

The HOMESHARE SARASOTA (HSS) program will verify information provided from an applicant as provided in the application and other documents required in connection with the HomeShare Sarasota program. The purpose is to identify program eligibility in addition to assisting personnel in effectively matching home providers and renters for successful home sharing.

Please review the following procedures and statements:

1. I am considering application for participation in the HomeShare Sarasota program. As part of the application process, I understand that HSS may verify information contained in my application and other documents required.
2. I authorize contacts listed in my application to provide HSS information. Such information includes but is not limited to: two personal references (non-relative), including employment; employment history; residence; rental history; criminal history; and income sources. Public records may be used in this report, such as civil and court records.
3. A copy of this authorization may be accepted as an original.
4. This authorization will stay in effect for twenty-four (24) months / two (2) years from the date signed.

I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for rejecting my application or termination of my HOMESHARE AGREEMENT. By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

**PERMISSION FOR USE OF PHOTOGRAPHS**

I hereby give HOMESHARE SARASOTA permission to use photographs of the following in their marketing or other program materials:

House Inside Yes No      House Outside Yes No      Pictures of myself Yes No

By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

# HOMESHARE SARASOTA

## AGREEMENT OF NON-LIABILITY

The HomeShare Sarasota program objective is to bring together those who have housing with those who are in need of housing. Each of the undersigned acknowledges the following:

- (a) That although HomeShare Sarasota has introduced him or her to a person or persons with whom a possible housing arrangement may be made, neither HomeShare Sarasota nor any of its officers or employees, or contractors have made any representations or warranty about any such person(s), including the accuracy of any information furnished by such person(s) to HomeShare Sarasota, or the ability of any such person(s) to perform his, her, or their obligations in connection with such possible housing arrangement;
- (b) That any housing arrangement he or she may enter into will be voluntary;
- (c) That any decisions in the selection and/or acceptance or rejection of a housing arrangement of a person or persons with whom to enter into such housing arrangement, will be made solely by the undersigned and that HomeShare Sarasota had no part in such decision; and,
- (d) That neither HomeShare Sarasota nor any of its officers, employees, or contractors has made any expressed or implied guarantees of warranties regarding the suitability of any housing arrangement entered into by the undersigned or its success.

The undersigned releases and discharges and agrees to indemnify, hold harmless and defend, HomeShare Sarasota and its officers, employees, and contractors from and against claims, causes of action, damages, costs, losses and expenses arising from, related to, or incurred due to the participation by the undersigned in any of HomeShare Sarasota' program or activities and without limitation to home sharing program.

HomeShare Sarasota cannot discriminate on behalf of its clients. Each client has the responsibility and privilege of choosing his/her own housemate. HomeShare Sarasota does not refer applicants on the basis of race, color, religion, sexual orientation or other factors not specifically referenced on the application. Application questions are designed to assist applicants in finding suitable matches. No referrals will be made for clients requiring "hands on care" such as dispensing medication, bathing, dressing, medical care, turning or lifting, assistance getting in/out of bed or bath, etc.

HomeShare Sarasota agrees to maintain confidentiality with regard to any information set forth on the application or obtained through the investigation process. However, the program also retains the right to disclose said information for any reasonable legitimate purpose at HomeShare Sarasota' sole discretion. The undersigned gives permission for his or her references as provided in the application to be verified by personnel.

In addition, the undersigned agrees to inform HomeShare Sarasota personnel when a home sharing placement decision is made and if or when a placement terminates.

Clients are responsible for the truth of all statements made on their applications. HomeShare Sarasota reserves the right to exclude persons from the program for false statements or other just cause. Persons on active parole will not be accepted as clients.

**I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION IS TRUE, THAT SUCH INFORMATION WILL BE VERIFIED, AND THAT THIS AGREEMENT HAS BEEN READ AND UNDERSTOOD.**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**