

Do you smoke? _____ Do you have a pet? _____ If yes, what type? _____

Would you accept (answer yes or no):

A couple? _____ A smoker? _____ A pet? _____ A male? _____

A female? _____ A college student? _____ A single parent w/child? _____

A person in a wheelchair (is your home wheelchair accessible)? _____

Rent Expected: \$ _____ Circle One (weekly twice a month monthly)

Do you own your home? _____ How many years? _____

Please describe your home and the space you will be providing to the roommate, i.e., how many rooms, furnished or unfurnished, size, closet space, etc.: _____

In what area of town is the home located? _____

Is the home near: Bus Line _____ Grocery Store _____ Churches _____ Shopping _____

Laundry _____

Do you drive? _____ Have a car? _____ Is a parking space provided? _____

How long do you want your homesharing arrangement to last? _____

Concerns and/or questions you may have about Homesharing: _____

Do you have a health condition a roommate should know about? _____

What are your special talents, interests and hobbies, etc? _____

Please use this space to provide us with any additional information you wish to share:

402 N. Good Latimer Expy – Dallas, TX 75204

Phone: 214-821-8510 Fax: 214-828-1499

Rev: 09Nov

Who is to be notified in case of an emergency? Name _____

Home Phone _____ Cell Phone _____

Work Phone _____

References: Please list two individuals we may contact as references for you (no relatives, please). References are a very important part of our process, and it is necessary for us to have two references before we can arrange a match for you.

Reference 1 Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Reference 2 Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

AGREEMENT OF NON-LIABILITY

The staff of Shared Housing Center, Inc. will use their training and experience to bring together those who have housing and those who are seeking housing, either peer relationship or through an intergenerational match.

I understand Shared Housing center is not the agent of any party, (homeprovider, homeseeker or roommate) but acts as a facilitator providing the opportunity for the parties involved to come together and work out an acceptable housing arrangement. In consideration for the services and benefits provided by Shared Housing Center, I agree to hold blameless Shared Housing Center, Inc. and their officers, directors, employees and agents from any liability or damages that may arise from my participation in this program.

Since any agreements or contracts shall be made by the parties involved in this homesharing arrangement, the officers, directors, employees and agents of Shared Housing Center, Inc. either individually or in a group, will not be held responsible and will not assume any liability for claims, damages, or other consequences which may arise from this homesharing agreement.

I have read and understand the above statement and agree to be bound by its terms.

Date: _____ Signature: _____

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VERIFYI

Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Shared Housing Center, Inc.		
Contact Name Jan Robinson			
Agency's Main Phone Number 214.821.8510		Agency's Fax Number 214.828.1499	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For N/A				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)