

HOME PROVIDER APPLICATION

Please complete in full to help us better serve you.

Date: Nar	me:		
Address:			
City:			
Home Phone:	Cell Phor	ne:	
Work Phone:	Date of E	Date of Birth:	
Email Address:			
Marital Status:			
SS#	Texas ID	#	
How did you hear about Shared Hou	using?		
Occupation:	Employer:	_	
Please check your income level:	\$19,050 or less	\$19,051-\$24,499	
	\$24,500 or more		
Please describe the type of person was possible, i.e., male or female, age habits that are important to you.		-	
_			
402 N. Good Latimer Expy – Dallas	, TX 75204 Phone: 21	4-821-8510 Fax: 214-828-1499	

Are there other occupants in your home?YESNO				
If yes, please specify age(s) and sex(es)				
Do you smoke? Do you have a pet? If yes, what type?				
Would you accept (answer yes or no): A smoker? A pet? A male? A female?				
A college student?				
A person in a wheelchair (is your home wheelchair accessible)?				
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, 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?				
402 N. Good Latimer Expy – Dallas, TX 75204 Phone: 214-821-8510 Fax: 214-828-1499				

Please use this space to provide us with any additional information you wish to share:		
Who is to be notified in case	of an emergency? Name	
Home Phone	Cell Phone	
Work Phone		
	ndividuals we may contact as references for you (no relary important part of our process, and it is necessary for un arrange a match for you.	
Reference 1 Name:		
Address:		
	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,

402 N. Good Latimer Expy – Dallas, TX 75204 Phone: 214-821-8510 Fax: 214-828-1499

Inc. and their officers, directors, emploees 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:

402 N. Good Latimer Expy – Dallas, TX 75204 Phone: 214-821-8510 Fax: 214-828-1499