SHARED HOUSING CENTER, INC.

HOMESEEKERS APPLICATION

Please complete in full to help us better serve you. Incomplete applications will not be considered.

PART I

Name _____ Date _____

Date of Birth ____/____/_____ SS # _____ Gender ____

Texas ID#_____ Primary Language: _____

Marital Status: Single Divorced Common Law Living Together Married Separated Widowed

Race: American Indian Asian Black or African American White Other _____

Are you a US citizen? Yes_____ No_____ Are you Hispanic or Latino? Yes ____ No____

Contact Information:

Phone-home ( ) _____ Phone-work ( )_____

Phone-cell ( ) _____ Email Address:_____

How did you hear about Shared Housing? _____

Background Information:

Have you ever been convicted of a felony? Yes ___ No _____ If yes, Please explain: _____

_____

Are you a victim of domestic violence? Yes_____ No _____ How recently? _____

Are you homeless? Yes ___ No ____

Where did you sleep last night? Zip Code of Prior Residence: _____

Outdoors (*location*) _____ With Family With Friend
Emergency Shelter (*name*) _____ Motel (*location*) _____
Transitional Housing (*name*) _____ Drug/Alcohol Treatment (*name*) _____
Permanent Supportive (*name*) _____ Other (*describe*) _____

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

Length of Stay at Prior Residence: 1 week or less more than a week, but less than 1 month 1 to 3 months more than 3 months, but less than 1 year 1 year or longer

Have you been homeless 4 or more times in the past 3 years? Yes___ No ___ If Yes, how often? _____ times

Did you become homeless for the first time in the past 12 months? Yes ___ No ___

If you have been homeless for less than one year, indicate the amount of time you have been homeless below:

Less than 1 month to 2 months 3 to 5 months 6 to 8 months 9 to 11 months

Have you been homeless for 1 year or longer? Yes No

Please choose between one and three factors that best explain why you are homeless.

Unemployed, Lost Job Medical Disability Substance Abuse/Dependence Domestic Abuse
Mental Illness Family Problems Legal Problems/ Prior Conviction Sex Offender
Eviction Not Enough Money Natural Disaster Other: _____

Employment

Are you currently employed? Yes____ No_____ If No, how long: _____

Occupation _____ Employer _____

What is your monthly wages/salary? _____

Is your job: Temporary_____ Seasonal_____ Permanent_____

Hours worked Last Week _____

SOURCE OF INCOME & MONTHLY AMOUNTS

Employment _____ Unemployment Benefits _____ Social Security _____

Child Support _____ Food Stamps _____ Veterans Benefits _____ SSI _____

SSDI _____ AFDC/TANF _____ Medicaid _____ Medicare _____

Other (please specify) _____

Education

Are you currently in school? Yes_____ No _____

Did not finish school GED High School Diploma Some College 2 year degree

Higher (specify) _____ Vocational/Certification _____

Physical Health

What is your general health? Excellent Very Good Fair Poor

Do you have Health Insurance? Yes____ No_____ Do you have Chronic Illness? Yes_____ No_____

Doctor/Clinic _____ Phone/Fax _____

Address _____

What medications (prescribed or over the counter) do you take? _____

_____

Reasons for taking medications? _____

_____

Are you pregnant? Yes_____ No_____ If Yes How many months? _____

Do **YOU** have a history of the following? (Check all that apply)

Mental illness Alcohol abuse Sexually transmitted diseases

Drug abuse Developmental disabilities Physical disabilities

Do your **family members** have a history of the following? (Check all that apply)

Mental illness Alcohol abuse Sexually transmitted diseases

Drug abuse Developmental disabilities Physical disabilities

Do you have any conditions a roommate should know about? _____

_____

Military Status: Active Inactive N/A

If Active/Inactive Military status: What was the duration of your active duty? _____

Branch of Service: _____ Discharge Status: _____

PART II

Social History Assessment

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

Do you drive? _____ Do you have a car? _____ Need to be on a bus line? _____

Do you need to be within walking distance of grocery, shopping, churches, etc.?_____

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

_____

List two locations where you would prefer to live:

1. _____ 2. _____

Briefly describe space desired: _____

_____

Please describe the type of person with whom you would like to share a home. **Please be specific**.

_____

_____

Would you accept/live with (answer yes or no):

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

A college student? _____

How long do you want the Homesharing arrangement to last? _____

_____

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

_____

_____

Last two previous addresses and length of time (start with current or most recent address)

1. Address_____ From _____ to _____

City _____ State_____ Zip _____

2. Address_____ From _____ to _____

City _____ State_____ Zip _____

Social Services

List any agency that you have accessed for support or services (food stamps, shelter, mental health needs, counseling, food pantry, church, child protective services, nonprofit agencies, emergency assistance)

1. Agency _____ 2. Agency _____

Support _____ Support _____

3. Agency _____ 4. Agency _____

Support _____ Support _____

Are you still connected with any of these? _____ If so, what services do you still receive?

_____

Family

List two people you consider family (blood relative or just friends)

1. Name _____ Age _____ Relation _____

Address _____ Phone ( ) _____

Would you consider this person a support to you and if so, in what way? _____

_____

2. Name _____ Age _____ Relation _____

Address _____ Phone ( ) _____

_____

Would you consider this person a support to you and if so, in what way? _____

_____

**Who is to be notified in case of an emergency?

Name _____ Relation _____

Address _____ Home phone _____

_____ Work phone _____

REFERENCES

Please list two individuals who 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.

1. Name _____ Relation _____

Address _____ Home phone _____

_____ Work phone _____

2. Name _____ Relation _____

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 understood the above statement and agree to be bound by its terms.

Date: _____ Signature

_____

Mailing address: Shared Housing Center, Inc.
402 N. Good Latimer Expwy.
Dallas, TX 75204
FAX: 214.828.1499
PHONE: 214.821.8510