

For Office use ONLY

INIT _____

ID# HP- _____

HOME PROVIDER PUBLIC INFORMATION FORM

The information you provide on this form will be available to all other Project Share clients. It may be read to clients during phone referrals or viewed by clients during office visits.

Please print clearly and fill this as completely as you are willing.

DATE _____ **FIRST NAME** _____ **SEX** _____ **AGE** _____

Do you have a child, family member or partner who will live with you? If so, please list first name and age: _____

HOME PHONE _____ What times are you willing to receive calls at this number?

Earliest _____ Latest _____ Best _____

CELL PHONE _____ What times are you willing to receive calls at this number?

Earliest _____ Latest _____ Best _____

WORK PHONE _____ What times are you willing to receive calls at this number?

Earliest _____ Latest _____ Best _____

EMAIL _____

TYPE OF HOME Single family home Apartment Condominium/Townhouse Other: _____

Laundry Facilities? Yes No Kitchen Privileges? Yes No

SPACE AVAILABLE 1 BEDROOM 2 BEDROOMS Which floor? _____ Furnished? Yes No

Private Bathroom? Yes No Tub? Yes No Shower? Yes No

RENT List the least amount of rent you are willing to accept for rent and utilities combined each month _____

Who do you want to contact? (Check one)

_____ I am interested in contacting those that are seeking a room in exchange for **rent**.

_____ I am interested in contacting those that are seeking a room in exchange for **services**.

_____ I am interested in contacting those that are seeking a room in exchange for **rent and services**.

Gender (check where appropriate)

_____ I am only interested in same sex housemates (if I am renting out only one room).

_____ I have no gender preferences or requirements in housemates.

Storage Do you have available storage space in your home? _____

Transportation Do you have a current driver's license? Yes No Do you have a reliable car? Yes No

Are you near public transportation? Yes No

Smoking Do you smoke? Yes No If so, are you willing to smoke outside? Yes No

Are you willing to live with housemates who smoke **indoors**? Yes No

Are you willing to live with housemates who smoke **indoors**? Yes No

Drinking How often do you drink alcohol? Once a week? 2 – 3 times a week? 4 or more times a week?

Will you tolerate housemates who drink at home: Once a week? 2 – 3 times a week? 4 or more times a week?

Pets Do you have pets? Yes No If yes please be specific: _____

Would you be willing to live with someone that has pets? Yes No Specify: _____

Housekeeping Standards Briefly describe you standard of cleanliness: _____

Briefly describe the standards of cleanliness you expect in housemates? _____

Do you have any allergies or aversions to any popular households products? (Please be specific) _____

Eating Habits Do you have any special eating habits? _____

Do you desire or require housemates who have eating habits similar to yours? Yes No

Arrangement Desired Number the following 1 through 3, with 1 being the most desirable arrangements:

- _____ **Independent Household:** Cook separately and have minimal involvement with housemates.
- _____ **Semi-Cooperative Household:** Share some meals or activities.
- _____ **Communal Group:** Generally share meals/chores; have greater involvement such as house meetings.

What should a potential housemate know about you and your situation? Please write something about your personality, your occupation your schedule, your noise habits, your guest/visitor habits and what you expect from a shared living arrangement. (Please feel free to attach additional pages if needed.)

References

- 1) Name: _____ Relationship: _____ Phone: _____
- 2) Name: _____ Relationship: _____ Phone: _____
- 3) Name: _____ Relationship: _____ Phone: _____

(Examples of references: current or former supervisor, social worker, landlord or current/former housemate. Please inform these references that you have listed them here and keep in mind that any Project SHARE client may call them.)