

To apply, read and complete the forms in this packet and return to our office by email, fax, U.S. Mail, or in person. Upon receipt, we will schedule a face-to-face appointment with you to go over your particular needs. Thank you!

AGREEMENT OF NON-LIABILITY FOR SHARED HOUSING PLACEMENTS

Project SHARE, a shared housing service sponsored by ECHO Housing, is a voluntary program which assists those persons in need of housing with a way to contact those persons willing to share their housing with others. In order to adequately assist both parties, the Homeseeker and Homeprovider, ECHO's staff and volunteers will use their training and experience in the area of housing to facilitate this process.

It is imperative that all parties to this agreement fully understand that the final decision on living arrangements can only be made by the parties involved. ECHO Housing can only act as a facilitator because it lacks both the express or implied authority to guarantee the suitability of any shared housing match.

Additionally, ECHO Housing lacks authority to determine the nature of the subsequent Shared Housing match. Thus, whether the parties decide to have a "straight" shared housing (where homeseeker pays for housing) or an employer/employee arrangement is to be decided by the parties involved and NOT by ECHO staff or volunteers "

Thus, based upon the above stated information, it is understood by the undersigned:

- 1) That in no event shall ECHO Housing or the program staff and volunteers, either individually or as a group be liable to pay any party in the Shared Housing program for any liability resulting from matching arrangements.
- 2) That ECHO Housing, its officers, employees, and volunteers shall be held harmless from any and all suits, claims, losses, liability, or damages arising out of or resulting from Shared Housing activities.
- 3) And finally, that ECHO Housing is NOT the agent of either party and is in fact an independent third party providing a forum for the parties to come together and work out a housing arrangement.

I, the undersigned, have fully read and understand this agreement before signing.

Read and understood by:

X _____
Signature

Print Name

Date



For Office use ONLY
 INIT _____
 ID# _____

CONFIDENTIAL REGISTRATION FORM

Information on this form is for the use of ECHO staff only. This information is used to compile statistical reports for our funders and for ECHO staff to contact you. Information on this page will not be available to other Project Share clients. Please print clearly and fill in all applicable information.

Name: _____

First

MI

Last

Maiden/Other Names Used: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Current Address: _____

City: _____ Zip Code: _____

Age: _____ Sex: _____ Disability? Yes No

Ethnicity: Non-Hispanic Hispanic

Race (Check one only):

- | | | |
|---|---|---|
| <input type="checkbox"/> American/Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> American/Alaska Native & African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American/Alaska Native & White | <input type="checkbox"/> American/Black |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Other/Multi Racial |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> African American/Black & White | |

Head of your Household: _____ Age: _____

Names in Household	Race	Gender	Age	SS#

Source of Income: _____ Total Monthly Income: _____

Occupation: _____

How did you hear about Project Share? _____

What is your current housing situation? Own Rent Homeless Other (please explain: _____)

Please provide a contact person we can reach in case you are no longer reachable at your address or phone number.:

Name: _____ Relationship: _____

Phone: _____ City/State: _____

TO COMPLETE THE APPLICATION PROCESS, YOU WILL BE REQUESTED TO SUBMIT COPIES OF YOUR PHOTO ID, SOCIAL SECURITY CARD, AND PROOF OF INCOME. PLEASE BRING THEM TO YOUR APPOINTMENT.



Criminal History Policy

It is the policy of **Project SHARE** to screen all applicants for criminal convictions. All applicants are screened through the **Background Screeners of America**. If an applicant has lived outside of California in the last ten years, a multistate background check is required.

It is the policy of **Project SHARE** not to refer any applicant to shared housing who has been convicted of a felony crime, a crime of moral turpitude, a crime of child or adult abuse, or criminal activity involving crimes of physical violence to persons or property.

Upon receipt of an adverse report of criminal history, the applicant will be sent a letter or an email denying the application due to criminal history report and a copy of the background check.

Policy on nondiscrimination: Project SHARE provides services to all shared housing participants regardless of race, color, creed, gender, sexual orientation, national origin, age, marital status, familial status, disability, or any other arbitrary reason.

I certify that I have read this application form and that the above information is correct.

Participant Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____

Release of Information

I, _____, hereby authorize the **Project SHARE** Staff to send information to and discuss my personal circumstances with staff of other agencies. It is understood that any interchange of information made between staff and coordinators of other agencies will be used only for purposes of attempting to determine appropriate services for me and my family.

I also hereby authorize **Project SHARE** Staff to provide information supplied by me to potential shared housing applicants in the process of attempting to bring about a home sharing arrangement for me and information on any arrest and/or criminal convictions obtained by **Project SHARE**.

Participant Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____



Program Exit Guidelines

Project SHARE is a non-discriminatory, equal opportunity non-profit, shared housing program. We serve residents of the Cities of Livermore and Pleasanton, regardless of race, color, religion, sex, national origin, disability or familial status, sexual orientation, gender identity, ancestry, marital status, source of income, or any other arbitrary reason. As part of the program, **Project SHARE** requires everyone to provide copies of identification, Social Security cards, work or student visas (or similar documentation), and proof of income. In addition to this, applicants for shared housing services are required to pass a criminal background check. If a person is having trouble meeting any of these requirements, he or she should talk with Staff to discuss alternatives.

The following is a list of reasons a participant *may* no longer receive services and be exited from the program:

- Falsifying any information;
- Disrespectful behavior towards Staff in person, on the phone, or in writing;
- Disrespectful behavior towards another home seeker or home provider;
- Damage done to the property of a home provider, or the property of a home seeker;
- Inappropriate behavior towards Staff or a program participant;
- Crimes or illegal activity committed while in the program;
- Non-compliance with substance abuse or mental health treatment;
- Inability to make contact with an unmatched program participant by phone, email, and mail after one month of attempts;
- Failure to provide contracted services or rent;
- If the home becomes uninhabitable or not fit for home sharing.

Staff exercises their right to exit anyone from the program if they fall into one of the above categories. This list is not comprehensive and someone may be asked to leave for another reason. In addition, staff may use discretion at any time and allow a participant to stay in the program based on the nature of the offense.

I, _____, have read and understand the above guidelines. I acknowledge that anything listed above may result in my dismissal from the program, and that I am responsible for my own behavior towards staff, volunteers, and program participants.

Participant: _____ Date: _____

Spouse/Partner: _____ Date: _____

Project SHARE Staff: _____ Date: _____

