



HOME SEEKER APPLICATION

Name (first, middle, last): _____ Date: _____

Address: _____

Phone: _____ Email: _____

Primary language: _____ DOB: _____ Social Security #: _____

Gender: Male Female Not listed, please specify _____

Current housing status: _____

How did you hear about us: _____

Currently works, lives, or attends school in San Francisco: Y N Has Section 8: Y N

Emergency Contact: _____ Phone: _____ Relation: _____

Seeking housing for: # Adults: _____ # Children (specify full-time, part-time): _____

Monthly Gross Income: _____ Monthly Household Income (if different): _____

Max Monthly Rent: _____

Employment Status: Employed Disability Other
 Unemployed Retired

Employer: _____ Title: _____

City: _____ Years at Job: _____ Hours/Week: _____

Employer: _____ Title: _____

City: _____ Years at Job: _____ Hours/Week: _____

Other: _____

LIVING PREFERENCES

Service Exchange Wanted: Y N *If yes, the types of services you can provide:*

Housework Cooking Running errands Transportation: Driver's License Car
 Yardwork Home maintenance Pet Care Other _____

Prefer male/female homeowner: M F No pref.

Rooms Needed: Single Multiple

Need wheelchair accessible: Y N

Need lock on bedroom door: Y N

Need private bath: Y N

Need furnished room: Y N

Need unfurnished room: Y N

Need storage: Y N

Need in-home laundry: Y N

Need near public transit: Y N

Need parking: Y N

Have pets: Y N Type _____ Accept pets: Y N Type _____

Smoker: Y N Inside Outside Accept smoking in home: Y N

Marijuana use: Y N Often Occasional Accept Marijuana in home: Y N

Alcohol use: Y N Often Occasional Accept Alcohol in home: Y N

Need vegetarian home: Y N

Visitors

- Never Days only
- Rarely Overnight
- Often Vacations

Children visitors

- Never Days only
- Rarely Overnight
- Often Vacations

House cleaning style

- Extremely clean and neat
- Clean
- Pick up after self
- Some clutter

I am home

- Most of the day
- Weekends
- Evenings only
- Variable shifts

Watch TV in a common area

- Rarely
- Daily
- Evenings

Music

- Don't listen to music
- Listen in my room
- Play it loud

Cooking

- Rarely
- Once daily
- All meals
- Microwave meals

Prefer activities

- With housemates
- On my own

Brief description of your ideal home setting and housemate:

Brief description of yourself (lifestyle, interests, hobbies, languages):

DECLARATION OF NON-CRIMINAL HISTORY

- () I have never been convicted of a felony or misdemeanor
() I have never been on probation
() I have never been on parole

I declare under penalty of perjury that the foregoing is true. I give my permission to the Home Share staff, to share my *living preferences* with home seekers to assist me in finding a good match.

Signature: _____

Print Name: _____ Date: _____

OPTIONAL QUESTIONS

For demographic reporting only. Check all that apply:

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other/Multiracial |

HOME MATCH Non-Discrimination Policy

Our program is open to all. We do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, gender, gender identity, familial status, veteran status, disability, sexual orientation, marital status, source of income, age or other protected characteristics. We do not refer applicants to housemates based on these factors.

OFFICE USE ONLY

ID Verified: Y N Type: _____ References Provided: Y N
Income Verified: Y N Signed Authorization: Y N
Signed Program Agreement: Y N Staff Member: _____



SAN FRANCISCO NEIGHBORHOOD LIST

If you are offering a room to rent, please select where you are located.

If you are seeking a room to rent, please select where you would like to live.

- | | | |
|---|---|--|
| <input type="checkbox"/> Bayview | <input type="checkbox"/> Ingleside | <input type="checkbox"/> Potrero Hill |
| <input type="checkbox"/> Bernal Heights | <input type="checkbox"/> Inner Richmond | <input type="checkbox"/> Portola |
| <input type="checkbox"/> Castro | <input type="checkbox"/> Inner Sunset | <input type="checkbox"/> Presidio |
| <input type="checkbox"/> Chinatown | <input type="checkbox"/> Japan Town | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Cole Valley | <input type="checkbox"/> Laguna Heights | <input type="checkbox"/> Russian Hill |
| <input type="checkbox"/> Cow Hollow | <input type="checkbox"/> Laurel Heights | <input type="checkbox"/> Sea Cliff |
| <input type="checkbox"/> Dogpatch | <input type="checkbox"/> Lower Haight | <input type="checkbox"/> SoMa |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Marina | <input type="checkbox"/> South Beach |
| <input type="checkbox"/> Excelsior | <input type="checkbox"/> Mission Bay | <input type="checkbox"/> Sunset |
| <input type="checkbox"/> Financial District | <input type="checkbox"/> Mission District | <input type="checkbox"/> Telegraph Hill |
| <input type="checkbox"/> Fisherman's Wharf | <input type="checkbox"/> Nob Hill | <input type="checkbox"/> Tenderloin |
| <input type="checkbox"/> Forest Hill | <input type="checkbox"/> Noe Valley | <input type="checkbox"/> Twin Peaks |
| <input type="checkbox"/> Forest Knolls | <input type="checkbox"/> North Beach | <input type="checkbox"/> Visitacion Valley |
| <input type="checkbox"/> Glen Park | <input type="checkbox"/> Outer Richmond | <input type="checkbox"/> West Portal |
| <input type="checkbox"/> Haight-Ashbury | <input type="checkbox"/> Outer Sunset | <input type="checkbox"/> Western Addition/
NOPA (Panhandle) |
| <input type="checkbox"/> Hayes Valley | <input type="checkbox"/> Pacific Heights | |
| <input type="checkbox"/> Hunter's Point | <input type="checkbox"/> Parkside | <input type="checkbox"/> Any |



PERSONAL REFERENCES

Please provide the names and phone numbers of three people who will act as character references for you. These references will be used to help staff or potential housemates learn more about you.

EMPLOYMENT REFERENCE (non-relative) NAME _____

PHONE _____

RELATIONSHIP _____

RESIDENCE REFERENCE (non-relative) NAME _____

PHONE _____

RELATIONSHIP _____

PERSONAL REFERENCE (non-relative) NAME _____

PHONE _____

RELATIONSHIP _____

I/We hereby give permission for these references to be checked by HOME MATCH SF applicants and/or HOME MATCH SF staff.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

HOME MATCH San Francisco Program Waiver

The undersigned wishes to apply for and participate in the HOME MATCH San Francisco Program ("Program") jointly administered in San Francisco by Northern California Presbyterian Homes and Services (NCPHS) and Covia, and collectively referred to as the Administrators, on the following terms;

1. **The Undersigned Acknowledges and Agrees to the following Conditions of Participation:**
 - a. The Administrators do not guarantee the accuracy, reliability, completeness, or usefulness of any information provided by other Program applicants, participants, their references or any other third parties, and that the Administrators have no obligation to verify or seek to verify the statements of Program applicants or participants;
 - b. Although the Administrators may introduce me to a person(s) with whom a possible housing arrangement may be made, the Administrators do not make any promises, guarantees, or representations about the ability of any such person(s) to perform his or her obligations with respect to such possible housing arrangement;
 - c. Any decisions to enter into a housing arrangement, including selection of the other person(s), will be made solely by the undersigned and the other person(s) involved and that the Administrators have no part in or responsibility for such decision;
 - d. The Administrators do not endorse or advocate for and are not responsible for the conduct of any Program participant;
 - e. The Administrators have not made any express or implied guarantees or warranties regarding the suitability of housing arrangements involving any particular individual or residence; regarding the condition of any housing; or regarding the success of any housing arrangement;
 - f. When I call to check in for referrals, names of clients for me to contact may not always be available;
 - g. I give permission for my references to be checked by Program applicants or the Administrators. If I enter into a Living Together Agreement, I give permission for my references, emergency contact person or advocate to be contacted;
 - h. I give permission to the Administrators to conduct a criminal background search through National or Local Court database records, National Sex Offender databases or a third party provider of their choice, to the extent available; provided, however, that the Administrators are not required to perform such background search or database check. I will provide additional information regarding my criminal background to the Administrators upon request.
 - i. The Administrators cannot guarantee that a HOME MATCH will be arranged;
 - j. The Administrators may decline or remove me from participation in the Program at their own discretion if I make false or misleading statements as part of the application process, if I fail to provide requested information about my criminal background, if I direct rude, threatening or inappropriate language or behavior towards the Administrators' staff, volunteers or clients, or for any other reason;
 - k. This Agreement includes waivers by me of possible legal rights and claims and acceptance of certain liabilities; and that such waivers and acceptance of liabilities are the consideration for and which have induced the Administrators to admit me into the Program.
2. **Acceptance of Risk.** I understand that my participation in the Program may involve living in a close residential setting with another person, and that it has inherent risks that may arise in a variety of ways including, but not limited to, the condition of a residence, a housemate making false or misleading statements on a Program application or in any agreement we sign, a housemate's failure

to pay rent, a housemate's disclosed or undisclosed financial, psychological, social or substance abuse issues. I acknowledge and accept these risks.

3. **Waiver and Release of Claims.** In consideration for my participation in the Program, I waive and release any and all claims against the Administrators and the City and County of San Francisco and its agents, employees, consultants, departments, supervisors, elective and/or appointive boards, contractors, representatives and officers (collectively, "CCSF") for any injury, including death or injury to my person, family, guests, or property, or other liability, loss, damages, claims, expenses and attorneys' fees, resulting from, caused by or arising directly or indirectly from my participation in the Program. I agree not to sue the Administrators on the basis of these waived and released claims. I expressly waive all of my rights under Section 1542 of the California Civil Code. Such Section reads as follows:

"A general release does not extend to claims which the creditor does not know of suspect to exist in his or her favor at the time of executing the release, which if known by him of her must have materially affected his or her settlement with the debtor."

4. **Indemnification.** If the Administrators or CCSF suffer any legal claims, liabilities, or costs due to my participation in the Program, including my behavior or the behavior of anyone for whom I am legally responsible, I will defend, indemnify and hold the Administrators and CCSF harmless against any and all such claims. I will pay the cost of defense and the amount of the liability, if any, incurred by the Administrators or CCSF, except and only to the extent that the liability is caused by the gross negligence or willful misconduct of the Administrators or CCSF, as applicable.
5. **Additional Agreements.** I understand that it is my responsibility to check references of any potential housemate(s) and/or to determine that my landlord, if any, is agreeable to a Living Together Agreement. I will inform the Administrators when Living Together Agreement is made and when it ends; and to give the Administrators any and all amendments to or terminations of the Living Together Agreement.
6. **Statement of Non-Discrimination:** The Administrators abide by the Fair Employment and Housing Act, Unruh Civil Rights Act and other California and federal law which prohibit discrimination in housing on the basis of race, color, religion, sex, national origin, ancestry, gender, familial status, disability, sexual orientation, marital status, source of income, age or other protected characteristics. The Administrators do not refer applicants to housemates based on these factors. If housemates will be sharing common or living areas of a house, the law permits a preference on the basis of sex or gender.
7. **Confidentiality.** The Administrators will maintain confidentiality with regard to information set forth on the application or otherwise obtained through the application process. Subject to applicable laws, the Administrators will only use your information in connection with its operation of the Program, as deemed appropriate by the Administrators.
8. **Definitions.** For purposes of this agreement, "the Administrators", means NCPHS or COVIA and their affiliated entities, directors, officers, employees and agents. "Participant" means both applicants to the Program and those providing or seeking housing as a result of applying to the Program. "Participation" means all aspects of participation, including applying to the Program, providing housing to another person, and living in a housing obtained as a result of applying to the Program.

Signature of Applicant(s) I declare all information furnished in my application is true to the best of my knowledge. I consent to the terms of participating in the HOME MATCH Program in this Agreement. I consent to verification of all information provided by me.

Signature _____ Date _____

Print Name _____



Mayor's Office of Housing and Community Development
City & County of San Francisco

2018-2019 Family Income Verification Form

The Mayor's Office of Housing and Community Development (MOHCD) collects client information to meet specific federal, state, and local reporting requirements and to improve program quality and service delivery. MOHCD protects all clients' personally identifiable information from unauthorized disclosure.

Agency Instructions

1. **Use the Family Income Verification Form Instructions** to help with form completion.
2. Please **complete** and **review** this form **with client**.
3. This form must be kept on **file for five years**.
4. **All items must be completed** unless noted as optional.

Client Information

Client Name/Unique Identifier _____ Date of Birth ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail: _____
 (Optional) (Optional)

Which best describes your ethnicity? (Check one. Please also select from the "race" options below)

- Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native <u>and</u> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native <u>and</u> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <u>and</u> White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American <u>and</u> White |
| <input type="checkbox"/> White | <input type="checkbox"/> Other/Multiracial |

Cultural Affiliation or Nationality (optional): _____

What is your gender? (Check one that that best describes your current gender identity)

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Trans Female |
| <input type="checkbox"/> Male | <input type="checkbox"/> Trans Male |
| <input type="checkbox"/> Genderqueer/Gender Non-binary | <input type="checkbox"/> Not Listed. Please Specify _____ |

How do you describe your sexual orientation or sexual identity? (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Straight/Heterosexual |
| <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving | <input type="checkbox"/> Not listed. Please specify: _____ |
| <input type="checkbox"/> Questioning /Unsure | <input type="checkbox"/> Decline to answer |

