



Del Mar Shared Housing Home Provider Application

Processing may be delayed if form is incomplete. Question? 858-792-7565

Please return completed form to: Del Mar Community Connections
P.O. Box 2947, Del Mar, CA 92014 or fax to: 858-793-3689

About You					
First Name:			Last Name:		
Address:			Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City:		State:	Zip Code:		Type of pet:
Phone Day:		Night:		Do you smoke? <input type="checkbox"/> Inside <input type="checkbox"/> No	
Email:			<input type="checkbox"/> Outside		
Best Method to Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email			Do you drink? <input type="checkbox"/> Socially <input type="checkbox"/> No		
Prior Residence Address:			<input type="checkbox"/> At home		
City:		State:	Zip Code:		Source of Income
Age:	Date of Birth:		<input type="checkbox"/> M <input type="checkbox"/> F		Gross Annual Income:
Why do you want to share a home with someone?			<input checked="" type="checkbox"/> Employment		
			<input type="checkbox"/> Social Security (SSI)		
			<input type="checkbox"/> VA		
			<input type="checkbox"/> Other:		
			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
List all people who will live with you:			Race: <input type="checkbox"/> White <input type="checkbox"/> Black		
Name	Age	Relationship		<input type="checkbox"/> Native American	
				<input type="checkbox"/> Hispanic	
				<input type="checkbox"/> Asian/Pacific Islander	
				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If No: Permanent Resident?	
				Yes - Immigration #: _____	
				<input type="checkbox"/> No - Visa #: _____	
About the Housemate You Will Accept					
Gender Preference:		<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Couple	<input type="checkbox"/> No Preference
Age Preference:		<input type="checkbox"/> Under 40	<input type="checkbox"/> 40 - 60	<input type="checkbox"/> Over 60	<input type="checkbox"/> No Preference
Do You Object to:			Would you consider living with children?		
Drinking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Only young children <input type="checkbox"/> Only teenagers
Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Pets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> No Cats	<input type="checkbox"/> No Dogs

About the Living Space You Provide

What is the monthly rent you want to receive? \$_____

What rental arrangements will you accept?

- Straight Rental** (No services provided; housemate just pays rent every month)
- Service Exchange** (Housemate exchanges services for part of rent)
- Straight Exchange** (Housemate exchanges services for full rent)

If Housemate exchanges services, what types of services will you exchange for rent?

- Housekeeping Babysitting Companionship
- Cooking Yardwork Pet Care
- House-sitting Transportation - Have Auto? Yes No

Are there any other services you will accept?

What facilities do you offer? Wheelchair Access Private Bath Furnished Room Grocery Near

Private Phone Laundry Access Garage or Parking Near Bus Stop No Stairs

Any other facilities provided?

Describe any physical or medical condition you have that constitutes a special need for match-up arrangement:

What type of housing are you sharing? House Apartment Condo Townhouse Mobile Home

Housing offered is not shared; describe:

Do you own or rent this housing? Own Rent

References

Previous Tenant:		Personal Reference:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Personal Reference:		Personal Reference:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone: