Home Share Provider Application

Thank you for your interest in the Home Share Program. For over 50 years, Senior Services for South Sound has been committed to enhancing the quality of life for people as they age. The Home Share program is an integral part of the senior program offerings available to our community. Senior Services for South Sound is a non-discriminatory, equal opportunity, non-profit social services organization.

The Home Share program is designed to be mutually beneficial for both the Home Seeker and the Home Provider. Home Share is not an emergency shelter program, and placement is not based on vulnerability. Matches are made based on compatibility, and finding a suitable match can take weeks or months; we **cannot guarantee a match.** We are currently only accepting applications for residents of Thurston County.

To ensure our Home Share arrangements remain mutually beneficial, we cannot onboard Providers asking for more than $600 per month.

Mail, deliver, or email to submit the completed application and a copy of your photo ID:

Home Share
Senior Services for South Sound
222 Columbia St NW
Olympia, WA 98501
Or Email:
Homeshare@southsoundseniors.org

Please note, your application will not be processed until we receive a Copy of your photo ID and the $35.00 Processing fee, as this will be required to run a background check.

Processing fee and Payment

$35.00 non-refundable processing fee per applicant.

Senior Services for South Sound accepts:

- ☐ Online payments on our website at Southsoundseniors.org
- ☐ In person: cash, check, money orders or credit cards are accepted at the Olympia or Lacey Senior Center Reception Desk.
- ☐ Mail: a receipt will be provided upon request. Please make checks/money orders payable to Senior Services for South Sound, Home Share. Do Not send cash by mail.
- ☐ By Phone: Call the Olympia Senior Center at 360-586-6181 and let the receptionist know you need to pay the Home Share processing fee. A receipt will be provided upon request.

What to Expect

- The pre-screening process (*application review, background check and reference check*) has no set timeline but typically takes approximately 7 to 10 business days.
- Home Share staff will call and/or email to confirm your application was received and when additional information is needed to process your application.
- If your application is approved, you will be contacted to schedule an entrance interview.
- A Home Visit will be required for Providers and an Office Visit for Seekers before connections will be considered.
- If your application is declined, Home Share staff will notify you.
- To expedite the application process, please notify your references in advance and encourage them to respond quickly.
- Home Share staff currently do not have the option to text. We will call or email you.
- You may contact Home Share staff regarding the status of your application at **homeshare@southsoundseniors.org** or 360-586-6181 ext 136.
- If Home Share connects you with a prospective housemate, we *strongly encourage* you to take your time in getting to know one another. Please keep in mind that this is not a fast process and our ultimate goal is to connect people together that will result in a living arrangement with longevity.
- If you are matched through Home Share, we require that a Living Together Agreement/Written Lease be sent to us for your matched file.
- $35 annual processing fee (All Clients) and $50 match fee (for Providers, per match) are required.

HOME SHARE PROVIDER APPLICATION

Section 1: **PERSONAL INFORMATION** - **This section is required.** Please print all responses.

Are you completing the application for yourself? Yes ____ No ____ *If no, see below.

What is your relationship to the applicant? _____

Full Name As Listed on Photo ID:

_____

First Middle Last

Other Names Used:

_____

Have you used any other first, middle, or last names? Include nicknames, maiden names, and any others.

Date of Birth: _____ Current Age: _____

(MM/DD/YYYY)

Current Address: _____

City/Town: _____ State:_____ Zip: _____

☐ Check if current address is the same as mailing

Mailing Address: _____

City/Town: _____State:_____Zip:_____

Phone:
Home_____Cell_____Work_____

Email Address: _____

Emergency Contact:

_____

First Name Last Name Relationship Phone

Section 1: **PERSONAL INFORMATION** -**This section is required**- continued

Primary Language:_____

Race/Ethnicity (check all that apply):

Race (use head of household)	**Non Hispanic**	**Hispanic**
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		

Your Gender: _____

Your Pronouns:

- ☐ She/Her
- ☐ He/His
- ☐ They/Them
- ☐ Other: _____

What is your relationship status?

- ☐ Married
- ☐ Domestic Partner
- ☐ Divorced
- ☐ Widowed
- ☐ Single
- ☐ Separated

☐ Other

Section 1: **PERSONAL INFORMATION** -**This section is required**- continued

Are you applying to this program with someone? Please list the name(s) and relationship of each household member:

First Name	Last Name	Relationship	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____

**A $35.00 processing fee and a copy of a photo ID are required for each applicant and/or each adult living in the home. The Home Share program completes a background check for each person.*

Are you a U.S. Veteran: Yes ___ No ____ Military Branch: _____

Are you a gun owner? Yes _____ No ____

Do you have allergies? Yes _____ No ____

If yes, please describe: _____

Do you have pets? Yes ____ No ____ If yes, please list type and breed of each pet:

_____

What is the weight (oz/lbs) of your largest pet? _____

Section 2: **EMPLOYMENT/VOLUNTEER INFORMATION** - Please print response. Please describe your employment history and any volunteer information you wish to share:

_____

_____

_____

_____

_____

Section 3: **INCOME - PAST 30 DAYS - This section is required.**

Please list the dollar ($) amount of monthly **Gross** income you receive:

***Please note that while level of income does not determine eligibility, we cannot accept clients that have NO monthly income.**

- ☐ Supplemental Security (SSI) _____
- ☐ Pension/Retirement _____
- ☐ Social Security (SSA) _____
- ☐ Child/Spousal Support _____
- ☐ Veteran Benefits _____
- ☐ SNAP/Basic Food _____
- ☐ Employment _____
- ☐ Other _____

Total Monthly Income: _____

Beneficiary Income Self-Certification Form

Last Name:

_____

Question 1

How many people are there in your family including yourself? _____ (If you are single with no dependents, write 1).

If more than one family resides at the address, complete a new survey for each family.

Question 2

Income limit chart: Family Size

Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Income	65,350	74,700	84,050	93,350	100,850	108,300	115,800	123,250

Is the current, combined income of all family members residing at this address (including any related, dependent persons over 65 or working dependent children over 18) above or below the figure quoted in the Income limit chart? ___ Above, ___ Below

For the purposes of this question, the definition of income is defined as the adjusted gross income reported on Internal Revenue Service (IRS) Form 1040 for Federal annual income tax purposes. (24 CFR 570.3)

Certification

I/we certify that this information is complete and accurate. A sample of self-certifications may be selected for verification with income documentation. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator. Falsification of a certification is a violation of federal law and subject to prosecution.

Name:

_____

Date:

_____

Signature:

_____

Section 4: **SUBSTANCE USAGE**

Do you use recreational drugs? Yes ___ No ___

If yes, please list: _____

Are you a smoker? Yes ___ No ___ Please list any/all tobacco products and/or recreational inhalant products (vaping) you use, including marijuana:

_____

_____

_____

_____

Have you ever been, or are you currently, enrolled in an addiction treatment program? Yes ___ No ___ If yes, please list the dates and treatment locations:

_____

_____

_____

_____

Do you consume alcohol? Yes ___ No ___

Circle one:

Not for Me Special Occasion Socially or on Weekends Most Nights

Section 5: **PERSONAL REFERENCES - This section is required.**

To expedite the processing of your application, please notify your references that Home Share staff will be contacting them. Please circle phone or email, if the reference has a preferred method of contact.

Reference 1:

_____ _____ _____

First Name *Last Name* *Relationship*

_____ _____

Email Address *Phone Number*

Reference 2:

_____ _____ _____

First Name *Last Name* *Relationship*

_____ _____

Email Address *Phone Number*

Reference 3:

_____ _____ _____

First Name *Last Name* *Relationship*

_____ _____

Email Address *Phone Number*

Section 6: **CURRENT HOUSING STATUS**

Please select the option that best describes your current living situation:

Do you:

- ☐ Rent
- ☐ Own

Housing type:

- ☐ Single Family
- ☐ Condo/Townhome/Duplex
- ☐ Mobile Home
- ☐ Apartment
- ☐ Shared Home/Apartment
- ☐ Other (Please specify below)

_____

_____

Section 7: **HOME SHARE PROGRAM**

Please select the top three (3) reasons you wish to enter the Home Share Program:

- ☐ Increase Income
- ☐ Companionship
- ☐ Receive Services
- ☐ Secure, Stable Housing
- ☐ Meet monthly expenses
- ☐ Increased quality of life
- ☐ Help another person
- ☐ Maintain Independent Living/Housing
- ☐ Other Reason (list below)

_____

How long do you expect the Home Share arrangement to last?

- ☐ Short Term: 6-12 months
- ☐ Long Term: 12 months or longer

Section 7: **HOME SHARE PROGRAM Continued**

How did you learn about the Home Share Program?

- ☐ Newspaper
- ☐ TV
- ☐ Facebook
- ☐ Friend
- ☐ Senior Service Member
- ☐ Senior Services Publication
- ☐ Radio
- ☐ Other (See below)

If other, please explain: _____

How many bedrooms do you have available to rent through Home Share?_____

Please describe your available bedrooms. (*For example, upstairs, downstairs, den, etc*)

_____

_____

Is the available space:

- ☐ Furnished
- ☐ Unfurnished
- ☐ Partially Furnished, Please explain what furniture comes with the room:

_____

_____

Would you consider removing furniture if necessary? Yes____No____

Please specify items that will be removed, if requested_____

_____

Are there in-home laundry privileges? Yes____No____If no, please describe how Seeker is expected to do laundry.

_____

_____

Will closet space be available to the Seeker? Yes_____No_____

Will there be additional on-site storage available to the Seeker? Yes____No_____

Section 7: **HOME SHARE PROGRAM Continued**

Please describe the bathroom facilities available to the seeker

☐ **Shared Bathroom** Includes:

☐ Toilet
☐ Combination shower/tub
☐ Bathtub
☐ Shower

☐ **Private Bathroom** includes:

☐ Toilet
☐ Combination shower/tub
☐ Bathtub
☐ Shower

Is the Seeker's bathroom facility ADA Accessible? *Examples*: *walk-in shower, grab bars, etc*
Yes____No____ Please describe any ADA modifications or limitations:

_____

Are there stairs or other environmental barriers anywhere in the home? Yes_____No_____
If yes, please explain

_____

Please describe vehicle parking and any associated cost? *Example*: *garage, carport, street, etc.*

_____

Are you close to local services/amenities ? Yes____No____If yes, Please describe
For example: *grocery, pharmacy, retail, parks, etc.*

_____

_____

Please describe the noise level of your neighborhood:

☐ Low
☐ Medium
☐ High

Please describe your unique neighborhood characteristics/concerns:

_____

_____

What is the proximity to public transportation?

☐ 0-3 blocks ☐ 3-6 blocks ☐ More than 6 block

Section 7: **HOME SHARE PROGRAM Continued**

What amount do you currently pay in rent/mortgage? _____
**Mortgage/Rent, Property taxes and utilities must be in good standing and not in threat of foreclosure or eviction or shut off.*

What is the amount of Rent you are requesting from the Seeker? _____
**To ensure our Home Share arrangements remain mutually beneficial, we cannot onboard Providers asking for more than $600 per month.*

Are you willing to reduce rent in exchange for services? Yes __No___

If yes, please select the services you are willing to exchange for rent:

- ☐ Cleaning
- ☐ Cooking
- ☐ Yardwork
- ☐ Light Maintenance
- ☐ Other (please describe): _____
- ☐ Driving/errands
- ☐ Gardening
- ☐ Pet care

What is the **minimum** rent you would accept with a service exchange? _____

Are Utilities included? Yes_____No_____ If yes, please select below:

- ☐ Natural Gas
- ☐ Propane
- ☐ Water
- ☐ Sewer
- ☐ Other: Please describe_____
- ☐ Electric
- ☐ Garbage
- ☐ Cable
- ☐ Internet

If utilities are not included, how much will the Seeker pay for utilities?

_____

We welcome any additional information you would like to provide:

Release of Information

Personal health information will be maintained with confidentiality to the highest extent possible, but there may be times when personal health information must be shared. Although we do not access medical records, when you are enrolled as a client in Home Share, Senior Services staff members and volunteers need to be able to talk to each other about your case. They also need to share information with any potential housemate they deem may be a good fit for you. Signing this form allows staff members to obtain, read, copy, and share the information you provide to help coordinate a living arrangement that best suits your needs. **By signing this *required* form, you agree to participate in the Home Share Program with Senior Services for South Sound.**

I give my permission to disclose the following information:

- ☑ Mental Health
- ☑ Medical Information

This consent is valid:

- ☑ As long as I am an active client of the Home Share Program

- ☑ I agree that the Home Share Program of Senior Services for South Sound can share the information I provide via applications, forms, and interviews with each other, volunteers and with any potential housemate they deem appropriate to coordinate a living arrangement. I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared. A copy of this form provides my permission to share information.

_____

Print Name

_____

Signature Date

_____

Print Name of Participant (co-applicant)

_____

Participant Signature (co-applicant) Date

Section 9: **CRIMINAL HISTORY POLICY**

It is the policy of Senior Services for South Sound to screen all applicants for criminal convictions annually as long as you are an active client of the Home Share Program. A requirement for all applicants 18 years of age or older to the Home Share Program is a criminal and sexual offender background check. Washington state residents are screened through the Washington State Patrol. If an applicant has lived outside of Washington in the last seven (7) years, a National background check through Sterling Volunteers is performed. Applicants will also be screened through the National Sex Offender Registry (NSOR).

It is the policy of Senior Services not to refer any applicant to the program who has a background finding listed within WAC 388-113-0020 attached. All crimes listed in this code are disqualifying. Upon receipt of an adverse report of criminal history that is not disqualifying, the applicant will be sent a letter requesting more information. **All background findings will be disclosed to any potential Home Share match.**

Policy on nondiscrimination: All services offered by Home Share are provided without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, and familial status.

Criminal History Background Check

By signing below you authorize Senior Services for South Sound to conduct a thorough Criminal History Background Check at the time your Home Share Application is received and annually thereafter as long as you are an active client of the Home Share Program. The Criminal History Background Check draws upon records from multiple sources, including, but not limited to, Washington Access to Criminal History (WATCH), Sterling Volunteers national background check service, and the National Sex Offender Registry (NSOR). An adverse background check finding does not automatically disqualify you from entering the Home Share Program; disqualifying offenses are listed in WAC 388-113-0020.

I certify that I have read this Criminal History Policy and understand the above information.

_____ _____

Participant Signature Signature Date

_____ _____

Participant Signature (co-applicant) Signature Date

Out of State Background Check Information

Have you lived outside Washington within the last 7 years? Yes ___ No___
If yes, complete the Out of State Background Check Information Section below.

If the exact address(s) are unknown, the city, state, zip code, County and dates are still required.

Address 1

_____

Address City State Zip County

_____ to _____

Start Month & Year End Month & Year

Address 2

_____

Address City State Zip County

_____ to _____

Start Month & Year End Month & Year

Address 3

_____

Address City State Zip County

_____ to _____

Start Month & Year End Month & Year

Attach additional sheets if necessary

_____ _____

Participant Signature Signature Date

_____ _____

Participant Signature (co-applicant) Signature Date

LEGAL/CRIMINAL HISTORY

1. Have you ever been convicted of a felony? Yes ___ No ___
If yes, provide the convictions and date:

Date	Conviction(s)

2. Have you ever been convicted of a criminal misdemeanor? Yes ___ No ___
If yes, provide the conviction(s) and date:

Date	Conviction(s)

3. Have you ever been involved in a **Child Protective Services (CPS)** case?
Yes ___ No ___ If yes, please provide dates and description:

_____

_____

4. Have you ever been involved in an **Adult Protective Services (APS)** case?
Yes ___ No ___ If yes, please provide dates and description:

_____

_____

5. Have you experienced an incident of domestic violence in your home?
Yes ___ No ___ If yes, please provide the dates and description:

_____

_____ _____
Participant Signature Signature Date

_____ _____
Participant Signature (co-applicant) Signature Date

Section 10: **AGREEMENT OF NON-LIABILITY**

I understand that the staff of Senior Services for South Sound will use their facilities to bring together those who have available housing (Home Provider) with those who express a desire for housing (Home Seeker). I, as the Home Provider/Home Seeker, understand that Senior Services for South Sound is not the agent of either party, but acts only as a facilitator to provide the opportunity for the parties involved to come together and work out an acceptable housing agreement.

Home Provider/Home Seeker hereby agrees to hold harmless, indemnify and defend Senior Services for South Sound, its employees, volunteers and agents from any and all claims, costs including reasonable attorney fees, arising out of the services provided by Senior Services for South Sound as a facilitator between the Home Provider and the Home Seeker.

I, as the Home Provider, am not relying entirely on Senior Services for South Sound to screen Home Seekers. All credit checks, references, and all other background information will be obtained and/or confirmed by myself.

I, as the Home Seeker, am not relying entirely on Senior Services for South Sound as to the Home Provider background or as to the condition of the premises and their sustainability for my needs. I agree to obtain and/or conform all information myself.

Any disputes between the Home Provider and Home Seeker which may arise shall not involve the staff of Senior Services for South Sound, either individually or as a group and I will not hold staff responsible for any claims, damages, or other consequences which may arise from any home sharing arrangement. I have been advised to seek the services of an attorney should I have any questions about my legal rights and the laws of the State of Washington. I have also been advised to seek guidance from my tax professional regarding any income or tax related questions.

_____ _____

Participant Signature Signature Date

_____ _____

Participant Signature (co-applicant) Signature Date

Program Exit Guidelines

Below is a list of reasons a client may no longer receive services and be exited from the Home Share Program. By signing below the participant acknowledges reading and understanding the Program Guidelines.

- Falsifying information on the Home Share application, direct interviews, or personal references.
- Violence or threats of violence towards Home Share housemates or Senior Services for South Sound staff members.
- Intentional damage done to the property of a Home Provider or Home Seeker.
- Crossing expressed boundaries of Home Share housemates or Senior Services for South Sound staff members.
- Inability to contact a Home Share client by telephone, email, or mail after 30 days.
- Failure to comply with all terms agreed upon by the Home Seeker and Home Provider in their signed Living Together Agreement and/or any other signed agreement(s).
- If the Provider's home becomes uninhabitable, unsafe or unfit for home sharing for any reason.
- Failure to provide Home Share staff with a dated and signed Living Together Agreement within 30 days of move-in date.
- Failure to pay $50 match fee within 30 days of move-in date. (Provider)
- Failure to pay annual $35 processing fee for background checks. (All clients)
- If a participant moves outside Thurston County for any reason.
- Failure to make a reasonable effort to consider potential matches or make existing matches work.

_____ _____

Participant Signature Signature Date

_____ _____

Participant Signature (co-applicant) Signature Date

WAC 388-113-0020

Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, 388-115, and 388-107 WAC?

(1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, 388-115, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:
(a) Abandonment of a child;
(b) Abandonment of a dependent person;
(c) Abuse or neglect of a child;
(d) Arson 1;
(e) Assault 1;
(f) Assault 2 (less than five years);
(g) Assault 3 (less than five years);
(h) Assault 4/simple assault (less than three years);
(i) Assault 4 domestic violence felony;
(j) Assault of a child;
(k) Burglary 1;
(l) Child buying or selling;
(m) Child molestation;
(n) Coercion (less than five years);
(o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute;
(p) Communication with a minor for immoral purposes;
(q) Controlled substance homicide;
(r) Criminal mistreatment;
(s) Custodial assault;
(t) Custodial interference;
(u) Custodial sexual misconduct;
(v) Dealing in depictions of minor engaged in sexually explicit conduct;
(w) Drive-by shooting;
(x) Drug crimes involving one or more of the following:
(i) Manufacturing or possession with the intent to manufacture a drug;
(ii) Delivery or possession with the intent to deliver a drug other than marijuana;
(iii) Delivery of marijuana (less than three years).
(y) Endangerment with a controlled substance;
(z) Extortion 1;
(aa) Extortion 2 (less than five years);
(bb) Forgery (less than five years);
(cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide);
(dd) Identity theft (less than five years);
(ee) Incendiary devices (possess, manufacture, dispose);
(ff) Incest;
(gg) Indecent exposure/public indecency (felony);
(hh) Indecent liberties;
(ii) Kidnapping;
(jj) Luring;
(kk) Malicious explosion 1;
(ll) Malicious explosion 2;
(mm) Malicious harassment;
(nn) Malicious placement of an explosive 1;
(oo) Malicious placement of an explosive 2 (less than five years);
(pp) Malicious placement of imitation device 1 (less than five years);

(qq) Manslaughter;
(rr) Murder/aggravated murder;
(ss) Possess depictions minor engaged in sexual conduct;
(tt) Promoting pornography;
(uu) Promoting prostitution 1;
(vv) Promoting suicide attempt (less than five years);
(ww) Prostitution (less than three years);
(xx) Rape;
(yy) Rape of child;
(zz) Residential burglary;
(aaa) Robbery 1;
(bbb) Robbery 2 (less than five years);
(ccc) Selling or distributing erotic material to a minor;
(ddd) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
(eee) Sexual exploitation of minors;
(fff) Sexual misconduct with a minor;
(ggg) Sexually violating human remains;
(hhh) Stalking (less than five years);
(iii) Theft 1 (less than 10 years);
(jjj) Theft from a vulnerable adult 1;
(kkk) Theft 2 (less than five years);
(lll) Theft from a vulnerable adult 2 (less than 10 years);
(mmm) Theft 3 (less than three years);
(nnn) Unlawful imprisonment;
(ooo) Unlawful use of building for drug purposes (less than five years);
(ppp) Use of machine gun in a felony;
(qqq) Vehicular assault;
(rrr) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
(sss) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and
(ttt) Voyeurism.
(2) If "(less than 10 years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults. This provision applies to convictions that the department has determined under subsection (3) of this section as equivalent to a crime listed in subsection (1) of this section once the period of time listed in subsection (1) of this section has passed.
(3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.
(4) In instances where a court has issued a certificate of restoration of opportunity of one of the crimes listed above, according to the procedure in RCW **9.97.020**, the conviction is not automatically disqualifying but is subject to a character, competence, and suitability review.