

# HOME PROVIDER INQUIRY FORM

## RETURN COMPLETED FORM TO SHARE SONOMA COUNTY BY ANY OF THE FOLLOWING

- VIA MAIL / DROP OFF LOCATION: 1500 Petaluma Boulevard South, Petaluma
- VIA FAX: 707-766-8899
- PHONE INTERVIEW: 707-765-8488
- EMAIL: INFO@SHAREFIRE.ORG

## CONTACT INFORMATION

Primary Name / Spouse or Partner		
Primary DOB / Spouse DOB		
Primary Cell / Spouse Cell		
Primary Email / Spouse Email		
Street Address		
City, ST, ZIP Code		

**\*NOTE: Background conducted only for those seeking housing**

## DESCRIBE YOUR HOUSEHOLD

How many adults? \_\_\_\_\_ Children (Under 18):  Yes  No If yes, how many? \_\_\_\_\_

Ages of Child(ren) \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

## COMPLETE ALL THAT APPLY

<p>Length of Time to House Fire Victim(s) Month(s): # _____ (Minimum 1 month)</p> <p>Would You Consider Long Term Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____ months</p> <p>Will You Accept a Family? <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum # of Persons You Can House: # _____</p>	<p>Will You Accept Children?: <input type="checkbox"/> Yes <input type="checkbox"/> No Age Preference or Range: _____</p> <p>Will You Accept Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Cat(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accept a Tobacco Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No A Marijuana Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accept Someone Who Socially Drinks Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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## DESCRIPTION OF AVAILABLE ROOM(S) IN YOUR HOME

<p>Describe available housing (# Rooms, separate unit, unoccupied home, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Bathroom Private or Shared? (Circle One)</p>	<p>Would you consider renting out this housing for a long-term home share? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, What would you charge per room: \$ _____/month</p> <p>Monthly amount for all utilities: \$ _____</p> <p>Refundable Security Deposit: \$ _____</p>
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## GENERAL INFORMATION

**Pet(s):**  Yes  No Type of Pets: \_\_\_\_\_

**Is your housing near a bus station? :**  Yes  No **If yes, how far a walk?** \_\_\_\_\_

**History of Alcohol Abuse:**  Yes  No **If yes, are you clean and sober, now?**  Yes  No

**History of Drug Abuse:**  Yes  No **If yes, are you clean and sober, now?**  Yes  No

**Conviction of Crime:**  Yes  No **On Parole:**  Yes  No Describe: \_\_\_\_\_

**List Any Medical and/or Behavioral Health Diagnosis:** \_\_\_\_\_

## SIGNATURE

I understand that this is an inquiry to participate in the SHARE Sonoma County Home Share Program. That this information will help determine my eligibility for placement. Any false statements or omissions made by me may result in my ineligibility to participate in the SHARE Sonoma County SHAREFire Home Share Program.

Signature	
Name (Please Print)	
Date	

**Note: If conducted via telephone, SHARE volunteer should print his / her name and complete date of interview**

**SHARE will contact you once a potential match has been found. We will provide via email a completed background report for each adult that might be matched with you, along with information regarding the Seeker(s). If you want to contact the Seeker(s), we will provide their contact information and move forward with the agreement should you and your potential match decide to home share.**