

# HOME SEEKER INQUIRY FORM

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

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

**CONTACT INFORMATION**

|                                       |  |  |
|---------------------------------------|--|--|
| Primary Name / Spouse or Partner      |  |  |
| Primary DOB / Spouse DOB              |  |  |
| Primary SSN / Spouse SSN*             |  |  |
| Primary Cell / Spouse Cell            |  |  |
| Primary Email / Spouse Email          |  |  |
| Street Address (for background check) |  |  |
| City, ST, ZIP Code                    |  |  |

**\*Note: SSN for background check is required only at time potential housing has been located. This is confidential and will be shredded immediately upon completion of report**

How many adults? \_\_\_\_\_ Children (Under 18):  Yes  No If yes, how many? \_\_\_\_\_  
 Ages of Child(ren) \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**COMPLETE ALL THAT APPLY**

|  |   |
|--|---|
| <input type="checkbox"/> Lost My Home in the Fire<br><input type="checkbox"/> Intact Please circle: Unable to Return / Will return<br><br>I am currently located at:<br>_____<br>_____<br><br>Do You Need Short Term Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do You Need More Long Term Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you need Long Term Housing, would you be interested in home sharing (renting a room in someone's home)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If so, how much rent and utility costs could you afford each month: \$ _____/month<br><br>If looking for single dwelling, how many bedrooms / baths? _____ |
|--|---|

**WHERE IN SONOMA COUNTY WOULD YOU PREFER TO LIVE (CHECK ALL THAT APPLIES)**

|                                     |  |                                      |                                     |                                    |
|-------------------------------------|--|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Cloverdale | <input type="checkbox"/> Cotati          | <input type="checkbox"/> Guerneville | <input type="checkbox"/> Healdsburg | <input type="checkbox"/> Penngrove |
| <input type="checkbox"/> Petaluma   | <input type="checkbox"/> Rohnert Park    | <input type="checkbox"/> Santa Rosa  | <input type="checkbox"/> Sebastopol | <input type="checkbox"/> Sonoma    |
| <input type="checkbox"/> Windsor    | <input type="checkbox"/> Other Counties: |                                      |                                     |                                    |

**SHARE Sonoma County cannot accept anyone convicted of a felony or misdemeanor involving elder or child abuse within the past ten (10) years, nor anyone currently on parole or in a restitution program**

# HOME SEEKER INQUIRY FORM

## GENERAL INFORMATION

Primary Language (circle)  English  Spanish

Smoke Tobacco:  Yes  No Smoke Marijuana:  Yes  No Drink  Yes  Occasionally  No

Do You Have a Car?  Yes  No Was Car Lost in Fire?  Yes  No Public Transit?:  Yes  No

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

Can You Live With Pets?  Yes  No Is This Due to Allergies?  Yes  No

Do you have any mobility issues?  Yes  No Can you climb stairs?  Yes  No

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 become an applicant of the SHARE Sonoma County 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 for you, obtain your SSN, run your background check and then move forward and introduce you to your potential match.**