



SWFL Senior HomeShare Program Application

Your personal information will be kept confidential and used only for eligibility screening and matching purposes.

1. Applicant Information

Date of Application: _____ SS#: _____ Date of Birth: _____

Full Name: _____ Marital Status: _____

Email Address: _____ Phone Number: _____

Current Address: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

Current rent or mortgage payment: _____

Are you a: ☐ Home Provider ☐ Home Seeker Preferred move-in date: _____

Are you a Veteran? ☐ Yes ☐ No

Race and ethnicity (Please check as many as apply to you):

☐ **American Indian/Alaska Native** - Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

☐ **Asian** - Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

☐ **Black** - Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

☐ **Hispanic or Latino** - Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

☐ **Middle Eastern or North African** - Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

☐ **Native Hawaiian or Pacific Islander** - Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

☐ **White** - Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

☐ **Other:** _____

Preferred cities or counties you would like to live in:

☐ Bonita Springs

☐ Cape Coral

☐ Collier County

☐ Estero

☐ Ft. Myers

☐ Ft. Myers Beach

☐ Immokalee

☐ Lee County

☐ Naples

☐ Sanibel

☐ Not important

☐ Other: _____

2. Income

Monthly Income:

Type	SS, SSI, or VA Disability	Unemployment or Workers Comp	Wages	Pension/ Retirement	Other	Total
Amount						

Maximum Monthly Rent (including utilities)? \$_____

(PLEASE NOTE: Tenant is responsible for the first month's rent at time of placement.)

Do you have a car? ☐ Yes ☐ No Are you able to drive? ☐ Yes ☐ No

Do you need to be within walking distance of grocery, shopping, churches, etc.? ☐ Yes ☐ No

If yes, please explain: _____

Do you need to be on or close to a bus line? ☐ Yes ☐ No

Please indicate if you would be willing to provide/share any of the following services:

- ☐ Housekeeping
- ☐ Driving
- ☐ Cooking
- ☐ Yard Work
- ☐ Laundry

- ☐ Grocery Shopping
- ☐ Companionship
- ☐ Other: _____

Willing to contribute to household chores? ☐ Yes ☐ No

Comfortable with a rotating chore schedule? ☐ Yes ☐ No

Home Providers only: Are you willing to reduce rent in exchange for agreed upon services? ☐ Yes ☐ No

3. Household Preferences & Daily Life

Preferred home environment (check all that apply):

- ☐ Quiet
- ☐ Social
- ☐ Smoking-friendly

- ☐ Pet-friendly
- ☐ Other: _____

How would you describe your personality?

- ☐ Very outgoing and social
- ☐ Friendly but private
- ☐ Quiet and reserved

In a typical day - Wake-up time: _____ Bedtime: _____

Do you have regular activities at home? ☐ Yes ☐ No If yes, explain: _____

Cooking habits: ☐ Cook frequently ☐ Occasionally cook ☐ Do not cook

Meal preference: ☐ Shared meals ☐ Separate meals

Noise level preference: ☐ Quiet ☐ Moderate ☐ No preference

Do you require a quiet environment for sleep/work/relaxation? ☐ Yes ☐ No

If yes, specify: _____

Preferred method of communication: ☐ In person ☐ Text ☐ Written notes ☐ Scheduled check-ins

Use of shared spaces: ☐ Frequent ☐ Infrequent

Sharing household items: ☐ No problem ☐ Communicate first ☐ Prefer not to share

Home Providers only – Overnight guests: ☐ Allowed ☐ Not allowed ☐ With advance notice

4. Compatibility & Boundaries

What qualities do you look for in a homesharing match?

What is a deal-breaker in a homesharing match?

Preferred way to handle conflict or disagreements:

Are there any types of environments you would not feel comfortable in? ☐ Yes ☐ No

If yes, explain: _____

Are there any cultural or religious practices that should be respected? ☐ Yes ☐ No

If yes, explain: _____

5. Health, Safety & Sensitivities

Do you have any physical or health conditions that might impact homesharing? (Optional) ☐ Yes ☐ No

If yes, explain: _____

Disclosure of health information is voluntary, is used to ensure a safe and appropriate match, and no documentation is required.

Do you have pets? ☐ Yes ☐ No If yes, type/breed: _____ Number: ____ Size: _____

Do you have allergies? ☐ Yes ☐ No If yes, specify: _____

Do you smoke? ☐ Yes ☐ No

Are you comfortable living with a smoker? ☐ Yes ☐ No ☐ If they smoke outdoors

6. Gender & Matching Preferences

How do you identify your gender? ☐ Woman ☐ Man ☐ Nonbinary/Other ☐ Prefer not to say

Would you prefer to be matched with someone of a particular gender? ☐ No preference ☐ Yes: _____

7. Criminal History

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: _____

Disclosure of a conviction does not automatically disqualify you but will be reviewed considering our policy.

8. References

Please provide at least three references who can speak to your character and reliability.

NOTE: Relatives should not be used as references.

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

9. Final Comments

Additional comments or concerns:

10. Agreement & Signature

I certify that the information provided in this application is true and complete. I understand that providing false information may result in disqualification from the program.

I also authorize SWFL Senior HomeShare to conduct a national background check as part of my application.

SWFL Senior HomeShare is an intermediary facilitating matches between Home Providers and Home Seekers. Home Coalition, Area Agency on Aging for Southwest Florida, and all affiliated organizations in the SWFL Senior HomeShare Project do not own or control the properties participating in this program. SWFL Senior HomeShare is not a party to disputes between Home Providers and Home Seekers arising from the duties they owe each other.

PRINT NAME

APPLICANT SIGNATURE

DATE

SWFL Senior HomeShare

Declaration on Non-Criminal History

I, _____, declare as follows:

☐ True ☐ False I am an applicant for the SWFL Senior HomeShare project.

☐ True ☐ False I have never been convicted of a felony or misdemeanor.

If false, please explain conviction history:

☐ True ☐ False I have never been on probation or parole.

If false, please explain conviction history:

☐ True ☐ False I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE

DATE

SWFL SENIOR HOMESHARE IS UNABLE TO ACCEPT PERSONS ON ACTIVE PAROLE.

SWFL Senior HomeShare

Agreement of Non-Liability

The SWFL Senior HomeShare, the Home Coalition, Area Agency on Aging for Southwest Florida, and affiliated organizations have years of training and experience in providing social services for Southwest Florida. The SWFL Senior HomeShare program objective is to bring together those who have housing with those who are in need of housing. Each of the undersigned acknowledges the following:

- a) That although SWFL Senior HomeShare has introduced him or her to a person or persons with whom a possible housing arrangement may be made, neither SWFL Senior HomeShare nor any of its affiliated organizations have made any representations or warranty about any such person(s), including the accuracy of any information furnished by such person(s) to SWFL Senior HomeShare, or the ability of any such person(s) to perform his or her obligations in connection with such possible housing arrangement;
- b) That any housing arrangement he or she may enter into will be voluntary;
- c) That any decisions in the selection and/or acceptance or rejection of a housing arrangement of a person or persons with whom to enter into such housing arrangement, will be made solely by the undersigned and that SWFL Senior HomeShare had no part in such decision; and,
- d) That neither SWFL Senior HomeShare nor any of its affiliated organizations has made any expressed or implied guarantees of warranties regarding the suitability of any housing arrangement entered into by the undersigned or its success.

The undersigned releases and discharges and agrees to indemnify, hold harmless and defend, SWFL Senior HomeShare and its officers, employees, and contractors from and against claims, causes of action, damages, costs, losses and expenses arising from, related to, or incurred due to the participation by the undersigned in any of SWFL Senior HomeShare' program or activities and without limitation to home sharing program.

SWFL Senior HomeShare cannot discriminate on behalf of its clients. Each client has the responsibility and privilege of choosing his/her own housemate. SWFL Senior HomeShare does not refer applicants on the basis of race, color, religion, sexual orientation or other factors not specifically referenced on the application. Application questions are designed to assist applicants in finding suitable matches. No referrals will be made for clients requiring "hands on care" such as dispensing medication, bathing, dressing, medical care, turning or lifting, assistance getting in/out of bed or bath, etc.

SWFL Senior HomeShare agrees to maintain confidentiality with regard to any information set forth on the application or obtained through the investigation process. However, the program also retains the right to disclose said information for any reasonable legitimate purpose at SWFL Senior HomeShare' sole discretion. The undersigned gives permission for his or her references as provided in the application to be verified by personnel.

In addition, the undersigned agrees to inform SWFL Senior HomeShare personnel when a home sharing placement decision is made and if or when a placement terminates.

Clients are responsible for the truth of all statements made on their applications. SWFL Senior HomeShare reserves the right to exclude persons from the program for false statements or other just cause. Persons on active parole will not be accepted as clients.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION IS TRUE, THAT SUCH INFORMATION WILL BE VERIFIED, AND THAT THIS AGREEMENT HAS BEEN READ AND UNDERSTOOD.

PRINT NAME

APPLICANT SIGNATURE

DATE

SWFL Senior HomeShare
AUTHORIZATION TO RELEASE INFORMATION

The SWFL Senior HomeShare program will verify information provided from an applicant as provided in the application and other documents required in connection with the SWFL Senior HomeShare program. The purpose is to identify program eligibility in addition to assisting personnel in effectively matching home providers and renters for successful home sharing.

Please review the following procedures and statements:

1. I am considering application for participation in the SWFL Senior HomeShare program. As part of the application process, I understand that the SWFL Senior HomeShare program may verify information contained in my application and other documents required.
2. I authorize contacts listed in my application to provide the SWFL Senior HomeShare program information. Such information includes but is not limited to: personal references (non-relative), including employment; employment history; residence; rental history; criminal history; and income sources. Public records may be used in this report, such as civil and court records.
3. A copy of this authorization may be accepted as an original.
4. This authorization will stay in effect for twenty-four (24) months / two (2) years from the date signed.

I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for rejecting my application or termination of my HOME SHARE AGREEMENT. By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

PRINT NAME

APPLICANT SIGNATURE

DATE

PERMISSION FOR USE OF PHOTOGRAPHS

I hereby give the SWFL Senior HomeShare program permission to use photographs of the following in their marketing or other program materials:

House Inside ☐ Yes ☐ No House Outside ☐ Yes ☐ No Pictures of myself ☐ Yes ☐ No

By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

APPLICANT SIGNATURE

DATE