



HOME-SEEKER APPLICATION

BASICS

Name: _____

ID Number (assigned by Staff): _____

DOB: _____ Phone: _____

Email: _____ Current Zip code: _____

Ethnicity _____

Properties you are interested in (list ID numbers): _____

When do you need/want to move in? _____

How long do you expect to live in this residence? _____

I would consider a housemate that is...

- Female Male Younger Older Different Race or Ethnicity Different Religion
- Identifies as LGBTQ From Another Country Non-native English Speaker A Couple
- Single Parent with Child All of the Above

(form created 07-2019)



PERSONAL PREFERENCES AND NEEDS

What are your interests and activities? _____

Do you smoke? Yes No Would you live with someone who smokes? Yes No

Do you drink socially? Yes No

Would you live with someone who drinks socially? Yes No

How often do you expect to have guests? _____

Do you expect overnight guests? Yes No If yes, how often? _____

What time do you generally wake up in the morning? _____ Bedtime? _____

Do you drive? Yes No Do you have a vehicle? Yes No

How much living space do you need? _____

Do you need/want to bring furniture? _____

How much storage space would you need? _____

Are you willing to share a bathroom? Yes No

Do you have difficulty with stairs? Yes No

(form created 07-2019)



Do you need any other accommodations? Yes No If yes, please explain: _____

If you have pets, please list (species, breed): _____

Are you okay living with pets? Yes No Maybe Please explain: _____

FOOD AND PERSONAL SERVICES

Please list any food needs or allergies (vegetarian, vegan, gluten-free, etc.): _____

Would you be interested in sharing food items or cooking together occasionally? Yes No

Are you interested in receiving a discount in rent in exchange for services? Yes No

If Yes, check all types of exchange: Cooking Handyman/Garden Light Chores

Heavy Chores Transportation Errands/Shopping Housekeeping

Other: _____

(form created 07-2019)



ANYTHING ELSE?

Current address and reason for leaving: _____

Is there anything else we should know about you and your needs? _____

Do you have any other expectations of companionship or services? _____

REFERENCES

Please provide two references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Employer name, email, address, and phone number, if applicable: _____

(form created 07-2019)