



Date: \_\_\_\_\_

## HOME SHARE INQUIRY FORM

Thank you for your interest in our Home Share Program. A Senior Services staff member will respond to your completed Home Share Inquiry Form within three business days.

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

*(Mr., Mrs. Ms., etc.)*

Current Age: \_\_\_\_\_ Your Gender: \_\_\_\_\_

Your Pronouns:

☐ She/Her    ☐ He/Him    ☐ They/Them    ☐ Other \_\_\_\_\_

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to participate in Home Share? Seeker \_\_\_\_ Provider \_\_\_\_

How did you learn about the Home Share Program?

☐ Newspaper    ☐ TV    ☐ Senior Services Member    ☐ Radio  
☐ Facebook    ☐ Friend    ☐ Senior Services Publication    ☐ Other

If other, please explain: \_\_\_\_\_

Do you have stable housing? Yes \_\_\_\_ No \_\_\_\_ If yes, please select below:

☐ Single family home    ☐ Multi-family home    ☐ Apartment  
☐ Mobile home    ☐ Shared home / apartment    ☐ Other \_\_\_\_\_