



Metro HomeShare
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Metro HomeShare Home Provider Application Form

Name (last) _____ (first) _____ MI _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth (MM/DD/YYYY): ___/___/___ Gender: _____ Race/Ethnicity: _____
 Email Address: _____ Phone number: _____
 Driver's License/Government issued ID#: _____ State issued: _____ Exp date: _____
 Social Security#: ___-___-___ Referred by (agency): _____ Referred by (name): _____
 Homeowner or Renter (circle one) monthly rent / mortgage: _____ monthly utility costs per month: _____
 Landlord name: _____ email: _____ phone: _____
 Are you currently delinquent on your mortgage? Y__ N__ If yes, how many months? ___ Are you facing foreclosure? Y__ N__
 Current living situation: _____ Current city and county: _____
 Are you currently receiving income, whether from employment or other benefits? Y__ N__ monthly income: \$ _____
 (If yes, receiving income, please explain): _____
 Are you a veteran or a spouse of a veteran? __Y__ N__ Are you currently receiving support from the VA? __Y__ N__
 How much do you hope to receive in rent? \$ _____/month Service exchange: Y__ N__ hrs/wk: _____

Clients with an income of 80% area median income (AMI) or below will be waived of paying program fees (80% AMI is \$45,600/yr or \$3,800 for a household size of 1). MHS will work with each participant, based on their income, to identify resources to assist in payment of program fees. For clients receiving over 80% AMI, MHS requests payment of an intake fee upon receiving written consent from participant for background and credit check to cover program costs. There will be an additional match fee due at the time that a rental agreement is signed by both parties. All program fees are non-refundable.

Please provide Metro HomeShare with 3 references. Appropriate references include: supervisor, case manager, roommate, landlord, tenant, co-worker, friend or family or relative who has lived with you. Only one reference may be a family member or relative

Name _____ Phone: _____ Relationship to you: _____
 Name _____ Phone: _____ Relationship to you: _____
 Name _____ Phone: _____ Relationship to you: _____

PLEASE READ THE FOLLOWING CLAUSES AND INITIAL WHERE INDICATED

Your acceptance and continued participation in the Metro HomeShare program ("MHS"), is conditioned upon your approval and adherence to the following terms and policies listed below

METRO HOMESHARE NON-DISCRIMINATION POLICY

MHS AND ITS PARTICIPANTS MUST FOLLOW FEDERAL, STATE, AND LOCAL LAWS, INCLUDING BUT NOT LIMITED TO LANDLORD-TENANT, EMPLOYMENT, AND FAIR HOUSING LAWS.

Fair housing laws prevent discrimination against protected classes of people. Federally protected classes include: race, color, national origin, religion, familial status, disability, and gender. The State of Oregon recognizes marital status, source of income, sexual orientation, gender identity, and domestic violence as additional protected classes. The City of Portland includes age as a protected class unless the housing is for people 55+. Home Providers will be expected to be aware of and respect all of the laws related to protected classes in interviewing candidates for homesharing.

While seekers and providers may personally decide with whom they wish to enter a homeshare agreement based on their own preferences, MHS will not discriminate in any way based on any individual's race, color, religion, national origin, ancestry, age, gender identity, marital status, sexual preference, or disability to enter the program.

CLAUSES, CONTINUED....

METRO HOMESHARE NON-LIABILITY POLICY

The staff at Metro HomeShare acts only as a facilitator to individuals seeking homeshare arrangements. Metro HomeShare provides participants with resources and case management which includes background, credit and income verifications, mental and physical abilities. Participants should understand the limitations of those processes, which typically date back 5-7 years in nature. The final decision on any living arrangement is made voluntarily between home seekers and home providers according to individual needs and desires.

MHS makes no guarantees, promises, warranties, or claims regarding the home seeker’s ability to pay rent or provide services. Through an comprehensive screening process, both home seekers and home providers ultimately decide whether to share a home and create a rental agreement and house rules. MHS does offer resources in the form of support to create or revise the rental agreement and house rules, case management support, check in calls with both parties, and mediation services in the event the parties disagree and need support to resolve their differences. Ecumenical Ministries of Oregon and MHS, its staff, and volunteers will not be held legally responsible for the living arrangement of either party nor will they assume liability for claims or damages that may arise in a home sharing situation.

METRO HOMESHARE IS NOT A HOME CARE AGENCY AND DOES NOT PROVIDE A DUTY REGISTRY OF LICENSED CAREGIVERS. METRO HOMESHARE IS NOT MEANT TO BE A HOME HEALTH SERVICE, AND HOME SEEKERS (RENTERS) ARE NOT EXPECTED OR ADVISED TO PROVIDE PERSONAL CARE SERVICES WHICH INCLUDE: BATHING/ASSISTANCE WITH BATHING, DRESSING, BATHROOM ASSISTANCE, TURNING OR LIFTING, SERVICE WHICH BRINGS HOME SEEKER (RENTER) IN CONTACT WITH BODILY FLUIDS, INJECTIONS OR ADMINISTERING MEDICATIONS.

ADDITIONALLY, WE ADVISE BOTH HOME PROVIDERS (LANDLORDS) AND HOME SEEKERS (TENANTS) TO AVOID ANY SERVICE WHICH REQUIRES MONEY HANDLING, SHARING OF PERSONAL INFORMATION SUCH AS IDs, BANK CARDS, ACCOUNT PASSWORDS OR ANY OTHER SENSITIVE INFORMATION THAT MAY PUT PERSONAL ACCOUNTS AT RISK.

I have read, understand and agree with Metro HomeShare Non-Liability Policy

(Initial) _____

METRO HOMESHARE BACKGROUND CHECKS

Both home provider and home seeker applicants are asked to disclose their personal criminal history (all arrests, charges, and convictions) and also to authorize a national criminal background check. If they have lived out of state in the past 5 years or if MHS has any reason to question the identity or history of the applicant, they must authorize a higher level background check. If there are discrepancies between the applicant’s disclosure and the Oregon or national criminal background report, MHS may deny acceptance into the MHS program or require applicant to submit an appeals request. MHS may deny acceptance into the MHS program for persons who:

- a) are registered sex offenders
- b) have been convicted of felonies involving bodily injury, assault, child or elder abuse, sexual offenses, and/or robbery
- c) have an unresolved arrest, charge, pending indictment or outstanding warrant.
- d) are currently on probation, parole, or post-prison supervision for any crime in any jurisdiction. MHS may deny acceptance to persons with other felonies and any misdemeanors. Criminal history must also be disclosed to a potential match before the match is made.

MHS may deny acceptance into the MHS program for persons who have been convicted of misdemeanors involving property theft, identity theft, fraud, financial exploitation, forgery, assault, and/or domestic violence. Factors that MHS will take into account when considering whether to accept an applicant with a criminal history include:

- Age of the applicant at the time of the crime & passage of time since commission
- Details of incidents leading to the charge & facts that support the conviction & periods of incarceration
- Evidence of drug or alcohol issues directly related to the criminal activity as well as evidence of treatment or rehabilitation
- Likelihood of repetition of criminal behavior & acknowledgment and acceptance of responsibility for criminal activity
- Changes in circumstances subsequent to the criminal activity such as educational accomplishments, work history, and written recommendations from current or past employers, landlords, or other professional references.

If applicable, please list and cities and counties outside of Oregon in which you were a resident within the past 5 years:

City _____ County _____ Year(s) of residency: _____

City _____ County _____ Year(s) of residency: _____

City _____ County _____ Year(s) of residency: _____

I have read, understand and agree with Metro HomeShare background, income verification and rental history check

(Initial) _____

METRO RELEASE OF INFORMATION

MHS collects certain personal information from participants and other sources relevant to participants', personal history, rental history and criminal background history (collectively "Personal Information"). Participant hereby authorizes MHS to release participant's Personal Information to potential MHS matches, in order to provide a level of transparency between the parties entering a home share agreement.

Participant further authorizes MHS to discuss participant's personal circumstances and release Personal Information to affiliates and other agencies that assist in administering the MHS program (collectively referred to as "Affiliates"). Release of Personal Information to Affiliates will be used only for purposes of determining appropriate services for participant.

Participant acknowledges that MHS, as an organization, collects data on non-identifiable demographics which it uses for development purposes and periodically releases to third party funding sources. Further, participants may be asked occasionally to provide personal information and/or testimony for marketing and promotional services.

Participant hereby agrees to release and hold harmless MHS, Ecumenical Ministries of Oregon, its employees, agents and affiliates from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure or release of records or Personal Information pursuant to this Authorization to Release Personal Information.

Furthermore, Metro HomeShare as an organization collects data on non-identifiable demographics for funding sources and development purposes. In addition, program participants may be asked to provide some personal information and/or testimony for marketing and promotional services.

I have read, understand and agree with Metro HomeShare Release of Information Policy

(Initial) _____

CONFIRMATION AND SIGNATURE

I CERTIFY THAT ALL THE INFORMATION GIVEN VERBALLY AND WRITTEN AS PART OF THE APPLICATION PROCESS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THE BASIC PROGRAM OVERVIEW AND LIMITATIONS OF METRO HOMESHARE.

Applicant Name (Printed) _____

Applicant Signature _____

Date _____