Home Provider Application
(Please complete in its entirety)

Name: (Last)__________________ (First)___________________ (MI)_________

Date of Birth: ___/___/_____ Gender: ____________

Email Address: _________________________ Phone Number: ___________________

Race:

American Indian or Alaska Native_____ Asian_____ White _____
Black or African American _____ Native Hawaiian or Pacific Islander _____

Ethnicity:

Non-Hispanic / Latino_____ Hispanic / Latino _____

Are you a veteran? Y_____ N_____ Are you living with a disability? Y_____ N _____

Were you referred by anyone? (agency): ________________________________

Do you rent or own your home? ______________________________________

How much are you requesting in rent each month (including utilities)? $___________

Are you seeking chore services from your renter? Y____ N ____
Household Income Verification

(Please complete in its entirety)

Address: ____________________________ City: _______________ Zip: ___________

Social Security #: _____-____-______

Do you have a driver’s license? Y____ N____ State Issued: _____ Exp Date_______

Size of Household (all persons living in household): __________

Please list the full names of all adults over the age of 18 that live with you:

Name: ____________________________ Name: ____________________________
Name: ____________________________ Name: ____________________________

Please list all sources of income for all adults living in the household:

Source: __________________ Amount: _______________ Frequency: ___________
Source: __________________ Amount: _______________ Frequency: ___________
Source: __________________ Amount: _______________ Frequency: ___________

To be completed by MHS Staff. Please do not write in this section.

AMI Bracket: ______________% Verified Annual Income: $_________________________

Household Size: __________
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.

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

(Initial)________
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. 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 a 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, arson, 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 cities and states, outside of Oregon, in which you were a resident within the past 5 years:

City________ State______________ Year(s) of residency: ________

City________ State______________ Year(s) of residency: ________

City________ State______________ Year(s) of residency: ________

City________ State______________ 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)_______
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 (Print) ____________________________

Applicant Signature ________________________________

Date_________________________

Additional Adults in Household:

Print:_____________________  
Sign:_____________________  
Date:_____________________  

Print:_____________________  
Sign:_____________________  
Date:_____________________  

Print:_____________________  
Sign:_____________________  
Date:_____________________  

CONFIRMATION AND SIGNATURE