



**FAITH PARTNERS
FOR
HOUSING**
A Home For Everyone

Faith Partners For Housing
PO Box 821256, Vancouver WA 98682
(360) 713-8687
<https://FaithPartners4Housing.org>

***Our Mission is to expand affordable housing in Clark County, WA
by mobilizing faith-based resources of all faith traditions.***

• HOME SEEKER APPLICATION

To complete the application process, copies of your photo ID, social security card, and proof of income are required. Please submit them along with your application. A background check is also required for which there is a \$32.00 fee. Incomplete application packets are only kept for 30 days before they are destroyed.

• Home Share Program

Home Share Program provides people who are homeless, over housed, or in danger of becoming homeless access to more affordable housing options and allows those with extra space in their homes the ability to cut housing costs, while helping renters in need of stable housing.

- Today's date * ____/____/20____ (month, day, year)
 - Have you ever applied with Faith Partners for Housing Services before? * **Yes or No (circle one)**
 - If yes, when? ____/____/20____ (month, day, year)
- How did you hear about Faith Partners for Housing. * _____

• Personal Information

- Gender *: **(circle one)** Male Female Other: specify _____
- Name * _____ (first, middle and last)
- Maiden or other names used * _____
- Address * _____ Street/Apartment #
_____ City, State, Zip Code
- Cell Phone Number (____) ____ - _____ Home number (____) ____ - _____
- Best time to call _____
- E-mail: _____
- Emergency Contact Name: * _____
- Relationship: * _____ Emergency contact phone * (____) ____ - _____

- Are you a veteran * **Yes or No (circle one)**

• Demographics *

- Last place of residence: : **City of Vancouver** **Clark County** **Outside of Clark County**
- Have you lived in any other state in the last 10 years? * **Yes or No (circle one)**
- If yes, please list the state(s) and for how long: _____
- Last four numbers of your Social Security * __ __ __ __
- ID/License # * _____
- Age * _____ Date of birth: * ____/____/_____
- Race _____ Choices: Asian, Black, Caucasian, Hispanic, Native American, Pacific Islander, Mixed, Prefer not to answer
- Ethnicity _____
- Have you been through Coordinated Entry For Housing? **Yes or No (circle one)**
- Marital/Family Status: ***Circle One:**
- **Single** **Single Parent** **Married** **Widowed** **Separated** **Divorced**
- Are you homeless? * **Yes or No (circle one)**
- Are you in a shelter? * **Yes or No (circle one)**
- If yes, which shelter? N/A or _____
- How long have you been homeless? N/A or _____
- How many times have you been homeless? N/A or _____
- Are you? * **Circle One:**
- **Literally homeless (losing housing in 0-7 days)** **Imminently losing housing in 7-14 days**
- **Unstable housing/at risk of losing home** **Stably housed**
- Have you experienced domestic violence? * **Yes or No (circle one)**
- If yes when? **Circle One:** Within past 90 days 3-6 months ago 7-12 months ago
1 or more years ago Prefer not to answer N/A
- What is your health condition compared to people your age? * **Circle One:**
- **Excellent** **Very Good** **Good** **Fair** **Poor**
- Any past or current use of non-prescribed or illegal drugs? * **Yes or No (circle one)**
- If yes, when last used? _____ or N/A
- Have or are you receiving treatment? **Yes or No (circle one)** Where? _____
- Do you use Marijuana? * **Yes or No (circle one)**

- If yes, for what purposes do you use Marijuana? **Circle one: Recreational Medicinal N/A**
- In what form do you use Marijuana? (check all that apply)
 - Smoke Edibles Oil Non Applicable
- Have you been diagnosed with any type of disability? ***Circle one: Yes No Prefer not to answer**
- What type of a disability do you have? * **Circle one:**
 - Physical Mental Both None Prefer not to answer**
- Start date: ____/____/____ or N/A
- Diagnosed Disability type: _____ or N/A
- Are you receiving services for your disability? **Yes No N/A (circle one)**
- If yes, what services?

- What medications are you currently taking? _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

• Names in household:

Please list all members of household (other than yourself) that you are seeking housing for.

• First household member:

- Name: _____ (first and last)
- Relationship to applicant? _____ Gender: Male Female Other
- Age _____ Date of birth: ____/____/____
- Race _____ Choices: Asian, Black, Caucasian, Hispanic, Native American, Pacific Islander, Mixed, Prefer not to answer
- Last four numbers of your Social Security ____ _ _ _

• **Second household member:**

- Name: _____ (first and last)
- Relationship to applicant? _____ Gender: Male Female Other
- Age _____ Date of birth: ____/____/_____
- Race _____ Choices: Asian, Black, Caucasian, Hispanic, Native American, Pacific Islander, Mixed, Prefer not to answer
- Last four numbers of your Social Security ____ _ _ _

• **Third household member:**

- Name: _____ (first and last)
- Relationship to applicant? _____ Gender: Male Female Other
- Age _____ Date of birth: ____/____/_____
- Race _____ Choices: Asian, Black, Caucasian, Hispanic, Native American, Pacific Islander, Mixed, Prefer not to answer
- Last four numbers of your Social Security ____ _ _ _

• **Of the children listed above, who is currently attending school?**

• **Income:** *Complete one for each source of income you receive:*

- Common sources of income are: DSHS Support Payments SSI/SSA/SSD Food Stamps Wages/Salaries from a job Unemployment Benefits Retirement/Pension Child
- Source of income 1: _____
- Monthly Amount Received? __\$_____
- Source of income 2: _____
- Monthly Amount Received? __\$_____
- Source of income 3: _____
- Monthly Amount Received? __\$_____
- Source of income 4: _____
- Monthly Amount Received? __\$_____
- **Total monthly income** * __\$_____

• **Living expenses for last month:** *List amount paid for each category*

- Food: __ \$ _____
- Auto/Transport (insurance,payment,gas,bus pass) : __ \$ _____
- Child care: __ \$ _____
- Internet-Streaming Subscriptions: __ \$ _____
- Home/Cell phone: __ \$ _____
- Healthcare Insurance: __ \$ _____
- Storage: __ \$ _____
- Credit cards: __ \$ _____
- Other: __ \$ _____ May specify: _____
- **Total monthly expenses ***: __ \$ _____
- Budget comments:

• **Employment/Education**

- Are you currently employed? * **Yes or No (circle one)**
- Present or most recent employer? * _____
- Length of employment? _____ years & _____ months OR since _____ / 20 (mo/yr date)
- Occupation? * _____
- Are you a student? * **Yes or No (circle one)** If yes, what year in school? _____
- Estimated graduation date if in school? ____ / ____ / 20 or N/A
- Highest level of education completed? * _____

• **Housing**

- Have you ever been evicted? * **Yes or No (circle one)**
- If yes, how many times? N/A or _____
- Have you shared housing before (non-family)? **Yes or No (circle one)**
- Was it successful? **Yes or No (circle one)**
- Is this move urgent? **Yes or No (circle one)** If yes, when? ____ / ____ / 20 or N/A

• Criminal History

- Have you been involved with CPS? * **Yes or No (circle one)** If yes, when? ____/____/20____
- Have you ever been detained, arrested, or convicted of a crime? * **Yes or No (circle one)**
- If yes, when? ____/____/20____ or N/A
- Do you have active warrants? * **Yes or No (circle one)**
- If you answered yes to any of the above questions, please explain: _____

- Is anyone forcing you to work in a profession against your will or taking money you rightfully earned? * **Yes or No (circle one)**

• Shared Housing Information

- Please check at least 3 goals you want to achieve to become more self-sufficient and/or gain a better quality of life through homesharing. *
 - To obtain affordable housing Be within walking distance to work/school or bus line To improve quality of living situation Maintain stable housing Able to meet monthly housing cost
 - Facilities to maintain personal hygiene and laundry To better meet nutritional needs Safe/Secure housing A place to study/do homework or further education To overcome homelessness To obtain independent housing and not rely on relatives/friends To help someone To increase income Companionship Receive services Provide services for free room and board and/or income Other
- **Please list the top 3 locations you desire to live:**
 - 1. * _____
 - 2. _____
 - 3. _____

• Matching Criteria - *answer all questions so we can better match your needs.*

- I identify my gender as: * circle choice: Male Female Other
- If other please explain: _____
- Are you a couple? * **Yes or No (circle one)**
- Number of children * _____
- Total number of people? * _____
- Do you smoke? * **Yes or No (circle one)**

- Do you drink? * **Yes or No (circle one)**
- Do you have pets? * **Yes or No (circle one)**
- Do you have furniture? * **Yes or No (circle one)**
- Do you need storage? * **Yes or No (circle one)**
- Do you have any special requirements? _____

• Please respond to the following questions to determine **your preferences**:

Are you okay living with...

- With a male? * **Yes or No (circle one)**
- Comments _____
- With a female? * **Yes or No (circle one)**
- Comments _____
- With a couple? * **Yes or No (circle one)**
- Comments _____
- With children? * **Yes or No (circle one)**
- Comments _____
- How many people total are you willing to live with? _____
- In a home with smoking? * **Yes or No (circle one)**
- Comments _____
- In a home with drinking? * **Yes or No (circle one)**
- Comments _____
- In a home with pets? * **Yes or No (circle one)**
- Comments _____
- In a furnished bedroom? * **Yes or No (circle one)**
- Comments _____
- Do you need storage space? * **Yes or No (circle one)**
- Comments _____
- Other Comments about anything else you prefer? _____

• _____

• What is your current rent/housing monthly expense? * \$ _____

• What is the maximum rent you can pay? * \$ _____

• **Services**

• Are you interested in exchanging services for: reduced or free room and board? * **Yes or No**

• If yes, are you willing to provide any of the following services?

Housework Cooking Errands Handy man Driving Gardening Laundry

• Caregiving? **Yes or No (circle one)**

• Experience in caregiving (years) _____ for _____ age group

• Other services you are willing to provide: _____

• **Compatibility:**

• What kind of person would you be compatible with? *

• What irritates you about people? *

• Do you have some traits that might irritate a home sharer? *

• What would someone like about you? *

• **Needs:**

• Do you have any constraints in daily living? * **Yes or No (circle one)**

• If yes, please describe: N/A or _____

• How do you deal with them? N/A or _____

• Can you manage stairs? * **Yes or No (circle one)**

- How many rooms do you need? * _____
- Which floor would you prefer to be on? * _____
- Do you need to be near public transportation? * **Yes or No (circle one)**
- Do you drive? * **Yes or No (circle one)**
- Do you own a car? * **Yes or No (circle one)**
- Do you need parking space? * **Yes or No (circle one)**
- If you find a housemate through other efforts will you notify Faith Partners for Housing? * **Yes or No**
- Do you have any concerns and/or questions about homesharing? N/A or _____

• Criminal History Policy

- As a social service agency, we value the safety and well-being of our clients, employees, and volunteers. It is therefore the policy of Faith Partners for Housing (FP4H) to carefully screen all applicants for any criminal charges, arrests, convictions, and warrants. Applicants are screened through Sound Screening's multistate background check and the Washington State patrol.

Based on the information received by FP4H through a completed background check, it is our policy not to refer any applicant to the Host Home Program who has a criminal record or pending charges of the following crimes: Crimes against person or property, or substantiated case of abuse of any kind. Additionally, any active warrants will also serve as grounds for denial of participation from the program, regardless of how old the warrant is. Applicants must resolve all active warrants and go through the appeal process in order to be reconsidered for participation. Clients who possess a criminal history that features sexual crimes, murder, or voluntary manslaughter within their lifetime will be automatically disqualified and unable to request an appeal.

Upon receipt of an adverse criminal history report, the applicant will be sent a letter denying their application due to relevant criminal history. It will state which crimes fall under the policy criteria as well as procedures to follow if the client wishes to seek review/reconsideration through the appeal process. The client is allowed a period of two months to schedule a criminal appeal appointment. If the client fails to do so within this given timeframe, they will not be able to reapply for entrance into the program for the next two years.

Policy on nondiscrimination: All services offered by FP4H are provided in a manner which is free from discrimination on the basis of race, color, religion, sex, sexual orientation (gender identity/expression), national origin, age, handicap, and familial status.

- Acknowledgment *

I certify that I have read the Criminal History Policy and that I understand and agree to the above information.

- Signature (Participant) * : _____ Date * ____ / ____ /20
- Signature (Spouse/Partner): _____ Date ____ / ____ /20

• Faith Partners for Housing Home Share Program Release of Information (general)

- I hereby authorize The Faith Partners for Housing (FP4H) staff to send information to and discuss my personal circumstances with FP4H staff, volunteers, and staff of other agencies.

It is understood that any interchange of information made between Volunteers and Community Manager of FP4H and other agencies will be used only for purposes of attempting to determine appropriate services on my and my family's behalf.

I also authorize FP4H staff to provide information supplied by myself and information on any arrest and/or criminal convictions obtained by FP4H to potential homesharers in the process of attempting to bring about a home sharing arrangement on my behalf.

- Acknowledgment *

I agree to the release of information as stated in the Faith Partners for Housing Release of Information form.

- Signature (Participant) * : _____ Date * ____ / ____ /20 _____
- Signature (Spouse/Partner): _____ Date ____ / ____ /20 _____

• Agreement of Non-Liability

- I understand that the staff of Faith Partners for Housing (FP4H) will use their facilities to bring together those who have available housing (homeowner's) with those who express a desire for housing (home seekers).

I, as a home owner/home seeker, understand that FP4H is not the agent of either party, but acts only as a facilitator, to provide the opportunity for the parties involved to come together and work out an acceptable housing agreement.

I, as a home owner, am not relying entirely on FP4H to screen home seekers. All credit checks, references and all other background information will be obtained and/or confirmed by myself.

I, as a home seeker, am not relying entirely on FP4H as to the homeowner's background or as to condition of the premises and their suitability for my needs. I agree to obtain and/or confirm information myself.

Any disputes between the homeowner and home seeker which may arise shall not involve the staff of FP4H, either individually or as a group, and I will not hold staff responsible for any claims, damages, or other consequences which may arise from any home sharing arrangement.

I have also been advised to seek the services of an attorney should I have any questions about my legal rights and the laws of the State of Washington.

- Acknowledgment *

I have read and understand the Agreement of Non-Liability.

- Signature (Participant) * : _____ Date * ____ / ____ /20 _____
- Signature (Spouse/Partner): _____ Date ____ / ____ /20 _____

• Program Exit Guidelines

- Faith Partners for Housing (FP4H) is a non-discriminatory, equal opportunity non-profit, Faith based agency. We strive to serve Vancouver, larger Clark County, regardless of gender, age, race, religion, sexual preference (gender identity/expression), or socio-economic status. As part of the program, FP4H requires everyone to provide copies of photo identification, Social Security card, and proof of income. In addition to this, all applicants for FP4H are required to pay a \$32 criminal background fee and pass a criminal background check based on the agency's criminal history policy. If a person is having trouble meeting any of these requirements, they should talk with staff to discuss alternatives.

Below is a list of reasons a participant may no longer receive services and be exited from program:

1. Falsifying information
2. Disrespectful to staff in person, on the phone, or in writing
3. Disrespectful behavior toward another home sharer or home provider
4. Damage done to FP4H property, the property of a home provider, or the property of a home seeker
5. Inappropriate behavior or boundaries toward staff or a program participant
6. Crimes or illegal activity committed while in the program
7. Non-compliance with substance abuse or mental health treatment
8. Lack of contact by a non-matched program participant by phone, email, and mail after 2 months
9. Failure to comply with services or rent contractually agreed upon by the home seeker and home provider
10. Failure to comply with Washington State landlord/tenant laws
11. If the home becomes uninhabitable or not fit for home sharing

Staff exercises their right to exit anyone from the program if they fall into one of the above listed categories. The list is not comprehensive and someone may be asked to leave for another reason. In addition, staff may use discretion at any time and allow a participant to stay in the program based on the nature of the offense.

- Acknowledgement * I have read and understand the above Program Exit Guidelines. I acknowledge that anything listed above may result in dismissal from the program, and that I am responsible for my own behavior toward staff, volunteers, and program participants.
- Signature (Participant) * : _____ Date * ____/____/20____
- Signature (Spouse/Partner): _____ Date ____/____/20____

• Completed Application Packet

- I understand that my application will not be complete until I come into Faith Partners for Housing (FP4H) Monday-Friday 9:00am -5:00 pm to complete the background check and pay the \$32.00 fee. I also understand that I must bring my photo ID, social security card, and proof of income to FP4H for verification and photo copies. In addition, I am aware that all incomplete application's will be destroyed after 30 days. *
- Acknowledgement * I have read and understand the steps required for my Faith Partners for Housing Home Seeker application to be completed.
- Signature (Participant) * : _____ Date * ____/____/20____
- Signature (Spouse/Partner): _____ Date ____/____/20____