

CALGARY HOMESHARE

Helping people help and support each other

Matching Senior Homeowners with Adult Homeseekers to Exchange Living Expenses for Services

Homeseeker Application - Request for Match			
Name:			<input type="checkbox"/> M <input type="checkbox"/> F
Address:			
City / Town:		Postal Code:	
Telephone:	Home: ()	Cellular: ()	
	Work: ()	Other: ()	
Preferred Community or District of Residence:	1 st Choice:		
	2 nd Choice:		
	3 rd Choice:		
Email Address:		Application Date:	
Comments:			
Background			
How did you hear about Calgary Homeshare?			
What sounds appealing about Homesharing?			
Do you have any concerns about Homesharing?			
If you are a student, in what school and program are you enrolled? School ; Program:		Student:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Where do you work? Program / Job Title:		Employed:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

A Calgary Seniors' Resource Society Initiative funded by United Way of Calgary and Area,
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Are you willing to commit to perform a maximum of 10 hours each week of assistance with identified tasks in exchange for reduced living expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which areas are you willing to help with?		
<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Minor home maintenance	
<input type="checkbox"/> Housework	<input type="checkbox"/> Companionship	
<input type="checkbox"/> Driving	<input type="checkbox"/> Garbage removal	
<input type="checkbox"/> Laundry	<input type="checkbox"/> Pet care	
<input type="checkbox"/> Snow removal	<input type="checkbox"/> Mail collection	
<input type="checkbox"/> Yard work / Gardening	<input type="checkbox"/> Medical reminders	
<input type="checkbox"/> House sitting	<input type="checkbox"/> Watering plants	
<input type="checkbox"/> Errands	<input type="checkbox"/> Basic computer skills training	
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Other areas: _____	
What type of shared accommodation are you looking for?		
<input type="checkbox"/> One bedroom	<input type="checkbox"/> Shared bathroom	
<input type="checkbox"/> Two bedrooms	<input type="checkbox"/> Private bathroom	
<input type="checkbox"/> Furnished bedroom	<input type="checkbox"/> Laundry on site	
<input type="checkbox"/> Unfurnished bedroom		
Which areas/items would you like to be included in your monthly living expenses?		
<input type="checkbox"/> Utilities (heat, light, water)	<input type="checkbox"/> Freezer	
<input type="checkbox"/> Basic cable	<input type="checkbox"/> Linens (bedding / towels)	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parking	
<input type="checkbox"/> Phone	<input type="checkbox"/> Storage	
<input type="checkbox"/> Laundry facilities	<input type="checkbox"/> Other _____	
What amount are you budgeting each month for accommodation?		
Minimum	Maximum	Comments:
What gender do you want your roommate to be?		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either male or female
Are you willing to live in a home with pets?		
<input type="checkbox"/> Yes , but not with _____	<input type="checkbox"/> No house pets	
Do you have any allergies or dietary restrictions?		
<input type="checkbox"/> Yes, I am _____	<input type="checkbox"/> No	
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to use public transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<p>If you are a student, where do you usually study? <input type="checkbox"/> At home <input type="checkbox"/> Away from home Do you plan to secure employment while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please pick which option describes you best:</p> <p>Early riser <input type="checkbox"/> or <input type="checkbox"/> Night-hawk Sound sleeper <input type="checkbox"/> or <input type="checkbox"/> Light sleeper Often home <input type="checkbox"/> or <input type="checkbox"/> Often away from home Cook from scratch <input type="checkbox"/> or <input type="checkbox"/> Pre-packaged meals Eat at the table <input type="checkbox"/> or <input type="checkbox"/> Eat on the run Meticulous housekeeper <input type="checkbox"/> or <input type="checkbox"/> Casual housekeeper</p>
<p>Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No What other languages do you speak?</p>
<p>List any activities / social groups that you are involved in. E.g. Church Service, sports...</p>
<p>Briefly describe your typical weekday routine from waking to bedtime.</p>
<p>Briefly describe your typical weekend routine from waking to bedtime.</p>
<p>You would like to start Homesharing by what date? Is that flexible? <input type="checkbox"/> Yes, <input type="checkbox"/> No; Comments:</p>
<p>How long would you like your Homeshare Agreement to last? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> More than 12 months</p>
<p>Anything else you think we should know?</p>

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Please provide 3 references. Only one can be a personal friend or relative. Other suggestions are a current or previous employer, pastor, professor, instructor

Contact Name and Relationship

Contact #

1.

2.

3.

Agreement/Consent

I hereby certify that the information in this application is true and correct. I understand that misrepresentation may result in the immediate termination of my Homeshare contract and removal from the Calgary Homeshare Program.

Signature

Date

- If this application is being submitted on-line, a signature will be gathered during a future in-person interview.

I consent to the Calgary Homeshare Program or its representatives to share any or all information in an attempt to identify suitable Homeshare living arrangements and matches.

Signature

Date

- If this application is being submitted on-line, a signature will be gathered during a future in-person interview.

For clarification, contact Calgary Homeshare at:

Phone: 403-266-6200 x1003 or Email: homeshare@calgaryseniors.org

Please submit completed applications to Calgary Homeshare:

**Mail: c/o Calgary Seniors' Resource Society
3639 – 26th Street NE
Calgary, AB T1Y 5E1**

Fax: (403) 269 – 5183

Email: homeshare@calgaryseniors.org

Thank you for your efforts! You will be contacted after review of your application.

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