



Del Mar Shared Housing Home Seeker Application

Processing may be delayed if form is incomplete. Question? 858-792-7565

Please return completed form to: Del Mar Community Connections
P.O. Box 2947, Del Mar, CA 92014 or fax to: 858-792-8055

About You

First Name:		Last Name:		Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				Type of pet:	
City:	State:	Zip Code:		Do you smoke? <input type="checkbox"/> Inside <input type="checkbox"/> No	
Phone Day:	Night:		<input type="checkbox"/> Outside		
Email:				Do you drink? <input type="checkbox"/> Socially <input type="checkbox"/> No	
Best Method to Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email				<input type="checkbox"/> At home	
Prior Residence Address:					
City:	State:	Zip Code:		Source of Income	
Age:	Date of Birth:		<input type="checkbox"/> Employment <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> VA <input type="checkbox"/> Other:		Gross Annual Income:
Why do you want to share a home with someone?					
List all people who will live with you:				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Name	Age	Relationship		Race: <input type="checkbox"/> White <input type="checkbox"/> Black	
				<input type="checkbox"/> Native American	
				<input type="checkbox"/> Hispanic	
				<input type="checkbox"/> Asian/Pacific Islander	
				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If No: Permanent Resident?	
				<input type="checkbox"/> Yes - Immigration #: _____	
				<input type="checkbox"/> No - Visa #: _____	

About the Housemate You Seek

Gender Preference: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Preference					
Age Preference: <input type="checkbox"/> Under 40 <input type="checkbox"/> 40 - 60 <input type="checkbox"/> Over 60 <input type="checkbox"/> No Preference					
Do You Object to:			Would you consider living in a home with		
Drinking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Children?	<input type="checkbox"/> Yes <input type="checkbox"/> Only young children	<input type="checkbox"/> Only teenagers	<input type="checkbox"/> No
Smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pets	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> No Cats	<input type="checkbox"/> No Dogs	

About the Living Space You Seek

What kind of rental arrangement so you want?

- Straight Rental** (No services provided; just pay rent every month)
Maximum monthly rent you're willing to pay?
 Less than \$500 \$500 \$600 \$700 \$800 \$900 \$1000+
- Service Exchange** (Renter provides up to 10 hours weekly of mutually agreed-upon services in exchange for Reduced Rent)
 Number of service hours you can provide weekly:
Maximum monthly rent you're willing to pay?
 Less than \$500 \$500 \$600 \$700 \$800 \$900 \$1000+
- Straight Exchange** (No rent paid in exchange for providing 20 hours weekly of mutually agreed-upon services)

If exchanging services, what types of services are you able to exchange for rent?

- Housekeeping Babysitting Companionship
- Cooking Yardwork Pet Care
- House-sitting Transportation - Have Auto? Yes No

Are there any other services you can offer or other information you wish to share?

- What facilities do you require?
- Private Phone Laundry Access Private Bath Furnished Room Grocery Near
 - Garage or Parking Near Bus Stop No Stairs

Any other facility requirements?

References

Previous Landlord:		Work Reference:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Personal Reference:		Personal Reference:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone: