



Del Mar Shared Housing

Home Seeker Application

Please return to:

Del Mar Community
Connections
PO Box 2947
Del Mar 92014
e-mail: dmcc@dmcc.cc
Questions? Call 858-792-7565

Processing may be delayed if form is incomplete

About You			
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Phone Cell:		Phone Home:	
Email:			
Best Method to Contact : <input type="checkbox"/> Phone <input type="checkbox"/> Email		Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Why do you want to share a home with someone?		Do you have a pet? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Type of Pet?	
		Do You Smoke? <input type="checkbox"/> No	
		<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Are you willing to submit to a LiveScan background check?		Do you drink: <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Socially <input type="checkbox"/> At Home	
About the Housemate you will accept			
Gender Preference: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Couple <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 with children?	
Drinking: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Young Children <input type="checkbox"/> Only Teenagers	
Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other _____			

About the Living Space You Are Seeking
What rental arrangements are you seeking? <input type="checkbox"/> Straight Rental (No Services provided, housemate just pays rent every month) <input type="checkbox"/> Service Exchange (Housemate exchanges services for part of rent) <input type="checkbox"/> Straight Exchange (Housemate exchanges services for full rent)

If Housemate exchanges services, what type of services will you exchange for rent?

- Housekeeping
 Babysitting
 Companionship
 Cooking
 Yardwork
 Pet Care
 House Sitting
 Transportation – Have Auto
 Yes
 No
 Other _____

What facilities do you require?

- Wheelchair Access
 Private Bath
 Furnished Room
 Grocery Nearby
 Laundry Access
 Garage or Parking
 Near Bus Stop
 No Stairs
 Other _____

Describe any physical or medical condition you have that constitutes a special need for match-up arrangements.

References

Previous Landlord:			Personal Reference (not a family member)		
Address:			Address:		
City:	City:	State:	City:	State:	Zip:
Phone:			Phone:		
Years resided:			Relationship:		
Work Reference:			Personal Reference (not a family member)		
Employer:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
Position:			Relationship:		

Home Seeker Name (please print):

Date

Home Seeker Signature
