

Sunshine Home Share Colorado Intake Application Home Provider

Contact Information for Applicant (If there is more than one person applying over 21, please complete a separate application)

Name:	
Address:	
Cell Phone:	Home Phone:
Email Address:	County of Residence:

Living Information

Current Living Situation _____ Rent _____ Currently Own Home _____ Other _____	
If Own- Is your home in good standing and not in foreclosure Yes / No	
Are you working with any social service organizations?	
I am current on all my utilities and bills? Yes/No	How long at current address? _____
If renting: Landlords name: _____ Phone: _____	
Number of people in the home? _____	Do you have children that live with you? _____
Maximum rent you are asking for per month _____	
Number Hours of service you need / Week _____	Not Sure _____
Number of Hours of service you can provide / Week _____	Not Sure _____
Number of Hours of companionship you need / week _____	Not Sure _____
Number of Hours of companionship you are willing to provide / week _____	Not Sure _____

For Grant and Statistical Purposes Only: we ask demographic data

Gender M F _____ Age _____ Date of Birth _____

Ethnicity:

White American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Pacific Islander Hispanic Middle Eastern

Do you have a disability? Yes No

Do you receive Medicaid? Yes No SNAP Yes No

Medicare Savings Yes No

Annual Gross Income? _____

Are you a Veteran? Yes No

Highest Level of Education

not a high school graduate high school graduate college advanced degree

Do you have any motor vehicle violations?	Yes	No
Do you have any pending criminal charges?	Yes	No
Have you had any criminal convictions?	Yes	No
Do you have a good credit history?	Yes	No
Have you had a felony or misdemeanor charge?	Yes	No
Have you been on or are you currently on parole?	Yes	No
Have you been in or are you currently in probate?	Yes	No

I hereby acknowledge that all the information I have given in this application is true and complete to the best of my knowledge and belief. I authorize Sunshine Home Share Colorado to check references and to verify any information in this application. I understand that providing any false or misleading information will make me ineligible for the services of Sunshine Home Share Colorado.

Signature _____

Date _____

Please Print name _____

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