



I HAVE A HOME TO SHARE: Application of Interest for Host

Home Together: A Delaware County, PA Home Share Program Administered by Media Fellowship House

How did you hear about Home Together Home Share Program?			
Have you had any past association with Media Fellowship House?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how have you engaged with our services?			
Contact Information: <i>Person 1</i>			
Legal Name (First, Middle, Last):			
Other Names Used:			
Preferred Pronouns:	<input type="checkbox"/> <i>he/him</i>	<input type="checkbox"/> <i>she/her</i>	<input type="checkbox"/> <i>they/them</i> <input type="checkbox"/> <i>Other _____</i>
Email:			
Phone Number:	<input type="checkbox"/> <i>home</i>	<input type="checkbox"/> <i>mobile</i>	<input type="checkbox"/> <i>work</i>
Phone Number (other):	<input type="checkbox"/> <i>home</i>	<input type="checkbox"/> <i>mobile</i>	<input type="checkbox"/> <i>work</i>
Contact Information: <i>Person 2 (if there is another adult household member in the household)</i>			
Legal Name (First, Middle, Last):			
Other Names Used:			
Preferred Pronouns:	<input type="checkbox"/> <i>he/him</i>	<input type="checkbox"/> <i>she/her</i>	<input type="checkbox"/> <i>they/them</i> <input type="checkbox"/> <i>Other _____</i>
Email:			
Phone Number:	<input type="checkbox"/> <i>home</i>	<input type="checkbox"/> <i>mobile</i>	<input type="checkbox"/> <i>work</i>
Phone Number (other):	<input type="checkbox"/> <i>home</i>	<input type="checkbox"/> <i>mobile</i>	<input type="checkbox"/> <i>work</i>

I HAVE A HOME TO SHARE: Application of Interest for Host (continued)

Housing & Income			
Current Housing Situation:	<input type="checkbox"/> <i>Own</i>	<input type="checkbox"/> <i>Rent</i>	<input type="checkbox"/> <i>Other</i>
Type of Home:	<input type="checkbox"/> <i>Apartment</i> <input type="checkbox"/> <i>Single Family Home</i>	<input type="checkbox"/> <i>Condo/Town Home</i> <input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Manufactured/Mobile Home</i>
If other, please explain:			
If renting, landlord's name:			
If renting, do you have permission to sublet a room within your current lease agreement?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Not Sure</i>		
Are you CURRENT on your monthly mortgage, rent, taxes (if applicable)?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		
Number of private bedrooms available?		Private Bathroom?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Number of individuals in the household:		Total gross income for all household members 18+:	

Housing Preferences			
What amount do you expect to receive as a financial contribution towards housing MONTHLY?		<input type="checkbox"/> <i>I am not sure</i>	
What types of service would you be willing to accept as a contribution towards housing?	<input type="checkbox"/> <i>Companionship/Social Support</i> <input type="checkbox"/> <i>Household Chores</i>	<input type="checkbox"/> <i>Meal Prep</i> <input type="checkbox"/> <i>Pet Care</i> <input type="checkbox"/> <i>Other:</i>	<input type="checkbox"/> <i>Local Errands</i> <input type="checkbox"/> <i>Tech Support</i> <input type="checkbox"/> <i>Transportation Assistance</i> <input type="checkbox"/> <i>Yard/Garden Care</i>
Do you have any pets? If YES, how many and what type?		Have they bitten anyone?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<input type="checkbox"/> I smoke/vape <input type="checkbox"/> I drink alcohol	<input type="checkbox"/> I AM agreeable to living in the same household as someone who smokes/vapes <input type="checkbox"/> I AM agreeable to living in the same household as someone who drinks alcohol		
Do you have any other lifestyle preferences that you would like to discuss as part of your application? Please explain:			

I HAVE A HOME TO SHARE: Application of Interest for Host (continued)

Demographic Information: For reporting and statistical purposes, our funding sources require that we ask for the following information. It will help determine that Home Together administered by MFH does not discriminate in its services.			
PERSON 1	Name (First, Last):		
Date of Birth:		Age:	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Race:	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Prefer Not to Answer
Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSON 2	Name (First, Last):		
Date of Birth:		Age:	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Race:	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Prefer Not to Answer
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer

<i>If there are additional adult members in the household, please add notes below:</i>

REFERENCE REQUEST FORM: Home Together

A Delaware County, PA Home Share Program Administered by Media Fellowship House

Applicants are required to provide at least three references who can speak to their reliability, responsibility, and suitability for shared living. Together, the references should cover a span of at least five years to the present.

Acceptable references may include: Past or present housemates, landlords, or property managers; Employers or coworkers (for applicants currently or previously employed); Volunteer supervisors from community organizations or nonprofits; Faith leaders or clergy members; Educators, mentors, or advisors; Professional service providers such as an attorney, accountant, or case manager; Community leaders or club organizers. Family members or romantic partners are not preferred as references.

Questions asked of references will focus on **Reliability and responsibility, communication and respect for others, ability to maintain agreements and commitments, suitability for shared living arrangement.**

Applicants are encouraged to notify their references that Media Fellowship House will be contacting them. If we experience difficulty reaching references, the application process may be delayed.

References:			
<i>Applicant Name (First, Last):</i>		<i>Date:</i>	
Reference 1:			
<i>Name (First, Last):</i>		<i>State of Residence:</i>	
<i>Email:</i>		<i>Daytime Phone:</i>	
<i>How long have they known you?</i>			
<i>How do they know you?</i>			
Reference 2:			
<i>Name (First, Last):</i>		<i>State of Residence:</i>	
<i>Email:</i>		<i>Daytime Phone:</i>	
<i>How long have they known you?</i>			
<i>How do they know you?</i>			

Reference 3:			
<i>Name (First, Last):</i>		<i>State of Residence:</i>	
<i>Email:</i>		<i>Daytime Phone:</i>	
<i>How long have they known you?</i>			
<i>How do they know you?</i>			

BACKGROUND CHECKS: HOME TOGETHER

A Home Share Program Administered by Media Fellowship House

To ensure the safety, compatibility, and reliability of all participants, Home Together conducts background, reference, and housing checks for both home providers and home seekers.

What We Review:

- **Criminal History:** State, county, and national checks; PA child abuse clearance when minors are involved.
- **References:** Personal and professional references to confirm character and reliability.
- **Housing & Financial Verification:**
 - For home seekers: rental history, evictions, and ability to provide a financial contribution.
 - For home providers: ownership or lease verification, current mortgage/rent, and tax payments.

Disqualifying Factors May Include:

- Convictions for violent crimes, sexual offenses, or property crimes
- History of abuse, neglect, or endangerment
- Housing instability, unsafe living conditions, or lease restrictions
- Recent evictions or patterns of nonpayment
- Inability to meet financial or service expectations
- False or misleading information on the application

All findings, including any history of eviction, are reviewed confidentially. Any concerns will be discussed with the participant and shared with the other party before a trial period or agreement is finalized.

Application Terms and Acknowledgment

Thank you for applying to **Home Together** at Media Fellowship House. Please read the following important information before submitting your application.

1. Placement Disclaimer

Submitting this application does **not guarantee a home share placement**. Home Together staff will review your information and work with you to find a compatible match when possible. All placement decisions are based on mutual compatibility between participants and the availability of suitable housing.

We encourage you to apply even if a match isn't immediately available. Our goal is to create safe, supportive, and compatible home sharing arrangements for everyone involved.

2. Hold Harmless / Liability Statement

By participating in Home Together, you acknowledge and agree that **Media Fellowship House and its staff are not responsible for the actions, safety, or conduct of any home share participant**, including financial, personal, or property matters. You understand that participation involves voluntarily sharing a home with another individual, and all home sharing arrangements are entered into **at your own risk**. Media Fellowship House acts only as a facilitator and advisor and cannot guarantee any outcome. You agree to **hold Media Fellowship House harmless** from any claims, damages, or losses arising from your participation in the program.

3. Consent for Background and Reference Checks

Participation in Home Together requires a **background check, reference verification, and interview**. By submitting this application, you give consent for Media Fellowship House to conduct these checks and to review your references for the purposes of determining program eligibility and matching you with a compatible home share participant.

- Results may impact eligibility for participation.
 - All information is handled confidentially.
 - Media Fellowship House is not liable for decisions or outcomes resulting from this review.
-

4. Privacy and Data Use

All information submitted in this application is **kept confidential** and is used solely for the purposes of evaluating your application, making safe matches, and communicating with you about Home Together. Your information will **not be sold or shared** with outside organizations except as necessary to complete the screening and matching process.

5. Acknowledgment

*I hereby acknowledge that all the information I have provided in this application is **true and complete to the best of my knowledge and belief**. I understand that providing any false or misleading information may make me **ineligible for the services of the Home Together Home Share Program**, administered by Media Fellowship House.*

*By submitting this application, I also acknowledge that I have read, understood, and agree to the **Placement Disclaimer, Hold Harmless / Liability Statement, Consent for Background and Reference Checks, and Privacy and Data Use statements** above.*

Signature:		Date:	
Co-Applicant Signature:		Date:	
<i>If completing application for someone else, please complete below:</i>			
Name:		Relationship to Applicant:	
Phone:		Email:	
Should we contact you instead of the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		