



Home Together Home Share Program

The **Home Together Home Share Program** administered by Media Fellowship House is an innovative housing initiative designed to connect homeowners with individuals seeking affordable, stable housing through shared living arrangements. By matching compatible participants, the program helps expand housing opportunities, reduce isolation, and promote mutual support within the community.

Home sharing can provide meaningful benefits for both homeowners and home seekers, including increased financial stability, companionship, and access to safe and attainable housing. The program offers guidance throughout the process, including participant screening, compatibility matching, and ongoing support to help create successful living arrangements.

We are excited to introduce this new housing option to Delaware County, Pennsylvania residents and welcome the opportunity to build stronger communities.

If you are interested in participating in the Home Together Program, please submit a completed application (see the application checklist below) along with all required supporting documents to ensure timely processing. If there is more than one applicant, please include complete co-applicant information and documentation for each additional applicant 18 years of age or older.

Applications can be dropped off at the Media Fellowship House office between 9:00 a.m. and 3:00 p.m., Monday through Friday. After hours, applications may be placed in the secure drop box outside the building.

Application Checklist

- Home Share Intake Application
- Reference Request Form (*3 references*)
- Background Check Acknowledgement Form (*signed*)

Identification

- Valid Government-Issued Photo ID (driver's license, state/real ID, or passport)
- Social Security Card

Proof of Current Address

- Utility bill
- Lease
- Official mail

Proof of Income for the past 90 days

(*any/all that apply*)

- Recent pay stubs (3 months)
- Social Security/SSI/SSDI award letter
- Unemployment award letter
- Pension statement
- Benefit verification letter
- Employment offer letter

The request for these documents is not meant to be intrusive. They are necessary to verify eligibility, support appropriate matching, and help ensure a safe and successful home sharing experience for all participants. If you have any questions please contact Home Together Program Manager, Joy Cason, at 610-565-0434 joy@mediafellowshiphouse.org or homeshare@mediafellowshiphouse.org.



I AM LOOKING FOR HOUSING: Application of Interest for Home Seeker

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?			
Number of People Seeking Housing Together:		Date Housing Needed:	
Contact Information: <i>Primary Applicant</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 AM LOOKING FOR HOUSING: Application of Interest for Home Seeker (Continued)

Housing History	Applicant Name (First, Last):			
Current Housing Situation	<input type="checkbox"/> <i>Own</i>		<input type="checkbox"/> <i>Rent</i>	
	<input type="checkbox"/> <i>Other</i>			
If Other, please explain:				
State Date:		End Date:		
Street:				
City		State		Zip:
Landlord's Name (if applicable):				
Previous Housing Situation	<input type="checkbox"/> <i>Own</i> <input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Other</i>		If Other, please explain:	
State Date:		End Date:		
Street:				
City		State		Zip:
Landlord's Name (if applicable):				

Housing & Transportation Preferences			
I will only consider these townships, boroughs, or municipalities within Delaware County, PA:			<input type="checkbox"/> I will consider ANY location in Delaware County, PA
MAXIMUM amount you can contribute towards housing MONTHLY?			<input type="checkbox"/> I am not sure
MAXIMUM number of hours of service you can provide WEEKLY?			<input type="checkbox"/> I am not sure
What types of service would you be willing to offer as a contribution?	<input type="checkbox"/> <i>Companionship/ Social Support</i> <input type="checkbox"/> <i>Local Errands</i> <input type="checkbox"/> <i>Transportation Assistance</i> <input type="checkbox"/> <i>Household Chores</i> <input type="checkbox"/> <i>Meal Prep</i> <input type="checkbox"/> <i>Yard/Garden Care</i> <input type="checkbox"/> <i>Pet Care</i> <input type="checkbox"/> <i>Other:</i>		
Do you have any pets? How many? What type?			Have they bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I smoke/vape	<input type="checkbox"/> I <u>AM</u> agreeable to living in the same household as someone who smokes/vapes		
<input type="checkbox"/> I drink alcohol	<input type="checkbox"/> I <u>AM</u> agreeable to living in the same household as someone who drinks alcohol		
<input type="checkbox"/> I have a car and can drive	<input type="checkbox"/> I drive, but do not have a car	<input type="checkbox"/> I need to live close to public transportation	
Do you have any accessibility needs? If yes, what type?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>No Stairs</i> <input type="checkbox"/> <i>Walk-In Shower</i>	<input type="checkbox"/> <i>Grab Bars</i> <input type="checkbox"/> <i>Ramp</i> <input type="checkbox"/> <i>Other:</i>

I AM LOOKING FOR HOUSING: Application of Interest for Home Seeker (Continued)

Employment History & Income			
Current Position and Title:			
Employment Status/ Source of Income:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Receives Disability or Social Security Income <input type="checkbox"/> Unemployed
Employer Organization or Name:			
City		State, Zip:	
Start/Hire Date:		End Date (if applicable):	
Previous Position and Title:			
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Receives Disability or Social Security Income <input type="checkbox"/> Unemployed
Employer Organization or Name:			
City		State, Zip:	
Start/Hire Date:		End Date (if applicable):	
Total Annual Gross Income:			

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.

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 AM LOOKING FOR HOUSING: Application of Interest for Home Seeker (Continued)

Background Checks: As part of our application process, we do background and reference checks and a personal interview.		
Name (First, Last):		
Do you have any pending criminal charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any criminal convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answered yes to any of the above, please explain:		

Why are you interested in the Home Together Home Share Program? Is there any other information you would like us to know?

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