

City Homeowner Application
St. Ambrose Homesharing
321 E. 25th St. Baltimore, MD 21218

Phoned _____

For Office Use Only

Appointment _____

Date _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Name: _____

Address: _____

Street

City

Zip

Contact person: _____

(if other than homeowner)

Phone

Gender: Male Female

If female, are you head of household (primary provider for dependents)? Yes No

Date of Birth: _____

1. How did you hear about St. Ambrose Homesharing? _____

2. Why do you want to share your home now? _____

Has your decision to look into home sharing been influenced by your mortgage payments, foreclosure, or the risk of foreclosure? Yes No

3. Do you own your home? Yes No, I am renting it

If renting, please include a letter from your landlord indicating permission to sublet

4. Marital Status: Single Married Separated Divorced Widowed

5. How many other occupants in your home now? _____

6. Have you ever had a problem with alcohol or drugs? Yes No

If yes, how long have you been clean and sober? (Minimum one year required) _____

7. Have you ever been convicted of a crime? No Yes

If yes, please provide details as well as dates: _____

8. Employment Status: Employed Retired Other: _____

Employer: _____

Name

Address

City

Phone

Your Position

9. HOUSEHOLD yearly or monthly *gross* (pre-tax) income: _____

10. Source(s) of Income: _____

(Examples: Employment, SSI, Pensions, Public Assistance, etc.)

11. Your Race (for grant reporting purposes only):

American Indian/ Alaskan Native

American Indian or Alaskan Native **and** White

Asian

Asian **and** White

Black/ African American

Black/ African American **and** White

Native Hawaiian / Other Islander

American Indian / Alaskan Native **and** Black/African

White

American

Other Multi-Racial Category

INFORMATION FOR HOMESHARING:

1. Describe the space available for a homesharer: _____
(1 room, 2 rooms, private bath, apartment, etc.)

2. Is this space furnished? Yes No

3. How much rent do you expect from a homesharer? \$ _____ \$ _____
(desired) (minimum)

4. Do you expect any services from the homesharer? Yes No

6. Are you investigating other housing possibilities? Selling Moving

BY COMPLETING AND SUBMITTING THIS FORM, I AGREE TO THE FOLLOWING

All of the information above is correct to the best of my knowledge. I have read and understood that a **\$25.00 non-refundable** application fee is due when I am interviewed after submitting this application. If a suitable match is found for me, I agree to pay St. Ambrose Homesharing the balance of \$50.00 due at the time of the match meeting, usually two (2) weeks after moving in.

I agree to the above statement.

Date _____

PLEASE FILL OUT REFERENCE FORM ON PAGE 3

St. Ambrose Homesharing

CONSENT TO OBTAIN INFORMATION FORM

- 1. _____
Name Relationship – most recent person with whom you have lived home & work phone

- 2. _____
Name Relationship home & work phone

- 3. _____
Name Relationship home & work phone

- 4. _____
Name Relationship home & work phone

I, _____, give consent to St. Ambrose Housing Aid Center to obtain information regarding my request to become a Homesharer for the Homesharing Program. I understand that this information is needed to determine my eligibility and ability to serve as a Homeowner/Homeseeker for the Homesharing Program. I understand that I am not entitled to any information that is provided about me and I waive any rights that I might have under Article 76A of the Annotated Code of Maryland (Public Information) and the Federal Privacy Act to see or review the information provided. I also understand that this information may be given to a prospective Homeowner/Homeseeker.

Signature of Applicant

Signature of SAHAC Staff

Date

Click here to submit this completed form by email: