

**Homeowner Application**  
**St. Ambrose Homesharing**  
**321 East 25<sup>th</sup> Street Baltimore, MD 21218**

**For Office Use Only**                      Phoned \_\_\_\_\_                      Appointment \_\_\_\_\_

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Date: \_\_\_\_\_                      Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street    City    Zip

Is your home located in (choose one):      Baltimore City              Baltimore County  
(Please note: our program only serves home providers in Baltimore City & Baltimore County)

Gender:      Male      Female                      Date of Birth: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(if other than homeowner)    Phone

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. How long have you lived in Baltimore? \_\_\_\_\_      In your present home? \_\_\_\_\_

4. Do you own your home?      Yes      No  
    If renting, please include a letter from your landlord indicating permission to sublet.

5. Are you:      Single      Married      Separated      Divorced      Widowed?

6. Who are the other occupants in your home now and what are their ages?  
\_\_\_\_\_

7. 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) \_\_\_\_\_

8. Have you ever been convicted of a crime?      Yes      No  
    If yes, please provide details as well as dates: \_\_\_\_\_  
\_\_\_\_\_

9. Are you:      Employed      Retired      Other: \_\_\_\_\_?  
    Employer: \_\_\_\_\_  
                    Name                                      Address                                      City  
\_\_\_\_\_  
                    Phone                                      Your Position

10. HOUSEHOLD yearly or monthly gross (pre-tax) income: \$ \_\_\_\_\_

11. Source(s) of Income: \_\_\_\_\_  
(Examples: Employment, SSI, Pensions, Public Assistance, etc.) Please provide us with a copy of your documentation at the time of your interview.

12. Your highest level of education completed: (Mark one)  
Primary      High School/GED      Vocational      College

13. Do you have a health condition a homesharer should know about?    Yes    No  
If yes, describe: \_\_\_\_\_

14. Your Race (for grant reporting purposes only): (Mark all that apply)  
American Indian / Alaskan Native      Native Hawaiian / Other Islander  
Asian      White  
Black / African American      Other Multi-Racial Category  
Hispanic

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### INFORMATION FOR HOMESHARING

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

2. Is this space furnished? (Describe) \_\_\_\_\_  
\_\_\_\_\_

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

Are utilities included?    Yes    No

4. 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 \$50.00 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 1/3 of the first month's rent due at the time of the match meeting, usually two (2) weeks after moving in. In the case of nonpayment of program fees, I understand that I will be billed for all Homesharing services rendered to me.

I agree to the above statement.

Date: \_\_\_\_\_

PLEASE FILL OUT REFERENCE FORM ON PAGE 3

## St. Ambrose Homesharing

### CONSENT TO OBTAIN INFORMATION FORM

Please list the names of four people who have known you for AT LEAST FIVE YEARS that can serve as a personal reference for you. Include a former roommate or landlord and a combination of the following: one family member, professional person, associate, clergy, or friend.

1. \_\_\_\_\_  
Name Relationship – if applicable, most recent person with whom you have lived

Phone (at least one): \_\_\_\_\_  
Work Home Cell

2. \_\_\_\_\_  
Name Relationship

Phone (at least one): \_\_\_\_\_  
Work Home Cell

3. \_\_\_\_\_  
Name Relationship

Phone (at least one): \_\_\_\_\_  
Work Home Cell

4. \_\_\_\_\_  
Name Relationship

Phone (at least one): \_\_\_\_\_  
Work Home Cell

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.

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TO BE SIGNED AT TIME OF INTERVIEW:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of SAHAC Staff

\_\_\_\_\_  
Date

Click here to submit this completed form by email: