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PHILADELPHIA SHAREPLACE
POLICIES & PROCEDURES

What is the Goal of SharePlace?

The goal of SharePlace is to help prevent and end homelessness in Philadelphia by providing new affordable housing options for individuals who are homeless and facing behavioral health challenges. The program will create options for people leaving shelter and other recovery-oriented programs and provide safe, affordable homes with person-centered supports and a built-in community.

What are the Objectives of SharePlace?

There are two sets of objectives that will be measured to determine the success of SharePlace: Program Objectives and Participant Objectives.

What are the Program Objectives and What Measures will be Used to Determine Success?

There are three major program objectives:

1. To provide permanent housing for up to 100 individuals over the initial 18 months
   
   **Measures:**
   
   • Number of referrals made to the program in 18 months
   • Number of interviews conducted in 18 months
   • Number of introductions made in 18 months
   • Number of trials in 18 months
   • Number of move-ins in 18 months
   • Number of new households created
   • Number of individuals served

2. To increase housing stability
   
   **Measures**
   
   • Number of matches maintained for more than 6 months, 12 months
   • Average match length
   • Number/percent returning to homelessness within 2 years
   • Decrease number of incarcerations
3. To demonstrate success of Shared Housing compared to other housing options

**Measures**
- Average length of time homeless
- Average length of stay in shared housing
- Average cost per person served

What are the Participant Objectives and What Measures will be Used to Determine Success?

There are four major participant objectives:

1. To increase housing stability
   **Measures**
   - Number maintaining housing for more than 6 months, 12 months, 18 months, 24 months (target LOS: 2 years average)

2. To Increase Income
   **Measures**
   - Number increasing income by 5% in 12 months

4. To increase personal satisfaction/quality of life
   **Measures**
   - Number/percent satisfied with housing
   - Number/percent feeling less lonely, less isolated
   - Number/percent with increased social relationships (connection with family, community connections, extent count on other people)
   - Number/percent who feel safer in their home
   - Number/percent who eat better
   - Number/percent who feel healthier
   - Number/percent re-entering the workforce
   - Number/percent with increased feelings of self-worth, respect

Who will SharePlace serve? (Eligibility Criteria)

SharePlace will serve the following:
- Single individuals 18 and over of all genders
- Individuals with a history of homelessness who may have disabilities, behavioral health challenges and/or forensic involvement
- Individuals with income through SSI, work or other stable sources

The following will **not** be served:
- Individuals with no income
• Individuals prohibited from public housing by HUD regulation, including:
  • Individuals convicted of producing methamphetamines on HUD property
  • Individuals who are lifetime registered sex offenders
  • Arsonists

Are there Minimum Requirements for Participation?

Yes. All program participants must certify that they will:
• Use automatic debit/transfer for rent payments
• Accept 1 year of case management services
• Demonstrate willingness to be a good neighbor, renter and roommate
(see Form 2)

Will Certain Individuals be Prioritized for Admissions to SharePlace?

Yes. The following individuals will receive a priority for admission:
• Homeless individuals referred by the Permanent Supportive Housing Clearinghouse of the Office of Homeless Services (OHS):
  o Sheltered individuals with VI SPDAT scores of 4-7
  o Sheltered individuals age 55 and over
• Individuals referred from the following Department of Behavioral Health (DBHids) programs:
  o Project Transitions
  o Safe Havens
  o TIP Residential
  o Journey of Hope
  o Recovery Houses

  Note: While stage in recovery will not be a factor for screening out individuals, participant choice and operator discretion will be considered when making matches

Inventory of Available Properties

Twenty-eight units are available to OHS, DBHids, and Community College of Philadelphia (CCP) from the Philadelphia Housing Authority inventory. Seventeen of the 27 units will be used for SharePlace:
• 10 units will be set aside for individuals referred by OHS
  o 10 three- and four-bedroom units
• 5 units will be set aside for individuals referred by DBHids
  o 1 four-bedroom unit
  o 4 three-bedroom units
• 2 units will be set aside for young adults with foster care history who are attending CCP – 16 beds

Each property available from the PHA for sharing will be described in **FORM 1**: Property Description
1. Property Address and Neighborhood
2. Type of property (house or apartment)
3. Floor (main, 2\textsuperscript{nd}, etc.)
4. Size/number of bedrooms
5. Accessibility features, if any
6. Outdoor space
7. Storage
8. Furnishings
9. Parking
10. Monthly rent

**What On-Going Role will PHA Play?**

PHA will provide initial and yearly inspections of the SharePlace properties, and will be responsible for on-going property maintenance. PHA’s maintenance team is available 24-7 through a centralized Call Center. Life and safety maintenance issues are classified as emergency work orders and are either repaired or remediated within 24 hours. Other maintenance requests are by Routine Work Orders.

**What Marketing/Outreach Information Will be Provided and to Whom will it be Distributed?**

Both a **FLYER** and a **ONE PAGE DESCRIPTION** will be available to provide basic information on the program and to describe eligible applicants. Information will include the following:

1. The purpose of SharePlace
2. The definition of shared housing
3. Eligibility requirements
4. The number of sharers per home
5. Rent as a percentage of income

Both versions of the information will be personalized by the operator and provided to staff of the referring agencies for their use and to share with potential applicants.

**Who are the Referring Agencies for SharePlace?**

Referring agencies include:
1. Office of Homeless Services, which will refer individuals who are in programs classified as emergency shelter programs through the Permanent Supportive Housing Clearinghouse
2. Department of Behavioral Health (DBHids), which will refer participants from the following programs:
   a. Project Transitions
   b. Safe Havens
What Information will be Included in the Referral Form?

**FORM 2-APPLICATION TO SHAREPLACE**

The Form will include at least the following information that the Operator will require in order to determine eligibility of the applicant for SharePlace. The Operator may invite interested participants to a face-to-face orientation, at which people who are still interested would then complete this form.

- a. Name of Referring Agency
- b. Name, Title and Contact Information of Staff Making the Referral
- c. Name and Age of Applicant
- d. Current Address
- e. HMIS ID#
- f. Amount and Source of Income
- g. Indicate Disability, if any
- h. Criminal History, if known
- i. Reasons for Interest in Shared Housing
- j. Names of Individuals with whom they wish to share, if any
- k. Deal Breakers
- l. Applicant Certifications committing to the following:
  - i. Release of Information- sharing of information for purposes of determining eligibility
  - ii. Payment of rent through debit transfer
  - iii. Participation in case management services for at least one year
  - iv. Being a good neighbor: Prior to leasing, all potential tenants are required to attend a tenant certification class. This class will provide information regarding tenants' basic rights, responsibilities, support roles, and the process to keep and maintain their units.

What Services will be Provided by the Referring Agencies?

Services will depend upon the needs of the individuals being referred and their eligibility for services available through DBH/CBH. Typically:

- Individuals referred by DBH will be assigned Targeted Case Managers or other appropriate level of case management.
- Individuals referred by OHS may be assigned behavioral health case management or other supports.

Who will be Responsible for Day-to-Day Implementation of the SharePlace Pilot?

The OSH and DBHids issued a Request for Proposal and have selected a qualified Operator who will be responsible for the day-to-day operations of the SharePlace Pilot.
The Operator will functionally serve as program manager overseeing both housing (property management) and support services.

Will the Operator and Staff of Referring Agencies Receive any Training?

Yes. They will receive training to ensure appropriate referrals to the SharePlace pilot. The content of the training will include information on:

1. The shared housing model
2. The Phila SharePlace Pilot
   a. Target populations
   b. Goals, objectives and outcome measures
   c. Policies and Procedures
3. Appropriate referrals to SharePlace

Who will Conduct the Operator Training and When and Where will it Take Place?

The operator training will take place prior to the launch of the program. The trainers will include:

1. OHS/DBH staff
2. OHS/DBH Shared Housing Consultant
3. Experienced home sharing counselors

What are the Steps of the Process After the Operator Receives the Referral Form?

The Operator is responsible for the following tasks:

1. Verify eligibility of the applicant
2. Contact the applicant to set up an in-office interview
3. Conduct the Interview
4. Screen for potential match/es
5. Set up Introduction with potential matches
6. Arrange for trial period
7. Facilitate components and signing of Homesharing Agreement
8. Maintain on-going contact with Homesharers
9. Provide conflict mediation if needed
10. Enter data in the Homeless Management Information System (HMIS)
11. Provide periodic reports on SharePlace progress

What Information must be Verified for Eligibility for SharePlace?

The Operator will review **FORM 2-APPLICATION TO SHARE PLACE** in order to determine preliminary eligibility for SharePlace. The Operator will confirm eligibility of the applicant by filling out **FORM 3: VERIFICATION OF APPLICANT ELIGIBILITY** which will contain additional information on the following:
1. **Income** – Proof of SSI, SSDI, or 1 month of pay stubs
2. **Auto Debit** – banking information must be provided for auto debit of rent payments
3. **Criminal history** - to be researched and summarized by the Operator using the national sex offender website and PA State Police criminal records to check for methamphetamine production in public housing.
4. **Case Management** – Verification of whom will be providing lead case management services

Exclusions include conviction for producing methamphetamines on federal property, Megan’s Law above tier 2, and arson

**What is the Application and Interview Process for SharePlace?**

Within 48 hours of completing the eligibility determination, the Operator will set up an interview appointment with the Applicant to be held at the Operator’s office.

The Operator (Homesharing Counselor) will conduct the interview using **FORM 4: THE HOMESHARER QUESTIONNAIRE**

The Application will include at least the following information:
- 1. Basic information already provided in **FORM 2-APPLICATION TO SHARE PLACE**
- 2. Information to determine the applicant’s appropriateness for sharing
- 3. Information for identifying potential matches including:
  - a. Information on motivation to maintain recovery (to be used for matching, not screening) (e.g., How long have you been clean, do you have a sponsor, how often do you go to meetings?)
  - b. Criminal history
  - c. Guests/children/visitation
  - d. Pets
  - e. Smoking
  - f. Other
- 4. **Certifications regarding:**
  - a. Payment of rent through debit transfer
  - b. Participation in case management services for at least one year
  - c. Being a good neighbor:
- 5. Disclaimer regarding relaying accurate information
- 6. Waivers permitting transfer of information

**How will the Operator Screen for Potential Matches?**

The Operator (staff) will use **FORM 5- SCREENING and MATCHING TOOL (DMA to DRAFT)** to identify potential matches. The process and form are designed to identify
individuals who would potentially be good matches based on their history and preferences. The tools will include the following key criteria for matching:

1. Age
2. Gender
3. Stated roommate preference
4. Accessibility needs
5. Personal preferences (pets, smoking, guests, etc.)
6. Deal Breakers (gender, religion, politics, ethnic and dietary considerations, etc.)
7. Other factors (stage of recovery, personality, allergies, how they deal with conflict, etc.)

What happens Once a Potential Match is Identified?

Once the Counselor has identified a potential match he/she will contact each applicant to provide introductory information to and about each homesharer. If both/all parties are interested, the Counselor will set up a mutually convenient time for a formal introduction. The meeting will take place at the Operator’s place of business.

During the meeting, the Counselor will provide a detailed explanation of the program and facilitate a conversation about what each individual is looking for in a roommate. The Counselor will hand out and review FORM 6- TIPS FOR GETTING ALONG emphasizing the importance of flexibility and open communication.

He/she will also describe what will happen during a trial period if both/all parties are interested in pursuing the next step. The Counselor will explain that he/she will contact them the following day to hear whether or not they would be interested in a Trial period.

What Happens After the Introduction?

The Counselor will check on the availability of the fully furnished Trial Apartment and contact both/all potential sharers the next day to determine their interest. If both/all parties are interested, the Counselor will work with the sharers to:

1. Determine an agreed upon length of time for the trial period (no less than 3 days and up to 7 days, keeping in mind that certain facilities cannot hold a bed open indefinitely (shelter absences exceeding 48 hours can result in discharge);)
2. Arrange mutually convenient dates and times to start and end the trial;
3. Ensure that the individuals will be able to return to their living arrangement at the end of the trial period;
4. Arrange transportation to the Trial Apartment (if necessary, working with case manager/s to identify available resources); and
5. Provide the address and other relevant information about the Trial Apartment.
The Trial Period

At the agreed upon date and time, the Counselor will meet the potential homesharers at the Trial Apartment and provide the keys and orientation to the apartment, including a review of basic housekeeping rules.

At the conclusion of the agreed upon trial period, the Counselor will meet the sharers at the apartment to collect the keys.

To the greatest extent possible, trial periods should begin and end Monday through Thursday only. This allows for adequate staffing support at the beginning and timely follow up at the end of the trial period.

What Happens After the Trial Period?

The day following the trial period the Counselor will get in touch with each/all parties to discuss what went well and what did not. If one or more parties do not wish to proceed, the Counselor will probe for the reasons and note those reasons in the applicant file for future reference when reviewing for potential matches.

In the case of a three-way match, if two of the potential Homesharers want to proceed to the next step, the Counselor will proceed with a match for the first two and then seek a third and/or fourth person once they are housed.

Next Step to Finalize the Match: Homesharing Agreements

If both/all parties agree to the match, the Counselor will set up a mutually agreeable date and time for the homesharers to come to the Operator’s office to negotiate and sign FORM 7- HOMESHARING AGREEMENT between the homesharers in each property and LEASE between the Operator and each individual homesharer.

The Homesharing Agreement will include at least the following information:

1. Beginning dates
2. Monthly rent payment
3. Date rent to be paid
4. Other costs—cable, etc.
5. Division/use of space
   a. Private space
   b. Shared space
6. Division/use of items (cutlery, small appliances, etc.)
   a. Private items
   b. Shared items
7. Personal furnishings, if any (who will provide what)
8. Food and meals
9. Cleaning/chores
10. Guest policies
11. Pets
12. Security: access to keys, locking doors, etc.
13. How to handle disagreements or conflicts
14. Other: smoking, drug/alcohol use, noise (especially during sleep hours)
15. Termination procedures
16. Selection of new roommate/s
17. Recommendation to purchase renter’s insurance

A copy of the PHA Pet Policy will be provided to all homesharers.

What Happens after the Agreement is Signed?

Once the property is selected, the Operator (Housing staff) will be responsible for preparing it for occupancy. While all furnishings and household supplies will be paid for by DBHIDS/OHS, the Operator will arrange for pick-up and delivery from the Furniture Bank. The Operator will also work with the homesharers to coordinate a move-in date and will arrange for transportation for the individuals’ personal effects.

Will the Homesharers Receive any Orientation or Training?

Yes. The Operator will arrange for Participant Orientation and Training prior to the move-in date to include reviews of:
- the SharePlace Pilot and its goals, emphasizing the elements of choice and control;
- the TIPS FOR GETTING ALONG (Form 6);
- the roles and contact information for SharePlace and Operator staff;
- roles and responsibilities as tenants;
- supports and services available if needed.

The Homesharers will also be reminded that they must honor their commitments to pay rent through debit transfer; to participate in case management services for at least one year; and to be a good neighbor.

How will SharePlace Terminations be Handled?

The procedures for terminating a homesharing household, including a 30-day notice, will be spelled out in the Homesharing Agreement, which will be reviewed during the signature process. Homesharers wishing to terminate an Agreement must notify the Operator as soon as possible so that they may navigate the process. FORM 8-TERMINATION OF AGREEMENT (DMA to provide) should be signed by all homesharers and will include the dates and reasons for termination. It is important to note that if a homesharer has moved to SharePlace from a City facility or living arrangement, his/her ability to return to that facility will depend upon the specific policies of that facility or living arrangement. There is no guarantee that a person will be able to return.
What are the Operator’s Responsibilities to the Homesharers Following Move-in?

Once homesharers have moved in together, it is the responsibility of the Operator to maintain on-going contact with the homesharers and to monitor the program progress and effectiveness. This includes the provision of mediation services to resolve any conflicts that arise during the match. The Operator must meet face-to-face with the homesharers weekly for the first two weeks and then as needed, or at least quarterly, in person or by telephone. The Operator will provide a 24-hour phone number for emergencies.

How Will Data on the Program be Collected and Reported?

Data will be collected and reported on both the Program and the Participants. The Operator will enter and update information on all SharePlace participants in Philadelphia’s Homeless Management Information System (HMIS) and use this data to provide reports on the program and its participants to DBHids/OHS. HMIS data entry is needed for Entry, Annual, and Exit Assessments.

The Consumer Satisfaction Team (CST) or outside provider will conduct Exit Interviews with all homesharers and provide those responses to the City and Operator.

In addition, FORM 9-SATISFACTION SURVEY will be used to measure satisfaction with SharePlace. (The CST will provide input to this form from its currently used survey). The Satisfaction Surveys of all SharePlace participants will be conducted by the Consumer Satisfaction Team on a quarterly basis and summaries provided to the Operator.

How will Program Evaluation be Conducted?

The Program Operator will compile the information from the HMIS, the Satisfaction Surveys, the Exit Interviews and other information (e.g., the number of matches made, the length of matches, the profile of successful matches, etc.) on FORM 10-REPORTING FORM provide monthly reports to DBH and OHS.

The Operator will meet with DBHids and OHS and other key representatives Quarterly to discuss SharePlace, its accomplishments, weaknesses, lessons learned, and to identify program modifications.

What Monitoring/Follow-up will be Conducted by DBHids/OHS?
The OHS Program Analyst will be responsible for reviewing the quarterly and yearly reports and monitoring the SharePlace Pilot.

Quarterly Reports will include the following data for the quarter being reported on and contract-to-date:

 ✓ # referrals made
 ✓ # interviews conducted
 ✓ # matches made
 ✓ # move ins
 ✓ Average Length of time homeless for all move ins, prior to Shareplace
 ✓ Average Length of stay in Shareplace

Yearly Reports will include:

 ✓ Average cost per person
 ✓ Number /% who returned to homelessness (HMIS)
 ✓ #/% increased income (HMIS)
 ✓ Satisfaction (provider survey)
 ✓ Contract-to-date numbers from fourth Quarterly Report
Form 1: Property Description
Form 2: Referral to SharePlace

Application for Eligibility Determination for Residency with SharePlace

Last Name _______________________________________________________________

First Name & Middle Initial ________________________________________________

Age ______________________

Gender _______________________________________

Date of Birth __________________________

Social Security Number ____________________________________________

HMIS ID ________________________________________

Current Address _________________________________________________________

City, State, Zip Code ______________________________________________________

Telephone (area code) _____________________________

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?  

_____ Yes _____ No If yes, please list the request: _______________________________________

______________________________________________________________________________

______________________________________________________________________________

Employment: Are you currently employed? ☐ Yes ☐ No. If yes, give name and address of your employer(s):

Name: ________________________________________________________________

Address: ______________________________________________________________

Telephone: (Area Code) _________________________________________________

Income: Do you receive any of the following types of income on a regular basis?  

SSI / SSDI

Source
Monthly Amt$

**Most Recent Statement (60 days) / 4 weeks of check stubs are required**

☐ Yes ☐ No

**Current Award Letter**

☐ Yes ☐ No

**Income from**

Tax Documents or Written Statement

☐ Yes ☐ No

**Other (specify)**

Written Documentation

Do you have any regular sources on income not listed above? ☐ Yes ☐ No. If yes, please describe__________________________________________________________

_____________________________________________________________________________________

**Checking/Savings Account(s)**

Copy of Most Recent Bank Statement(s)

☐ Yes ☐ No

Banking Institution _________________________________________________________________

Routing Numbers _________________________________________________________________

Account Number _________________________________________________________________

List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name

Address, City, St., Zip

Phone

Name

Address, City, St., Zip

Phone
Have you or ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act? This also includes harassment, sexual assault, drug abuse, and other crimes. ☐ Yes ☐ No. If Yes, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you or subject to a lifetime registration requirement under a state/federal sexual offender registration program? ☐ Yes ☐ No. If Yes, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize SharePlace to order my background report, including investigative consumer reports. I understand that the organization may rely on this authorization to order additional background reports, including investigative consumer reports, during my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all the personal information I provided is true and correct.

Last Name __________________________________ First ________________________ Middle ______
Maiden/Other Names __________________________________________________ Years Used _________
___________________________________________________________ ______________________

/ / ______________
Signature                     Date:                        (Month/Day/Year

Have you ever been evicted from any type of subsidy housing or other types of housing? This specifically includes drug-related criminal activity. ☐ Yes ☐ No. If Yes, please explain and name household member:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you currently engaged in illegal drug use?
☐ Yes ☐ No. If Yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Are you currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? ☐ Yes ☐ No. If Yes, please explain and name household member:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

SharePlace may prohibit admission of a household to federally assisted housing under your standards if you determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:

(1) Drug-related criminal activity;

(2) Violent criminal activity;

(3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or

(4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

Optional Information: Do you plan to use a service or assistance animal in this facility? ☐ Yes ☐ No

If yes, please describe the animal:

_____________________________________________________________________________________ 

Do you have a pet you wish to bring into this facility? ☐ Yes ☐ No

If yes, please describe the animal:

_____________________________________________________________________________________ 

Do you have a vehicle you wish to bring onto the property? ☐ Yes ☐ No

If yes, is the car registered, insured, in operable condition, and owned by a member of the household? ☐ Yes ☐ No

How did you hear about SharePlace?

___ Current resident or resident family member
Applicant(s)’ Certification

I certify that if selected to move into this residence, the unit occupied will be my only residence. I understand that the above information is being collected to determine my eligibility for assistance. I authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I understand that information will be kept confidential but may be reviewed by an auditor. I certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and could result in this application being rejected. I am aware that the applicant may be given less than thirty (30) days’ notice to move into an available apartment. If for any reason I am unable to move in within the allowed time, I understand that our offer may be forfeited.

Additional Certifications regarding:
   a. Payment of rent through debit transfer
   b. Participation in case management and Operator services for at least one year
   c. Being a good neighbor

Applicant Signature____________________________________________ Date: ___________________

SharePlace Representative: _________________________________ Date: ________________

SharePlace does not discriminate in any fashion based upon a person’s race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability.
Form 3: Verification of Applicant Eligibility

Referral Name: ____________________________
HMIS ID: _________________________________ Date Referral Received: ________________

1. Income
   Source of income: __________ Amount: _________
   Type of Proof attached (must be for last month of income, award letters must be dated within last 60 days):
   __ bank statement __ SSI/SSDI award letter __ paystubs __ other ________________

2. Direct Deposit
   __ Agrees to direct deposit
   __ Banking information is complete in application

3. Criminal History
   __ Criminal Check Complete
   __ Client meets eligibility threshold for SharePlace

4. Case Management

<table>
<thead>
<tr>
<th>Case Manager contact info</th>
<th>Agency:</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
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<table>
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<th>Case Manager’s Supervisor contact info</th>
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<td>Phone number:</td>
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<tr>
<td>TSC agency assigned (if known)</td>
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<tr>
<td>Merakey</td>
</tr>
<tr>
<td>JEVS</td>
</tr>
</tbody>
</table>

Referred individual meets minimum eligibility requirements: _____ Yes _____ No

Verified by: ____________________________ ____________________________ ______
Name Signature Date
Form 4: Homesharer Questionnaire

Relaying accurate information is important to ensure the best possible matches are made. There are no correct or preferred answers and there is no information that applicants should feel the need to conceal. As mentioned, being as honest as possible will better ensure that the proposed match is the best possible fit for each applicant.

Identifying information

Name ______________________________________________ Date _____________________

Date of Birth ___/___/______ Ethnicity/Race ____________________ Gender _____________

Marital Status: [ ] Married [ ] Divorced [ ] Single [ ] Widowed [ ] Separated

[ ] Domestic Partnership Age _______ SS# __________________________

Current Address ______________________________________________________________________

Cell phone ________________ Home phone _____________ Work phone: _________________

Email ___________________ Preferred contact method (call, email) _______________________

Current living situation

Have you been homeless in the last 3 years? ________ # of times/duration in shelter? _____________

Cause of homelessness? _______________________________________________________________

_____________________________________________________________________________________

Where did you sleep last night? _________________How long have you been there? _____________

How did you hear about the SHARE Program?

_____________________________________________________________________________________

Why are you interested in Homesharing? (Check all that apply)

[ ] Financial reasons [ ] Companionship [ ] Security

[ ] Other (please specify)

_____________________________________________________________________________________

Have you ever shared a home with an unrelated individual before? ______ If yes, please tell me about that experience (When was it? what worked well? What did not?) __________________________
Finances/Insurance

Are you employed? Box Yes or No. If yes: Occupation ____________________________

Employer ____________________________ How long have you had your job? _______________

Is your job: Temporary _________ Seasonal _________ Permanent _________

What was your previous employment or work experience? ________________________________

MONTHLY SOURCE OF INCOME & MONTHLY AMOUNTS

Unemployment ______ Spousal Support ______ Cash Assistance ______ Child Support _______

Wages ______ Veterans Benefits ______ SSI/SSDI ___________ AFDC/TANF ___________

Other (specify) ____________________________________________________________

Total monthly income from all cash sources __________ Total yearly (x12) __________

Are you covered by medical insurance? Box Yes or No. If yes, what is the source? __________

Health

How is your general health? Box Excellent Good Fair Poor

Do you have a history of any of the following? (Check all that apply)

☐ Mental Illness ☐ Developmental disabilities ☐ Physical disabilities ☐ Drug Abuse

☐ Alcohol Abuse ☐ Visual Impairment ☐ Hearing impairment ☐ Allergies

If you have marked any box, please explain __________________________________________________________

_____________________________________________________________________________________

If you have a history of substance use, how long have you been sober? Box Yes or No. How often do you go to meetings? _______

Do you have any other conditions/addictions a roommate should know about? Box Yes or No

If yes, describe: ____________________________________________________________

Page 23 of 42
List any agency that currently provides you with case management or behavioral health services:

1. Agency __________________________
   Support provided _________________
2. Agency __________________________
   Support provided _________________

**Homesharing Preferences**

When would you like to have housemate/s by (date): ________________________________

Do you have accessibility requirements? ________________ If yes, please check options:

- [ ] Single Story
- [ ] Wheelchair Ramp
- [ ] Zero Step Entry
- [ ] Stair Glide
- [ ] Elevator

How long do you want/need the Homesharing arrangement to last? ________________________________

Do you need to be in walking distance of grocery, shopping, laundry, churches, etc.? If yes, which?

Please check options/amenities desired:

- [ ] Yard
- [ ] Ground Floor
- [ ] 2nd floor
- [ ] Laundry
- [ ] Computer
- [ ] Internet
- [ ] Cable/Satellite
- [ ] Parking
- [ ] Furnished room
- [ ] Unfurnished room
- [ ] Private bath
- [ ] Shared bath
- [ ] Ramp(s)
- [ ] Stairs
- [ ] A/C
- [ ] Landline
- [ ] Wireless Internet (WiFi)

Please describe the unit in greater detail, if needed ________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you have a pet? __________ If yes, what type and how many? ____________________________

Can you drive? ______ Do you have a car? _____ Do you have a valid license? ____________________________

If yes, are you insured? ______________ Name of Insurance Agency _______________

Do you drink? ______________ If yes, how much do you consume a week? ____________________________

Do you smoke? ______________ Do you smoke indoors? ____ Do you smoke outdoors? ____________

Would you like to have overnight guests? [ ] Yes [ ] No If yes, would this be for your child/children? [ ] Yes [ ] No. Please indicate frequency ______________

Please list your interests and hobbies: ______________________________________________________
Would you describe yourself as a flexible person? Easy to get along with? What do you think your challenges will be in ensuring a successful homesharing arrangement?

Do you have specific lifestyles that might present problems in living with other people? (Frequent overnight guests, TV/music on constantly, etc.) If yes, explain.

Preferred Homesharers

Please check all that you would consider living with:

- Male
- Female
- Transgender

- Age 18 -25
- Age 26-40
- Age 41-60

- Age 60+

Briefly describe the type of person/s you would like to live with (neat, employed, quiet, outgoing, etc.)

Is there one or more persons that you already know with whom you would be interested in sharing?

- Yes
- No

How do you know this person/s?

Why do you think you would be suitable roommates?

Estimate how much interaction you would want or be willing to have with your sharer/s:

Would you like to share meals, food with your homesharers?

Are there pets you are not willing to live with?

Are you OK with living with someone who smokes indoors? Smokes outdoors?

Are you OK with living with someone who has overnight guests? If yes, indicate frequency
Are there any “deal breakers” when considering a homesharer? (someone you would not want to live with? eg. Minimum time clean, age, religion, Dietary considerations, ) If so, please describe

________________________________________

If a problem arose, how would you handle it? For example, your homesharers have overnight guests for longer periods than agreed upon. Or they are smoking in the house when agreed not to.

________________________________________

Other

Have you ever served in the U.S. Military? ☐ Yes ☐ No

Has your spouse, ex-spouse or household member ever served? ☐ Yes ☐ No

Do you have any weapons? _____ If yes, are you willing to secure them?

________________________________________

Have you ever been convicted of a crime (including a DUI)? ☐ Yes ☐ No. If yes, for what and when?

________________________________________

Are you listed on a sex offender registry? ? ☐ Yes ☐ No

Please use this space to provide up with any additional information you wish to share not already addressed:

________________________________________

Do you have any concerns and or questions about Homesharing or about the SharePlace Program?

________________________________________

Emergency Contacts

Name ___________________________ Relation to Applicant ___________________________
Home Phone ________________________ Cell Phone ___________________________
Address __________________________ City _______________ State _____ Zip _____________

Name ___________________________ Relation to Applicant ___________________________
Home Phone ________________________ Cell Phone ___________________________
I hereby certify that the information in this application is true and correct. Misrepresentation will result in termination of the applicant to the Shared Housing Program.

________________________________________  __________________________
Signature                                    Date

AGREEMENT OF NON-LIABILITY
The staff associated with the SharePlace program will use their training and experience to bring together those who have housing and those who are seeking housing, either peer relationship or through an intergenerational match.

I understand that the staff of the SharePlace program are employees the Operator, and act as a facilitator providing the opportunity for the parties involved to come together and work out an acceptable housing arrangement. In consideration for the services and benefits provided by the SharePlace program, I agree to hold blameless the administrators, directors, employees and agents of SHARE program from any liability or damages that may arise from my participation in this program.

Since any agreements or contracts shall be made by the parties involved in this homesharing arrangement, the administrators, directors, employees and agents of the SharePlace program, either individually or in a group, will not be held responsible or will not assume any liability for claims, damages, or other consequences which may arise from this homesharing agreement.

I have read and understand the above statement and agree to be bound by its terms.

________________________________________  __________________________
Signature                                    Date

AGREEMENT FOR OFFICIAL BACKGROUND CHECK(S)
I understand that, as a potential participant in the SharePlace program, I may be subjected to a criminal background, child abuse clearance and/or credit check(s) in order to fully process and approve/deny my application. I give permission for the SharePlace program to order such criminal and/or credit checks for determining eligibility into the program and for matching purposes.

________________________________________  __________________________
Signature                                    Date

AGREEMENT FOR RELEASE/OBTAINMENT OF INFORMATION
I give my permission to administrators of the program to share the above information with potential shared housing participants. Furthermore, I give permission for said administrators to obtain references and pertinent information from the persons or agencies listed on this application relating to my homesharing request. I understand that all information supplied will be kept in confidence and only be used to arrange a homesharing match.

________________________________________  __________________________
Signature                                    Date
Form 5: Screening and Matching Tool
(To be drafted by DMA)
Form 6: Tips for Getting Along

While there are many benefits to homesharing, problems or disagreements can certainly arise. We have all experienced conflicts at some time with family, friends, or housemates. However, dealing with problems does not have to be a negative experience; in fact, it can be a growing and uplifting experience. Here are a few suggestions to successfully deal with small problems before they grow into BIG ones.

1. Conflict Resolution:
   - Express clearly the problem(s) as you see it, how you feel, and what you'd like to have done to change the situation.
   - Discuss one issue at a time without being defensive.
   - Make sure you agree on what the problem(s) is/are.
   - Listen carefully to what the other person is saying, thinking, and feeling about the problem.
   - Investigate different solutions and steps for resolving the problem(s). Don't disregard or reject any ideas.
   - Discuss possible solutions: What are the good points about each? What are the drawbacks?
   - Choose a plan you are all comfortable with.
   - Decide how you will implement the plan. What are the steps? Who will do what, and when?
   - Recognize what you've both accomplished in working out the problem(s).
   - Decide on a time to discuss progress and/or other problem(s).

2. Respect Privacy
3. Clean up after yourselves
4. Remove personal belongings from all common areas
5. Be considerate about noise levels
6. Please be mindful of time when showering.
Form 7:
SHAREPLACE

SHARED HOUSING AGREEMENT

This is a legally binding agreement. It is intended to promote a successful shared living arrangement by clarifying the expectations and responsibilities of the parties (Homesharers) herein for when they share the same home. All Homesharers will be provided a copy of their most current Homesharing Agreement. The terms set forth in this Agreement are between the homesharers, whereas the lease agreement is between the parties herein and the Property Management Operator. A Homesharing Agreement/Guest Policy Guide is provided at the end of the agreement for reference.

This agreement is entered into on this ______ day of ____________, 20_____

(Day) (Month) (Year)

Term

This agreement is valid throughout the SharePlace Homesharing arrangement, during the period in which the Homesharers are subject to the terms of their Lease Agreement with the Property Management Operator.

Rental Property

Address:

Name of Property Management Operator:

Contact Information for Property Management Operator:

Parties

The following people are agreeing to live together and abide by the below described agreements:

Name of Sharer                     Bedroom

______________________________    __________
Rent Amount

Rent shall be equal to 30% of each Homesharer’s income. Individually approved rent amounts are in each Homesharer’s respective lease.

Security Deposit

Individually approved security deposit amounts are in each Homesharer’s respective lease.

Housing Expenses

Unless stated otherwise elsewhere in this Agreement, the Homesharer agrees to the following arrangements regarding payment of household expenses:

a) Rent does ______/or does not_______ include utilities. If rent does not include utilities, utility bills will be apportioned as follows. If applicable, of the utilities the Homesharers are responsible for, their costs will be covered/divided according to the following plan:

b) Other costs such as wifi, streaming plans, phone and cable are not included in the rent. Their costs will be covered/divided according to the following plan:

c) Food costs will be covered/divided according to the following plan:

d) Other household item costs will be covered/divided according to the following plan:

e) Additional expenses will be covered/divided according to the following plan:

The parties may agree to modify the terms hereof in writing (except for those costs itemized in the lease), and the change shall be effective as of the fifth (5th) day of the next month following the change. See the MODIFICATION paragraph for more information on allowable changes to this Agreement.
Furnishings

a) Large furnishings will be provided by the landlord as follows:

In addition, Homesharers will provide:
✓ __________(name) will provide:
✓ __________(name) will provide:
✓ __________(name) will provide:
✓ __________(name) will provide:

b) The landlord will supply the following “smaller” items (i.e. plates, silverware, cooking items, etc.):

In addition, the following will be provided by the Homesharers:
✓ __________(name) will provide:
✓ __________(name) will provide:
✓ __________(name) will provide:
✓ __________(name) will provide:

Living Together

Homesharers have discussed and agreed upon the following:

a) Sharing food or other household items/supplies

b) Noise, especially during typical sleeping hours

c) Cleaning: who will do what when?

d) Personal Possessions: what are you willing to share and what are you not?

e) Alcohol or drug use: stipulations beyond what is identified in the lease

f) Smoking: allowed or not? If so, where?

g) Pets: allowed? If so, which ones?
h) Security: access to alarm, keys, etc.

i.) Other

**Guests**

In general, our visiting hours are:

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We make exceptions for the following people:

Name | We will allow over...

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Our house rules are listed above (see attached guide for things to consider):
Here’s how we will deal with things if someone breaks our house rules:
Reasonable Enjoyment

Each Homesharer will strive to develop mutual cooperation and respect among all other housemates and will at all times be considerate of the other Homesharers and refrain from causing any disturbing and/or excessive noises. (See Tips for Getting Along)

Conflict Resolution

Should disagreements arise, each Homesharer shall try to resolve the dispute in good faith using clear communication. If disputes continue thereafter, the Homesharers agree to the following methods of conflict resolution:

- Decision by Property Management Operator
- Mediation by impartial third party
- Decision by Supportive Service Operator
- Decision by household majority vote
- Decision by household consensus
- Other ______________________

Modification

Any modifications to this agreement as signed below must be aligned with lease expectations, in writing, made known to the Program Manager (who will determine if a new agreement will need to be created, signed and shared), and mutually agreed upon by Homesharers.

Termination

The Homesharer may terminate this Agreement by giving a thirty-day written notice to the Operator.

If any of the Homesharers become substantially mentally or physically disabled, this agreement will terminate on five (5) days written notice. However, a new Agreement may be negotiated if all parties agree.

In all cases, the termination of this Agreement shall, without further action or notice, terminate the Homesharers right to occupy the residence.

Acknowledgement of Liability

The Homesharer acknowledge that SharePlace is a voluntary arrangement entered into between the Homesharers for their mutual benefit and will require flexibility and cooperation between them to be successful.
Further, the Homesharer acknowledges that all decisions in the selection, acceptance and/or rejection of a Homesharing arrangement and/or candidate(s) were made solely by the parties, based on their own preferences and criteria and SharePlace had no part in such decisions.

The parties hereby release SharePlace, its officers, directors, employees and agents from any and all actions, causes of action, claims, damages, losses or expenses arising from their participation in the SharePlace Program.

**Disclosures**

The Homesharer has fully and truthfully disclosed to the Operator every condition and circumstance that might affect the arrangement he/she is about to enter as outlined in the application forms and meetings.

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I hereby certify that it has been disclosed to me that one or more of the other Homesharers has a criminal history.

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We are willingly entering into this Agreement to share a home with this/these individuals. We agree to be legally bound by this agreement and agree to the terms above.

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HOMESHARING AGREEMENT/GUEST POLICY GUIDE

Make sure that the following questions are answered

• What’s the best part about having your own place that you don’t want guests to screw up?

• During what times of the day will you allow friends and family to come over?

• Is there anybody that you do not want coming over? (even if you might like to hang out with them somewhere else)

• Is there anyone you’d only invite over on certain days or certain times?

• What are your house rules? (e.g., don’t yell; only people I know can come to my home; be respectful in the hallways; if you dirty it, clean it; take off your shoes, etc.)

• How will you manage guests that get out of hand?

Some additional questions to discuss

• If someone comes over with a friend, and you don’t know the person, is that all right with you?

• If a guest damages something in the building who is responsible?

• Are there any activities, language or other things that you do not want happening in your apartment?
• If people want to crash on your floor or couch, is that cool with you? What if doing so is against your lease?

• If people want to use drugs in your apartment, how will you make sure that that doesn’t result in you getting evicted?

• If a buddy wants to “borrow” your apartment for a couple hours to have a date with his girlfriend, is that okay with you?

• If people get in a fight - including a fight with you - how will you respond to that and not lose your housing?

• Can people eat your food or use your things?

• What can you do to make sure there are no noise complaints?


FORM #TBD

SharePlace LEASE ADDENDUM

INSURANCE

The Homesharer has been advised and understands that the personal property of the Homesharer is not insured by the PHA for either damage or loss and assumes no liability for any such damage or loss.

The Homesharer has been advised and understands that Renter’s Insurance is encouraged but not required to participate in SharePlace.

The Homesharer chooses to:

Obtain my own Renter’s Insurance ___________ (Initial & Date)

Opt out of my own Renter’s Insurance ___________ (Initial & Date)

The decision of the Homesharer to opt out of Renter’s Insurance does not preclude him/her from obtaining Renter’s Insurance at a future date.

HOMESHARING AGREEMENT
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<th>Operator Signature</th>
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**Form 8: Termination of Agreement**
(To be drafted by DMA; Ebonye to provide 1260 example)
Form 9: Satisfaction Survey
(CST to develop)
Form 10: Reporting Form

OFFICE OF HOMELESS SERVICES
Monthly Report

Provider Name: ________________ Program Name: Shareplace

Contract Term: _____________ OHS Contract #: ___________

Report Period: ____________ No. of Units:

No. of Clients/Households Targeted: Families: 15   Singles: 0

Prepared By: ________________ Title: Property Manager

1. Major Accomplishments

2. Problems Encountered and Proposed/Implemented Solutions

3. Requests for Technical Assistance & Guidance

4. Requests for Change/Revision

5. Client and Occupancy Information

6. Staff Updates

7. Other