



**St. Albert Homeshare Program
HomeShare Guest (Tenant) Application**

Applicant Name: _____ **Date:** _____
Date of Birth: ____ / ____ / ____ **Gender Identity:** _____
Phone Number: _____ **Email Address:** _____
Current Address: _____

HomeShare Expectations & Experience

Why would you like to be a part of the St. Albert HomeShare Program?

How would you describe yourself to a potential HomeShare Host? What would you like them to know about you?

When you envision an ideal HomeShare arrangement for you, what comes to mind? What benefits do you anticipate? What challenges?

Have you shared housing with someone other than your immediate family before? If yes, how would you describe this experience?

When would you like this arrangement to begin?



How long would you like to HomeShare?

Are you seeking a change in your housing situation, beyond HomeSharing?

What activities, if any, would you like to do with your Host (e.g., playing card games, watching TV, going for walks, chatting, et cetera)?

Financial Matters

Each HomeShare arrangement is unique. Some Hosts may be willing to offer a lower rent in exchange for services, while others may simply have extra space in their home that they are hoping to rent out for additional income. Utilities are often included in the cost of rent, but not always.

What is the maximum amount that you would be willing to pay toward the cost of rent, utilities, et cetera?

How will you support yourself financially while taking part in the program?

What is your monthly income?

Are you willing to provide service in lieu of a portion of the rent to a Host? If so, how many hours a week?

- Yes _____hours/week
- No



Which of the following services would you be willing to provide to a Host?

Note – No personal care is provided by the Host or Guest. HomeShare matches are not meant to take the place of home care.

- Companionship
- Computer/tech support
- Cooking and/or meal preparation
- Errands/groceries
- Housekeeping
- Laundry
- Pet care
- Recycling & trash removal
- Snow shoveling
- Washing dishes
- Yard work
- Other: _____

Accommodations

Would you prefer to rent furnished or unfurnished accommodations?

- Furnished
- Unfurnished
- Partially furnished

If applicable, what furniture do you plan to bring?

What facilities do you require?

Private Bathroom: Yes / No	Shared Bathroom: Yes / No
Laundry Facilities: Yes / No	Parking Space: Yes / No
Storage for Larger Items (e.g., bicycle, tires, et cetera):	Yes / No

Do you have any additional needs related to accessibility (e.g., no stairs)?

Do you have pets?

- Yes
- No

If yes, what type/breed? _____



Would you be open to living with a Host who has pets?

- Yes
- No
- Maybe (depends on the type/breed of animal)

If maybe, please explain: _____

Daily Life

If applicable, what is your work schedule (e.g., days, evenings/overnight, weekends, shift work)?

What is your daily routine?

What are your interests? What do you like to do in your spare time?

What are your TV and music preferences? Would the volume of the Host's television or music bother you? Do you like to listen to loud music, or have the volume up on the television?

Are you a homebody or active outside the home?

Do you feel comfortable sharing with your Host when you leave and when you will return?

- Yes
- No



Will you be spending time away (e.g., vacations, weekends, et cetera)?

Do you require any specific amenities close to the home (e.g., public transit, grocery stores, et cetera)?

Visitors

Do you anticipate hosting visitors?

- Yes
- No

When?

- Daytime
- Evening
- Overnight
- Romantic overnights

Please explain: _____

Please state the estimated number of nights per week that visits are expected to occur:

_____ days/week

Do you expect to entertain more than one visitor in the home at once?

- Yes _____
- No

Do you anticipate serving meals in the home for your visitor(s)?

- Yes _____
- No

To ensure the safety of people who may live together, do you expect to have anyone visit you at home who has committed a violent crime or sexual offense?

Are you comfortable with your Host having visitors in the home?



Health & Safety Information

Do you have any health concerns or severe allergies that would affect a HomeShare arrangement?

- Yes
- No

If yes, please explain: _____

What kind of resources, if any, do you access for support with your mental and physical health (e.g., family, friends, groups, agencies)?

Do you smoke? Yes / No

If yes, do you expect to smoke inside the house or outside? _____

Would you live with someone who smokes? Yes / No

Do you use cannabis (e.g., edibles, smoking, et cetera)? Yes / No

If yes, do you expect to use cannabis inside the house or outside? _____

Would you live with someone who uses cannabis? Yes / No

How often do you consume alcohol?

- Daily
- Once a week
- Once a month
- Once a year
- Never

If you consume alcohol regularly, do you expect to consume alcohol in the home?

Would you live with someone who consumes alcohol?

- Yes
- No

Do you have a criminal record? If yes, please identify the year this record was received.
Do you have any charges currently being evaluated in the legal system?



Final Thoughts

Would you be open to sharing a home with a person of any gender identity? If not, which gender(s) would you prefer?

Do you have concerns related to sharing a home with a person who is potentially vulnerable (e.g., someone who has experienced addiction, mental illness, or family violence)?

What are your thoughts on public health recommendations related to preventing the spread of COVID-19 or other communicable diseases (e.g., maintaining physical distancing, self-isolating when sick, vaccination, washing hands, wearing a mask, et cetera)?

Do you have any additional questions or information that you would like to share?



References

Please provide three references who know you well enough to speak to your lifestyle and character (If you choose to use a friend or family member, please limit it to one. The other two could be an employer, landlord, past roommate, et cetera).

Reference 1:

Name: _____

Relationship to you: _____

Phone Number: _____

Email: _____

Reference 2:

Name: _____

Relationship to you: _____

Phone Number: _____

Email: _____

Reference 3:

Name: _____

Relationship to you: _____

Phone Number: _____

Email: _____

Document Checklist

- Copy of photo identification*
- Criminal Record Check with Vulnerable Sector (Note – applicant is responsible for any cost incurred obtaining documents)*
- Liability Waiver*
- Informed Consent Form*

Signature of Applicant

Date Signed

Last updated March 14, 2024



Completed application forms and supporting documents can be sent to the following address or dropped off at:

St. Albert Food Bank and Community Village
30 – 50 Bellerose Drive
St. Albert, AB T8N 3L5

ATTENTION: HomeShare Co-ordinator
780-459-0599 ext. 6