

SHARED HOUSING HOMEOWNER INFORMATION FORM

Name: _____

Address: _____

Primary Contact: _____

Phone & email address: _____

I offer the following:

- Apartment with private entrance, kitchen and bath
- Apartment with private entrance, shared kitchen and bath
- Private room with private bath and shared kitchen
- Private room with shared bath and kitchen
- Space in our house of worship

Preferences

I would prefer: Men Only Women Only Couple Small Child Any

I wish to provide: Permanent housing Temporary housing

Acceptable tenant:

- 18-24 Over 25 Any age
- Mental Health Yes No Mental Retardation Yes No
- Ex-offender Yes No

Additionally, I have the following rules for anyone living in my home. Please check all that apply:

- Must be working or actively seeking employment or working while in residence
- Must not have visitors in their room
- If a serious problem arises (mental health episodes, D&A behavior, etc.), I will contact the case manager and/or Program Coordinator for possible removal of the resident from the house.
- _____
- _____
- _____

Other information:

I understand that the tenant will pay me 30% of their net income each month as rent, and that I am free to negotiate a lower price in exchange for services (cleaning, mowing, etc.). I further understand that I have the right to contact the case manager and/or Program Coordinator about my tenant for any reason.

Please sign

Date

Please fill out intake form as completely as possible and send to:
Bucks County Housing Group 2324 2nd St Pike #17 Wrightstown, PA 18940
215-598-3566 (o) 215-598-9812 (fax)