

## Householder Application Form

Your Details	
<b>Name</b> (for couples please provide both applicant details)	
<b>Date of Birth</b>	
<b>Sex</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Email Address</b>	
<b>Language(s) spoken</b>	

<b>Next of Kin / Referrer Details</b> (please complete if you are filling this form on behalf of the Householder)			
<b>Name</b>		<b>Relationship to Householder or Professional designation</b>	
<b>Address</b>			
<b>Telephone Number</b>			
<b>Email Address</b>			
<b>Has the Householder consented to this referral?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Please specify whether contact should be made with the Householder directly or with person listed above.</b>			

<p><b>Do you currently receive any other services? Eg. Social Workers, Support Workers, Volunteers or Homecare. Please tell us about the type of support you have and how often you receive it.</b></p>

<b>When do need a Homesharer from?</b>	
<b>How long do you need a Homesharer for?</b>	
<b>Please select your current living situation?</b>	I own my home <input type="checkbox"/> I rent my home <input type="checkbox"/> Other <input type="checkbox"/> (Please specify below)
<b>What type of spare room do you have available?</b>	Single, shared bathroom <input type="checkbox"/> Single, en-suite <input type="checkbox"/> Double, shared bathroom <input type="checkbox"/> Double, en-suite <input type="checkbox"/>
<b>Is the room furnished? If so, please state what furniture is in the room</b>	
<b>What facilities will the homesharer have access to? (e.g. internet, telephone, etc)</b>	
<b>Would you like the Homesharer to make a contribution to household bills (excluding rent). If yes, please state how much.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Your preferences</b>			
<b>Are there any health concerns we and the Homesharer need to be aware of? (allergies etc)</b>			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>If yes, please state:</b>			
<b>Do you have any pets?</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<b>Would you mind sharing with someone who has a pet?</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<b>Do you smoke?</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<b>Would you live with someone who smokes?</b>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<b>Do you have any preferences living with a female, male, couples?</b>			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Couple	<input type="checkbox"/>	I Don't mind	<input type="checkbox"/>
<b>Is there anything else you would like us to know?</b>			

**A Homesharer can provide 10 hours of support each week. When can do you feel you need this support? E.g. daytime, afternoon, evenings, weekends etc.**

**Please select the type of support you require below.**

<b>Type of Support You Require</b>				
Shopping	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Light Cooking	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Gardening/care of plants/ care of pets	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Light Housework	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Keeping Appointments	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Companionship	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Outings	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Helping with the computer/ internet	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Overnight presence in the house	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**Is there anything else you would like help with?**

**How would you describe yourself?**

**What are your interests/ hobbies?**

**How would you describe your ideal Homesharer?**



I understand that the information collected on this form is required to assess my suitability for the Homeshare scheme and I agree that Lightshare Homeshare Services may record my personal data for office use

Signature..... Date.....

Name.....

Referrer/ NOK Name (if appropriate)

.....

Referrer/ NOK Signature (if appropriate)

..... Date.....

Thank you for completing the Householder application form. Please kindly return this form either by post or email.

**Post:**

Lightshare Homeshare Services  
80-90 Paul Street  
London  
EC2A 4NE

**Email:** [info@lightshare.co.uk](mailto:info@lightshare.co.uk)

Please email [info@lightshare.co.uk](mailto:info@lightshare.co.uk) or call 0330 111 4292 if you have any questions or queries.