

Host Homes Program

Host Application



Personal Information

Full Name: _____ DOB: _____
Last First M.I.

Gender _____ Pronouns _____

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Marital Status Single Married Divorced Other
☐ ☐ ☐ ☐ _____

How long have you lived in your current residence? _____

Please list any other states you've lived in within the past 10 years. _____

Are you bilingual/multilingual? YES NO
☐ ☐

If yes, what languages do you speak? _____



How did you hear about HPC's Host Homes Program? _____

Household Information

Please list any additional household members below:

****Additional members may also be required to complete an application.**

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Do you have any pets? YES NO
☐ ☐

If yes, please specify breed and if they are current on vaccinations below:

Breed: _____	Current on vaccinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed: _____	Current on vaccinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed: _____	Current on vaccinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Housing Information

Please check ALL that apply to your home:

Owned by Applicant	<input type="checkbox"/>	Rented by Applicant	<input type="checkbox"/>
Single-family House	<input type="checkbox"/>	Multi-family House	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	Apartment	<input type="checkbox"/>
Condo	<input type="checkbox"/>		

Do you have homeowners or renters' insurance? YES NO
☐ ☐

Insurance Company Name: _____

Policy Number: _____

Are you able to provide an extra room/space with privacy for a young adult participant? YES NO
☐ ☐



Does the intended bedroom/space provide a private entrance? YES NO
☐ ☐

Does the intended bedroom/space require the use of stairs or is not on the first floor? YES NO
☐ ☐

Are you planning to move and/or sell your home within the next year? YES NO
☐ ☐

Are you planning any long trips in the next year (10 days or longer)? YES NO
☐ ☐

Is your home close to CCRTA Bus routes/public transportation? YES NO
☐ ☐ If yes, how close? _____

Income

What is your primary source of income and/or how do you support your living expenses? (ex. wages, SSI, retirement, etc.) _____

Personal References

Please list three references whom you have known for at least one year. We will reach out to them for input and with questions on how you would fit into this program.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Open Ended Questions

Please tell us a little bit about why you are interested in hosting a young person in your home:



Please describe the characteristics of young person that you **would** wish to host:

Please describe anything that would be a deal breaker in your hosting relationship with a young adult:

Please write about your strengths, skills, gifts, and talents:

Please describe what makes you nervous about joining the host homes program:

Please use this space to disclose any physical or general health concerns in your household that could impact a young adult participant living in your home:

Please use this space to share any additional comments, questions, or other information you would like to share before continuing with this process:



Letter to Potential Young adult participant

Please write a letter talking about yourself, your family/community, some of your life experiences, strengths, etc. Write this with a young adult in mind as the reader—so make sure to include anything you would want a potential young adult participant to know about you! The purpose of this letter is for them to get to know you a bit, find out why you want to be a host, and see if you might be someone they would like to live with. In addition, this letter will help the HPC Host Homes Coordinator have a better sense of you as a potential host. Drawings, photos of the home, and other ways of expression are welcome too!



About Me

Name: _____ Pronouns: _____

Zodiac Sign _____ Hometown: _____

Personal Living Styles and Preferences

I am comfortable hosting a (circle all that apply):

Time of day I will be at the host home on the weekdays:

☐

Mornings

☐

Afternoons

☐

Evenings

☐

Just home to sleep

Time of day I will be at the host home on the weekends:

☐

Mornings

☐

Afternoons

☐

Evenings

☐

Just home to sleep

☐

Gone most weekends

Sleep habits on weekdays?

☐

Get up early

☐

Sleep in

☐

Go to bed early

☐

Night owl

☐

In-Between

Sleep habits on weekends?

☐

Get up early

☐

Sleep in

☐

Go to bed early

☐

Night owl

☐

In-Between

How often do you cook?

☐

Almost every meal

☐

Occasionally

☐

Rarely

☐

Microwave only

Would you share groceries (the basics)?

☐

Share common items

☐

Keep separate

☐

Does not matter

Would you share cleaning supplies (the basics)?

☐

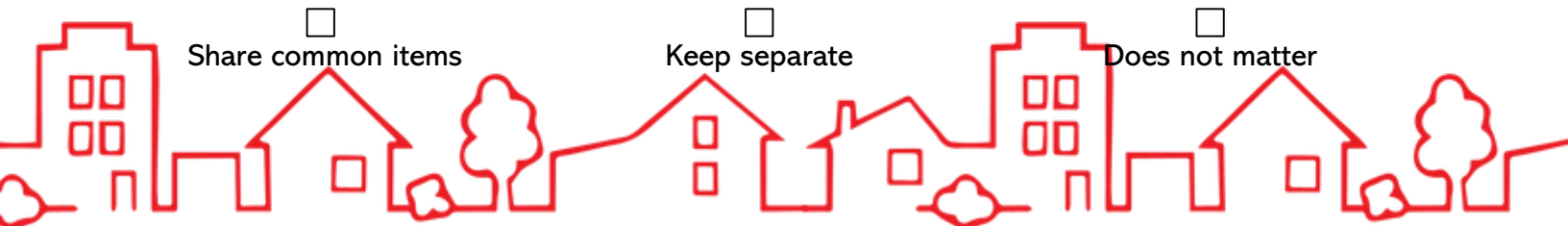
Share common items

☐

Keep separate

☐

Does not matter



Rate your level of cleanliness:

☐ Extremely clean ☐ Somewhat clean ☐ In-Between ☐ Somewhat messy ☐ Extremely messy

Rate how clean you would prefer your shared living areas to be:

☐ Extremely clean ☐ Somewhat clean ☐ In-Between ☐ Somewhat messy ☐ Extremely messy

How often are you open to the young adult participant having visitors?

☐ Regularly ☐ Weekends only ☐ Few times a week ☐ Few times a month ☐ Rarely ☐ Never

Would you ever be comfortable with your young adult participant having overnight visitors?

☐ YES ☐ MAYBE
(I would like to have a conversation first) ☐ NO

Describe your alcohol use:

☐ Never ☐ A few times a month ☐ 1-2 times a week ☐ 3-5 days a week ☐ Daily

Describe your cigarette use:

☐ Never ☐ A few times a month ☐ 1-2 times a week ☐ 3-5 days a week ☐ Daily

Do you smoke inside of your home?

☐ YES ☐ NO

Describe your recreational drug use:

☐ Never ☐ A few times a month ☐ 1-2 times a week ☐ 3-5 days a week ☐ Daily

Do you mind if your young adult participant has pets?

YES ☐ NO ☐



Do you leave your home for an extended period of time during the year?

YES
☐

NO
☐

I prefer a home that is:

☐
Loud

☐
Quiet

☐
No preference

Personality Styles and Preferences

How would others describe you? (Circle all that apply)

Funny

Shy

Outgoing

Athlete

Artist

Militant

Serious

Alternative

Strict

Easy Going

Independent

Creative

Cheerful

Careless

Hard-Working

Compassionate

Empathetic

Reckless

Reliable

Impatient

Other:

My communication style:

☐
Passive

☐
Passive Aggressive

☐
Aggressive

☐
Assertive/Direct

When dealing with conflict:

- ☐ I can clearly express my feelings and concerns.
- ☐ I will generally express my concerns in a joking fashion, so the other person gets the "hint."
- ☐ I usually wait until I am really annoyed or angry.
- ☐ I am not comfortable asserting myself in conflict.

Diversity and Inclusivity

This program is intended to provide affirming, safe, and secure transitional housing for youth and young adults. A key value of the program is to support youth regardless of their racial or ethnic identity; religious affiliations, or lack thereof; gender identity or sexual orientation; socioeconomic background; or level of attainment. This section reviews such values; you will NOT be expected to discuss these topics with the young adult participant.



Do you identify as: (Circle all that apply)

Lesbian

Bisexual

Gay

Transgender

Heterosexual

Queer

Genderqueer

Non-Binary

Questioning

Prefer not to
disclose

Other: _____

Do you identify as
religious/spiritual?

YES
☐

NO
☐

If so, which group do you affiliate
with?

How easy is it for you to talk about sexual orientation and gender identity issues?

☐

Extremely
uneasy

☐

Somewhat
uneasy

☐

Neutral

☐

Somewhat
easy

☐

Extremely
easy

How would you characterize your comfort level with understanding the impact of privilege and oppression, especially regarding racial and economic inequities?

☐

Extremely
uncomfortable

☐

Somewhat
uncomfortable

☐

Neutral

☐

Somewhat
comfortable

☐

Extremely
comfortable

Favorite Things

Color

Food/Snack/Drink

Dessert/Treat/Candy

Restaurant

Holiday

Scents

Book

Movie/TV Show

Season



Sports/Sports Team

Music Genre/Artist

Dislikes

Allergies

Food

Drinks

Chores

Activities/Events

Sounds or Scents

Finish the Sentence

I spend my free time...

I relax by...

I can't live without...

Other

Please use this space to note any other preferences, concerns, questions, or comments regarding your young adult participant match:



Disclaimer and Signature

I certify that the facts and information I have provided in the HPC Host Homes Program Application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

I acknowledge that any of the information provided on this application (excluding references and income information) could be shared with a young adult participant referred to the Host Homes Program. I agree to let HPC staff know via email if there is any information given on this document that I do not want shared with a young adult.

Signature: _____ Date: _____

Please submit this application to HPC's Host Homes Program Coordinator by email, mail or in person at the contact information below.

Homeless Prevention Council
c/o Host Homes Program Coordinator
8 Main Street
Orleans, MA 02653
508.295.9667
malloreym@hpccapecod.org

Revised 11/2025





There for our neighbors since 1991

Dear Applicant,

The attached CORI form must be completed by *ALL* household members over 18 years old in the home. In addition to the completed CORI form, make sure to attach a copy of a Photo ID for all household members over 18. Please do not hesitate to reach out with any questions or concerns, including if you need more copies of the CORI form.

Best,

A handwritten signature in black ink, appearing to read 'Mallorey Quarles', with a long, sweeping horizontal stroke at the end.

Mallorey Quarles
Host Homes Coordinator
Homeless Prevention Council
mallorey@hpccapecod.org
(508) 255-9667



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing.
As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal
information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my
signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this
Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date