Hidden Housing Solutions Welcome Pack

This package includes a variety of guides, checklists, and discussion tools designed to help make the transition into shared living as comfortable and positive as possible.

Every home sharing arrangement is unique, and not every document included will apply to every household. These resources are provided as optional tools to support open communication, shared understanding, and a smooth move-in experience.

Participants are encouraged to use the documents in whatever way feels most helpful and appropriate for their arrangement. Some people prefer to discuss things informally, while others find it reassuring to write down shared expectations and household preferences.

The goal of these resources is not to create unnecessary paperwork, but to help participants feel comfortable, informed, and at home more quickly - while reducing the likelihood of misunderstandings later on.

If questions or concerns arise at any point, program staff are available to provide support and guidance.

Living Together Guide

Home Address

Home address: _____

Move-in date: _____

Trial ends on (if applicable): _____

Contact Information

HOME PROVIDER

Phone: _____

Email: _____

HOME SEEKER

Phone: _____

Email: _____

Emergency Contact Information

HOME PROVIDER

Name: _____

Relationship: _____

Phone: _____

HOME SEEKER

Name: _____

Relationship: _____

Phone: _____

If one of us becomes unexpectedly unwell:

_____

Financial Arrangement

MONTHLY CONTRIBUTION

Amount: $_____

Payment begins: _____

Payment frequency: _____

Payment type: _____

Payment details: _____

OPTIONAL DEPOSIT

Amount: $_____

Payment type: _____

Payment details:_____

Returned within _____ days from exit.

If a payment is late: _____

Additional Expenses

EXPENSE	INCLUDED	ADDITIONAL	AMOUNT	NOTES
Electricity				
Heating				
Water				
Internet				
Cable				
Key				
Parking				

Shared Space

Parking: _____

Garage use: _____

Additional storage: _____

Medication storage: _____

Fridge storage: _____

Food storage: _____

PRIVATE SPACES/APPLIANCES:

_____

_____

_____

_____

Entering a private bedroom: Not permitted | Knock and wait for permission | Emergency only

Shared Items

Discuss the use of any shared items and how these will be replaced.

E.g. Cleaning products, household items, kitchen staples

Household Tasks

GARBAGE

Garbage will be collected/retrieved: ☐ Informally ☐ Schedule ☐ Other

CLEANING

Shared spaces will be cleaned: ☐ Informally ☐ Schedule ☐ Other: _____

Living Preferences

GUESTS

Visitors allowed? ☐ Yes ☐ No ☐ With _____ days notice

Overnight visitors allowed? ☐ Yes ☐ No ☐ With _____ days notice

SMOKING

Smoking: ☐ Not permitted ☐ Outdoors only ☐ Designated areas: _____

Alcohol: ☐ Accepted ☐ Limited/private preferred ☐ Other: _____

Cannabis: ☐ Not permitted ☐ Outdoors only ☐ Designated areas: _____

HEATING/COOLING

Access to thermostat is: ☐ Shared ☐ Discuss before adjusting

Preference for: ☐ Lower utility costs ☐ Comfort ☐ Balance of both

Use of heater/fans: ☐ Not allowed ☐ Allowed Restrictions: _____

ACCESS TO HOUSE

Does anyone else have a key/access to the home? _____

Routines

Will meals be shared? ☐ Mostly ☐ Occasionally ☐ Independent ☐ Flexible

Grocery shopping will generally be: ☐ Seperate ☐ Shared for some items:
☐ Shared ☐ Flexible

Agreed quiet times: _____

Communication

How would you like to communicate and address any issues?

- [ ] In person
- [ ] Text message
- [ ] Written note
- [ ] Flexible

If concerns arise, how would you prefer to handle them?

- [ ] Discuss directly
- [ ] Take time to cool down
- [ ] Ask the program for support
- [ ] Other: _____

Please discuss any behaviours, language or communication styles which may feel disrespectful or unwelcome within the home:

_____

Orientation Guide

This guide is to be filled out by Home Providers to help their new roommate settle into their new home and find basic essentials.

WiFi

Network: _____

Password: _____

Home Security

Alarm/ Access Code: _____

Key Safe: _____

Garbage collection

Collection day/frequency: _____

Bin location: _____

Cleaning Supplies (if shared)

Vacuum: _____

General cleaning items: _____

Laundry: _____

Emergency Supplies

First aid kit: _____

Fire extinguisher: _____

Fire exits: _____

Heating

Boiler location: _____

Thermostat: _____

Air conditioning remotes: _____

Local Area

Parking (restricted/unrestricted): _____

Supermarket _____

Pharmacy: _____

Medical Centre: _____

Post Office: _____

Pet Agreement

Pet(s) Information

Name: _____ Age: _____

Breed: _____ Vaccination status: _____

Any medical conditions: _____

Any behavioral considerations: _____

Vet Information (in case of an emergency)

Vet Name: _____

Address: _____

Phone number: _____

Pet Access in Home

Pets are allowed in (please tick all that apply):

☐ All shared living spaces ☐ Kitchen ☐ Bedrooms ☐ Furniture

☐ Downstairs only ☐ Outdoors

Areas that are off-limits: _____

Shared Space Expectations

Please discuss any expectations or boundaries related to pets in the home.

Topics may include:

- Feeding areas
- Furniture access
- Sleeping locations
- Greeting visitors
- Noise/barking

Cleanliness Expectations

Please discuss any expectations or boundaries related to pets in the home.

- Pet hair/shedding
- Litter/odour management
- Outdoor cleanup
- If accidents happen

Room Condition Record

This document is completed by the participants for their own records.

The Home Sharing Program does not verify the accuracy of room condition descriptions, determine responsibility for damages, or participate in decisions regarding security deposit returns.

Participants are encouraged to review the space together carefully and document the condition of the room and furnishings at move-in and move-out, including dated photographs if desired.

Bedroom items	Move-In Condition	Photo? (Y/N)	Notes
Walls/Paint			
Flooring/carpet			
Closet/storage			
Blinds/curtains			
Furniture provided (list all)			
Lighting			
Doors/locks			
Bathroom			
Additional			