CHARLEVOIX
MAIN STREET DDA

AGENDA
Charlevoix Downtown Development Authority and Main Street
Board of Directors
July 24, 2017 5:30pm
City Hall Council Chambers

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Inquiry into Potential Conflicts of Interest
5. Consent Agenda

All items listed under Consent Agenda are considered routine and will be enacted by one motion. There will be no separate discussion of these items. If discussion of an item is required, it will be removed from the Consent Agenda and considered separately.

   a. Minutes of the June 26, 2017 Regular Meeting
   b. Committee Meeting Minutes
   c. Main Street Monthly Report for June 2017

6. Reports
   a. Director's Report
   b. Branding Update
7. Old Business
   None
8. New Business
   a. Charlevoix Homeshare Program
   b. Post Venetian Festival Road Closure Business Owner Survey
9. Public Comment
10. Request for Future Agenda Items
11. Board Comments
12. Adjourn

The City of Charlevoix will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities at the meeting upon one weeks' notice to the City of Charlevoix. Individuals with disabilities requiring auxiliary aids or services should contact the City of Charlevoix Clerk's Office in writing or calling the following: City Clerk, 210 State Street, Charlevoix, MI 49720 (231) 547-3250.

Posted: July 21, 2017 10:30 AM

CHARLEVOIX MAIN STREET MISSION

The mission of the Charlevoix Main Street program is to strengthen the year-round economic vitality of our vibrant historic business district through community efforts, events, and public/private partnerships while fostering a sense of community pride and ownership.

CITY OF CHARLEVOIX
CHARLEVOIX DOWNTOWN DEVELOPMENT AUTHORITY/MAIN STREET BOARD MINUTES
Monday, June 26, 2017 at 5:30 p.m.
210 State Street, Charlevoix, Michigan

1. **Call to Order**

2. **Pledge of Allegiance**

3. **Roll Call**

Chair:	Kirby Dipert
Members Present:	Richard Christner, Fred DiMartino, Tami Gillespie, Luther Kurtz, Carissa Mullaney, Maureen Owens, Rick Wertz, John Yaroch
City Staff:	Lindsey Dotson, Executive Director

4. **Inquiry into Potential Conflicts of Interest**
None.

5. **Consent Agenda**
a. Minutes of the May 22, 2017 Regular Board Meeting
b. Minutes of the June 12, 2017 DDA Work Session
c. Committee Meeting Minutes
d. Main Street Monthly Report for May 2017
e. Revised DDA Meeting Calendar

Motion by Member Owens, second by Member DiMartino, to approve the Consent Agenda as presented. Motion passed by unanimous voice vote.

6. **Reports**
a. Director's Report
There were no questions from the Board members regarding the Report.

b. Branding Update
Director Dotson reported that City Council will discuss branding at their July 3rd meeting. She stated that they were moving forward on some of the event logos. Mayor Kurtz stated that some Councilmembers may not have grasped the branding process and Member Mullaney suggested it would be beneficial to have people involved in the process present at the July 3rd meeting.

c. Live, Life, Local Campaign Update
Director Dotson stated that that campaign creator Jodi Bingham wanted to hold true to the original intent of driving business to the downtown merchants so they have approached the organizers of *Live from Charlevoix* who agreed to pull the license for the event. She stated that the logistics were still being worked out for the prizes and a work plan will be presented to the DDA Board. Discussion followed regarding back-up plans if the license wasn't approved in time and the issue of not including Chamber members outside the downtown district.

d. Application Based Service Update
Director Dotson reported that their application to the Michigan Main Street Center was approved and they have been awarded a Market Study Update and Business Recruitment Service which will be conducted by Downtown Professional Networks out of Nashville, TN. She included a schedule of meetings, expected deliverables, and the Planning Guide for these services in the DDA agenda packet. She stated that the Project Team should consist of a member from each of the Committees. She briefly outlined the process for the project. The final Market Study Update report will have action steps for each of the Committees.

7. **Old Business**
None.

8. **New Business**
a. Draft Chamber/Main Street DDA Contract for Services (2017-18)
Allison Hubbard stated that Chamber hoped the Main Street group would take over the downtown events with the Chamber's support from a Committee perspective and share in some of the funding. The events were good for the

town, but were not revenue generating for the Chamber. There was a recommendation before the Board to include an annual $10,000 contribution to the Chamber for the staffing, administration, coordination, promotion and execution of the promotional events focused on retail, restaurant, and service businesses in the Main Street District. Member Gillespie recused herself because she does promotional work for the Chamber.

Chair Dipert felt that these projects should be funded by the DDA, however for them to do so would require hiring a part-time employee. He noted that the Chamber had experience conducting these events. Discussion followed regarding the proposed contract, downtown events, and partnership with the Chamber.

Motion by Member Wertz, second by Member Owens, to make an agreement with the Chamber to commit to a $10,000 annual payment for a three-year period starting with the budget year of 2018 with the Charlevoix Area Chamber of Commerce, and at the end of the three years the Board would discuss again if the annual amount was appropriate to go forward beyond the three years. Motion passed by unanimous voice vote, with Member Gillespie abstaining from the vote.

b. Façade Grant Application – Townhouse Bar
Member Wertz stated that the Design Committee recommended approval of the two applications. Discussion followed regarding both the Townhouse Bar and 52 Weekends applications, small grants vs. larger façade improvement grants, and normal maintenance of commercial buildings.

Motion by Member Owens, second by Member DiMartino, to approve the façade grant for Townhouse Bar in the amount of $2,811 per the application and approval from the Design Committee. Motion passed by unanimous voice vote.

c. Façade Grant Application – 52 Weekends
Member Wertz stated that there was some fire damage to the paint and stucco of this building. Discussion followed regarding criteria for the façade improvement grant approvals, suggested improvements needed for the alley from Park to Antrim, funds allocated toward improvements rather than maintenance, and strategy for funding next year.

Motion by Member Wertz, second by Member Gillespie, to approve the application for 52 Weekends for an amount of $1,562. Motion passed by unanimous voice vote.

d. Adoption of Charlevoix Main Street DDA Overarching Goals for 2017-18
Director Dotson explained that the Innovative Community Solutions meeting was a facilitated discussion involving the wellness strategy, the long-term entrepreneurial eco strategy, current asset mapping and goal setting based on how they want to continue to build upon their assets. The next meeting was scheduled for August 14th.

Motion by Member Wertz, second by Member Mullaney, to adopt the Charlevoix DDA Overarching Goals for 2017-18 on page 59 of the agenda meeting packet to create a physical layout of amenities and develop a sustainable downtown. Motion passed by unanimous voice vote.

9. **Public Comment**
None.

10. **Request for Future Agenda Items**
Member Mullaney questioned resources for grants and Director Dotson explained various grant programs available.

11. **Board Comments**
Chair Dipert questioned the status of the Junior Main Street downtown app and Director Dotson replied that they were meeting later in the week and the app should be complete very soon.

12. **Adjourn**
Motion by Member Kurtz to adjourn. Motion passed by unanimous voice vote. Meeting adjourned at 6:36 p.m.

Joyce Golding/fgm City Clerk

Kirby Dipert Chair

Charlevoix Main Street Design Committee
Minutes
Thursday, June 1st, 2017

I. **Call to Order:** The meeting was called to order at 4:00pm by John Campbell.

II. **Roll Call:**
   a. ***Members present include:*** Denise Fate, Lindsey Dotson, Rick Wertz, John Campbell, David Grossi, Emily Selph, Paul Weston, John Duerr.
   b. ***Public:*** na.

III. **Inquiry Regarding Possible Conflicts of Interest:** None.

IV. **Approval of Minutes:** May 12th 2017 minutes approved as presented.

V. **Approval of Agenda:** Agenda approved as presented.

VI. **Old Business:**

   a. **Façade Grant Applications**: DDA approved. Property owners notified.

VII. **New Business:**

   a. **Committee Chair Position**: John Campbell announced he was stepping down. Dave Grossi nominated new Chair motion by Rick, second by Denise. Unanimously approved by committee.
   b. **Zach Panoff**: has left City of Charlevoix position. No new zoning administrator candidate at this time. City has discontinued the position and is discussing contracting out role.
   c. **Branding Update**: Revised logo/image approved by DDA, presented to City Council on June 5th
   d. **Downtown Historic District**: Planning Commission met and supported the effort made to designate the 200 block (both sides) as a National Registered Historic District. Lindsey had spoken with State Historic Preservation Office (SHPO) and gained assistance with Debra Johnson, SHPO Officer. SHPO is willing to assist but needs a letter of support from the City. City Council appears on board and encouraged with the effort. Debra Johnson was on hand June 11th to discuss the process to public. Debra was also on hand to attend the June 19th Business Owners meeting for further discussion. The National Historic District Registration is a non-restrictive and non-taxable designation.

e. **MSU Sustainable Built Environment Initiative Mtg**: MSU Landscape Architecture Professor, Warren Rauhe and staff to assemble public input meeting/charrette at Library June 7th. MSU's focus is Park Avenue to Antrim and Bridge to State Street with an emphasis on the alleyway.

VIII. **Staff Updates:**

a. **National Main Street** – establishing a 4 point strategy (Promotion, Design, Economic Vitality, Organization) for measuring results. Michigan is the 1st state to enter into the 4 Point Refresh program – "an environmental ecosystem".

b. **Main Street Budget Meeting** – Monday, August 14th 5:30pm @ either City Hall or possibly Train Depot.

IX. **Miscellaneous Business of the Committee:** The next meeting will be Thursday, June 1st at 4pm.

X. **Call for Public Comment:** None.

XI. **Adjournment:** Meeting adjourned at 5:00pm.

Charlevoix Main Street Design Committee
Minutes
Monday, June 19th, 2017

I. **Call to Order:** The meeting was called to order at 4:00pm by Dave Grossi.

II. **Roll Call:**
   a. ***Members present include:*** Luann Keinath, Rick Wertz, Denise Fate, Dave Grossi, David Miles, Lindsey Dotson
   b. ***Public:*** John Murray

III. **Inquiry Regarding Possible Conflicts of Interest:** None.

IV. **Approval of Agenda:** Agenda approved as presented.

V. **New Business:**

   a. **Façade Grant Incentive Program Application from John Murray for Townhouse Bar**
      i. John Murray presentation/discussion of proposed façade improvements with computer enhancement imagery. Rick Wertz motion to approve grant application. Luann second. Vote: unanimous approval.
   b. **Façade Grant Incentive Program Application from John Murray for 52 Weekends**
      i. John Murray presentation/discussion of proposed façade improvements. Rick Wertz motion to conditionally approve grant application requesting John Murray submit supplemental imagery and better color samples to committee. David Miles second. Vote: unanimous approval.

VI. **Staff Updates:** None.

VII. **Miscellaneous Business of the Committee:** The next meeting will be Thursday, July 6th at 4pm.

VIII. **Call for Public Comment:** None.

IX. **Adjournment:** Meeting adjourned at 5:00pm.

MICHIGAN ECONOMIC DEVELOPMENT CORPORATION | PURE MICHIGAN®

Michigan Main Street Monthly Report

Report only those items occuring in your specific Main Street project area for this month

Metrics Number M-0000093505
Account City of Charlevoix
Reporting Period Start 6/1/2017
Submitter's Name Lindsey Dotson

Status Submitted
Name Judy Snell
Reporting Period End 6/30/2017
Due Date 7/10/2017

Design

Facade & Exterior Renovation in MSA: (exterior work only - painting, facade cleaning, signs, windows and awnings)

Business Name	Address	Project Description	Private Investment	Public Investment	Source of Public Fund
North Seas Gallery	237 Bridge Street	Window replacement & awning replacement	$2,450.00	$2,450.00	Local
Celebrate Me Home (Tenant is Northbound)	217 Bridge Street	Exterior brick cleaning, patching/painting, window & door replacement, etc.	$20,000.00	$10,000.00	Local
Glik's	113 Bridge Street	New shingles, wood panel, and exterior painting	$5,000.00		
Kilwins	233 Bridge Street	New awnings	$1,037.50	$1,037.50	Local

Public Improvements in MSA: (Streets, sidewalks,lights and fixtures, landscaping and public amenities)

Business Name	Address	Project Description	Private Investment	Public Investment	Source of Public Fund
Keep Charlevoix Beautiful	P. O. Box 1	Hanging baskets of petunias in downtown district	$2,800.00		

Economic Vitality

Building Rehabilitation in MSA: (interior rehab - building systems (HVAC), roof etc)

Business Name	Address	Private Investment	Public Investment	Source of Public Fund
Glik's	113 Bridge Street	$5,000.00		
Celebrate Me Home	217 Bridge Street	$310,000.00		

New Construction in MSA

Business Name	Address	Private Investment	Public Investment	Source of Public Fund

Buildings Sold in MSA

Address	Amount of Sale

New Business Opened in MSA

Business Name	Address	Type of Business	FTE Jobs Added	Part-time Jobs Added

Existing Downtown Businesses Contracted in MSA

Business Name	Address	Type of Business	Type of Contracted	FTE Jobs Lost	Part-time Jobs Lost

Existing Downtown Businesses Expanded in MSA

Business Name	Address	Type of Business	Type of Expansion	FTE Jobs Added	Part-time Jobs Added

Businesses Closed in MSA

Business Name	Address	Type of Business	FTE Jobs Lost	Part-time Jobs Lost

Businesses Moved out of Downtown

Business Name	Address	Type of Business	FTE Jobs Lost	Part-time Jobs Lost

New Housing Completed Downtown

Type	# of Units	Address	Rent or Purchase Amount	Monthly Rent or Purchase Price

Promotion

Downtown Events & Activities - All Committees

Event	Type	# of Attendees	# of Volunteer Hours	Total Cost	Gross Event Expenses Incurred by Main Street	Main Street Net Event Revenue
Summer Concert Series	SE-Special Event	300	30	$2,000.00	$804.00	$0.00
Movie in East Park	SE-Special Event	150	15	$286.00	$20.00	$0.00

Organization

Volunteer Hours Last Month

MS Board	Organization Committee	Promotion Committee	Design Committee	Economic Vitality Committee	Total
45.00	25.00	108.00	23.00	28.00	229.00

Fundraising/Membership Last Month

Type	Amount

Training Sessions Attended

Event Title	Who Attended	Date	Topic
RRC Training Best Practices 4-6	Lindsey Dotson	6/27/2017	RRC

Board Member Changes: Position Names Leaving and Names Arriving

Position	Name Leaving	Email	Name Arriving	Email
Board Member			Carissa Mullaney	carissa@studiomidesign.com

Assistance Received

Grants	Source of Funds	Amount Received

Other News or Commentary New brand was approved by City Council on July 3rd so we are now able to move forward with completion/implementation, new downtown mobil app has been produced and will soon be available for download in google play/apple store. Venetian Festival is forthcoming with additional street closures downtown, etc. Busy busy!

Program & Outlook The Board adopted our 2018 goals from the work session we had with Patrice and also voted to enter into an agreement with the Chamber of Commerce to financially support their downtown specific events so that they are able to grow/enhance them next year with more money for ads, staff, etc.

Suggestions for State and National Staff n/a

Upload Attachments

Attach a copy of meeting minutes from last month's board meeting and copies of meeting minutes from committe meeting

Name	Date Uploaded
dda agenda packet 6-26-2017.pdf	7/10/2017 5:13 PM

CHARLEVOIX
MAIN STREET DDA

CHARLEVOIX MAIN STREET DDA

210 STATE STREET | CHARLEVOIX, MICHIGAN | 49720
Charlevoix Main Street DDA
(231) 547-3257 lindseyd@charlevoixmi.gov

Memo

To: Charlevoix Downtown Development Authority/Main Street Board
From: Lindsey J. Dotson, Main Street/DDA Executive Director
Subject: Director's Report
Date: July 24, 2017

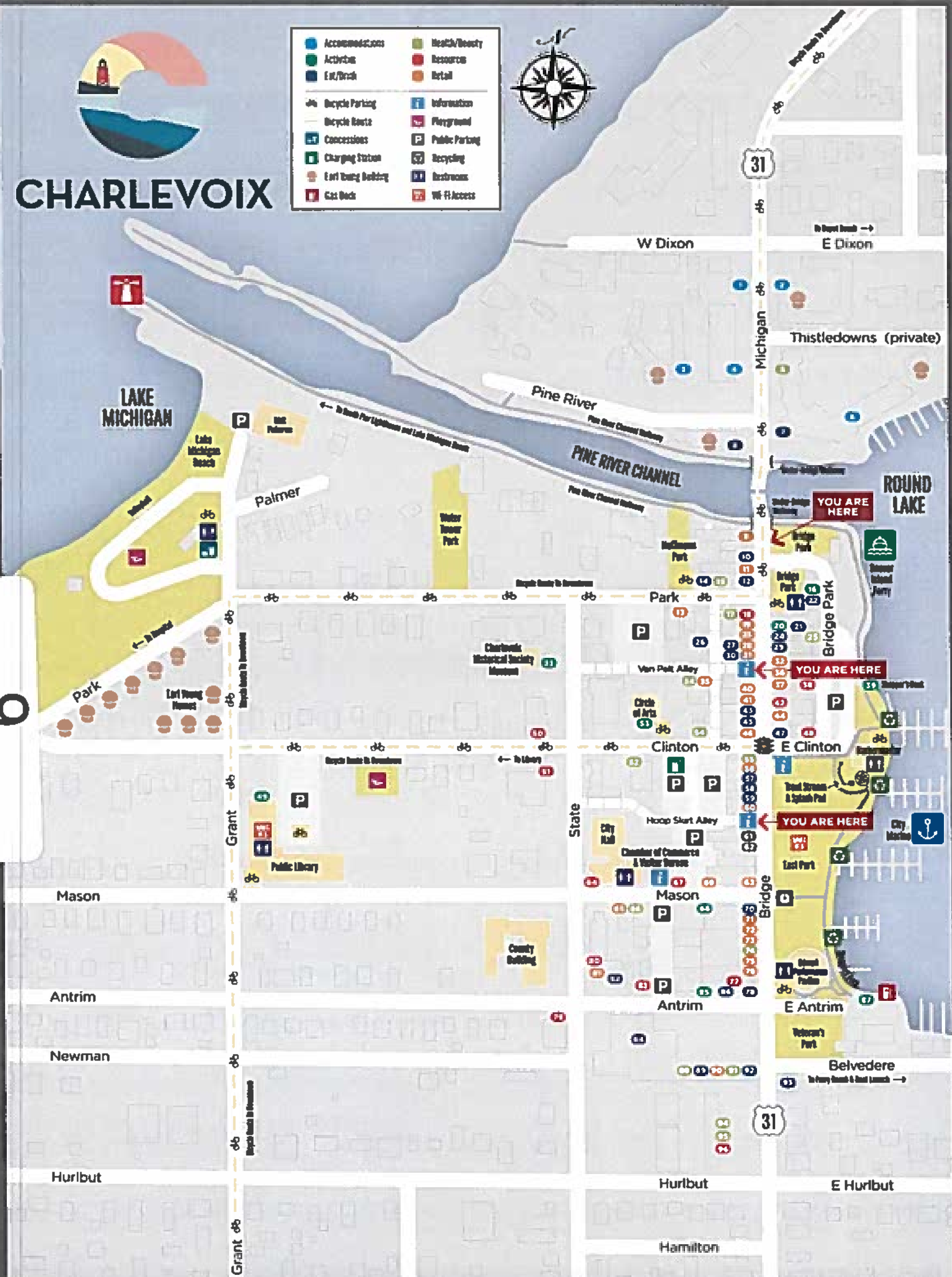
Downtown Maps & Kiosks
The final proof of the directory/map has been approved. The maps will be printed for distribution and also replace the old ones inside the kiosk at Hoop Skirt Alley and Van Pelt Alleys. A large version will also be placed in the upright sign on the corner of Bridge & Clinton. A 3rd kiosk is in the works to be installed next year in Bridge Park. The kiosk that was located in Van Pelt alley did sustain damage during demolition of the Trademark building. The Woodshop is getting ahold of it to assess whether or not it can be repaired or if it will need to be replaced.

Main Street Refresh – Downtown Transformation Strategy Development & Alignment
MARK YOUR CALENDARS: 2018 Work Planning with strategy (**Board & Committee members**) – **August 14th 5:30 – 8:30 pm @ Public Library**. We will identify projects and programming and measures of success to implement our new transformation strategies. Dinner will be served.

Redevelopment Ready Communities Best Practice Training
As a part of our collective effort at the city to fully engage in the MEDC's RRC program I attended two full-day training sessions on the RRC Best Practices and received my certificate. These trainings were held in Boyne City at the Northern Lakes Economic Alliance office building.

Life in Charlevoix App
The app should be available for download any day now. It has been created and sent to both Apple Store and Google Play. We've hosted one training session for business owners so they know how to access their free profiles and add pertinent info. The Junior Main Street committee is now meeting on a monthly basis and working on promotion and implementation once the app launches. Further meetings with partner organizations need to be held so that they can update information in the app as well.

New Email
The city has switched over to a new server and our email addresses are changing. My new email address is lindseyd@charlevoixmi.gov. Please update your contacts accordingly, thank you.



ACCOMMODATIONS

Bed & Breakfast
- 1 The Bridge Street Inn

Hotels
- 6 Edgewater Inn
- 4 Pointes North Inn
- 2 The Lodge
- 3 Weathervane Terrace Inn & Suites

ACTIVITIES

Boat Tours/Charters
- 16 Beaver Island Boat Co
- 39 Sunshine Charters
- 87 Ward Brothers Boats

Cultural Corridor
- 53 Charlevoix Circle of Arts
- 33 Charlevoix Historical Society Museum
- 49 Charlevoix Public Library

Movie Theater
- 85 Charlevoix Cinema III

Recreation/Sporting Goods
- 68 Revolution Bike
- 20 Schulman Paddleworks

EAT/DRINK

Convenience Stores
- 93 Bridge Street Wine and Spirits

Craft Brewery
- 22 Lake Charlevoix Brewing Co

Grocery
- 84 Oleson's

Ice Cream/Confections/Specialty
- 59 American Spoon
- 30 Brian's Ice Cream Experience
- 61 Celeste Murdick's Fudge

EAT/DRINK (cont'd)

- 45 Kilwins
- 27 The Taffy Barrel

Restaurant
- 21 Bridge Street Tap Room
- 26 The Cantina
- 58 Charlevoix Pizza Company
- 57 East Park Tavern
- 7 French Quarter New Orleans Bistro
- 92 Harbor View Café
- 47 Harwood Gold Maple Syrup
- 82 Hotdoggers
- 89 Pizza Girl
- 24 Round Lake Room - Charlevoix Tap Room
- 10 Scovie's Gourmet
- 12 Simonsen's Bakery and Café
- 14 Smoke on the Water
- 8 Stafford's Weathervane Restaurant
- 70 Subway
- 86 Terry's Place
- 29 That French Place
- 43 Town House Bar
- 78 Villager Pub

HEALTH/BEAUTY

Beauty/Spa
- 88 Charlevoix Barber Shop
- 51 Hair Qtrs
- 15 Panache' Hair Studio
- 34 Salon Beautiful You
- 91 The SPA Charlevoix
- 66 The Well Being Day Spa

Dentists
- 25 Gentle Family Dentistry Dr. Nemeck DDS
- 94 Lakeview Dentistry of Charlevoix

Health
- 17 Hearing Health USA
- 74 Munson Healthcare Charlevoix Hospital Wellness Workshop/ Charlevoix Courier

HEALTH/BEAUTY (cont'd)

Health & Beauty
- 52 Harbor Health & Fitness

Optometrist
- 54 Dr. Voci Optical

Pharmacy
- 55 Central Drug Store

Yoga
- 95 Charlevoix Yoga

RESOURCES

Banking
- 50 Charlevoix State Bank
- 51 Huntington Bank

Financial Advisors
- 38 Edward Jones

Insurance
- 96 Bethany Cooper Agency - Farm Bureau Insurance
- 79 Bingham Insurance Services
- 77 Northern Michigan Benefits

Interior Design
- 80 Home Planning & Design Ltd

Marine Sales
- 42 Jefferson Beach Yacht Sales

Organizations/Government/Information
- 67 Charlevoix Area Chamber of Commerce and Charlevoix Area Convention & Visitors Bureau
- 64 Charlevoix City Hall

Printing
- 83 Village Graphics Inc.

Real Estate Sales
- 18 Berkshire Hathaway Home Resources
- 48 Coldwell Banker Schmidt Realtors

RETAIL

Apparel
- 40 52 Weekends
- 73 Charlevoix Wear
- 37 Color Wear
- 19 Country Casuals
- 62 Ga Ga for Kids
- 11 Gilk's
- 60 J. Phillips
- 44 Maison & Jardin
- 56 Momentum Outfitters
- 31 Northbound
- 72 Round Lake Outfitters
- 23 The Bear Company
- 63 The Clothing Company

Books
- 32 Round Lake Books

Eyewear
- 76 Sunglass Shoppe of Charlevoix

Florists
- 35 BLOOM Floral Design & Gifts
- 81 Charlevoix Floral
- 69 Fetah

Galleries/Gifts
- 28 Elements
- 71 The Lake House
- 41 My Secret Stash
- 46 North Seas Gallery
- 9 Sink or Swim
- 13 Treasure Chest

Photography
- 75 Aardvark Studio and Gallery

Photography/Framing
- 90 Picture This

Specialty
- 65 Facets of Charlevoix

Toys
- 36 Rocking Horse Toy Company

CONCERT SERIES

Thursdays, 7-9 p.m., East Park Pavilion

JUNE
- 29 Sweetwater Blues Band

JULY
- 6 Kris Hitchcock and the Small Town Sons
- 20 Part of Venetian Festival
- 13 The Paddleboats
- 27 Petoskey Steel Drum Band

AUGUST
- 3 Jetty Rae followed by Movie Strings
- 10 Moors and McCumber
- 17 The Go Rounds
- 24 Northern Michigan Brass Band

CITY BAND CONCERTS

July 4-August 22, Tuesdays, 8 p.m., East Park Pavilion

CHARLEVOIX FARMERS MARKET

Shop Local. Eat Fresh.

May 18-October 5, East Park, Thursdays, 8 a.m.-1 p.m.
October 12-November 16, Library, Thursdays, 3-6 p.m.
November 21, Special Holiday Market, 3-6 p.m.

LIVE FROM CHARLEVOIX

November 11, 2017 — February 24, 2018 — April 21, 2018
January 20, 2018 — March 17, 2018

COMMUNITY EVENTS

MAY
- 25 Operation Petunia
- 27 Stafford's Top of Michigan Community Marathon and 10K
- 27-28 Memorial Day Music Fest

JUNE
- 3 Craft Beer Festival
- 9-11 Trout Tournament
- 15 Downtown Summer Open House
- 24 Charlevoix Marathon
- 24-25 Summer Art Show
- 25 Depot 125

JULY
- 8-9 Art & Craft Show
- 8 Boyne Thunder
- 12 Annual Garden Walk & Luncheon
- 14-15 Street Legends Classic Car Show
- 15-22 Venetian Festival

AUGUST
- 12 Waterfront Art Fair
- 17-19 Summer Sidewalk Sales

OCTOBER
- 13-15 Apple Festival
- 29 Grand Bridal Expo

NOVEMBER
- 12-18 Restaurant Week
- 24 Holiday Parade & Tree Lighting

DECEMBER
- 2 Holiday Merchant Open House
- 2-3 Santa's Tree Wonderland
- 31 New Year's Eve Bridge Drop

2018

FEBRUARY
- 2-4 Groundhog Shadow Fest
- 16-19 Downtown Indoor Sidewalk Sales
- 24 The Dogman Challenge
- 24 Live from Charlevoix

MARCH
- 21 Charlevoix Business Expo & Taste of Charlevoix
- 31 Easter Egg Hunt

APRIL
- 23-29 Restaurant Week

a5 Branding & Digital

Charlevoix / Research and Branding Project Plan

Updated July 20, 2017

~~Branding kick-off meeting~~	~~Wednesday, November 16~~
~~Promotion Committee meeting~~	~~Thursday, November 17 @ 8:00am~~
Individual interviews	Thursday, November 17
~~Charlevoix provides existing marketing materials to a5~~	~~Monday, November 21~~
~~Charlevoix phone interviews~~	~~November 28 – December 16~~
~~Discussion of event logos (four) to be developed by a5~~	~~Week of December 12~~
~~Distribution of email survey~~	~~Week of December 19~~
~~Chamber engagement event~~	~~Tuesday, January 17 @ 5:00pm~~
~~Community engagement event~~	~~Wednesday, January 18 @ 7:00pm~~
a5/Charlevoix brand launch process call	Wednesday, February 15
~~a5 presents research and recommendations~~	~~Monday, February 20~~
~~a5 presents brand positioning and identity directions~~	~~Thursday, March 2~~
~~a5/Charlevoix identity refinements call~~	~~Tuesday, March 14~~
~~a5 presents second round of identity directions~~	~~Friday, March 31~~
~~a5 presents third round of refinements~~	~~Week of April 10~~
~~Present brand positioning and identity directions to promotions committee~~	~~Thursday, April 20 at 8:00am~~
~~Present brand positioning and identity directions to DDA~~	~~Monday, April 24 at 5:30pm~~
~~Kick-off call for event logo design~~	~~Week of April 24~~
~~Present brand positioning and identity to City Council for adoption~~	~~Monday, May 1 at 7:00pm~~
~~a5 presents event logo design concepts~~	~~Thursday, July 6~~
a5 presents refinements to event logo designs	Week of July 24
Discuss photography	Week of July 24
a5 presents branded city flag and truck decal designs	Week of July 24
Event logos are finalized	Week of July 31
a5 presents collateral materials	Week of August 7

Shoot photography ..... Week of August 14

Call to discuss implementation plan ..... Week of August 14

Collateral materials finalized ..... Week of August 14

a5 presents implementation/evaluation plan and brand standards manual ..... Week of August 21

a5 presents refinements to implementation/evaluation plan and standards manual ..... Week of August 28

Formal Launch mid september

Deliverables include:

Research and Recommendations

-Research summary
-Goals and objectives
-Key assets and gaps
-Key audiences prioritized
-Key competitors
-Recommended strategies for success

Brand Platform

-Key messages
-Positioning statement
-Elevator pitch
-Written overview of Charlevoix for marketing purposes
-Tagline options

Graphic Identity

-Logo concepts
-Farmers Market logo
-Summer Concert Series logo
-Restaurant week logo
-Downtown events logo

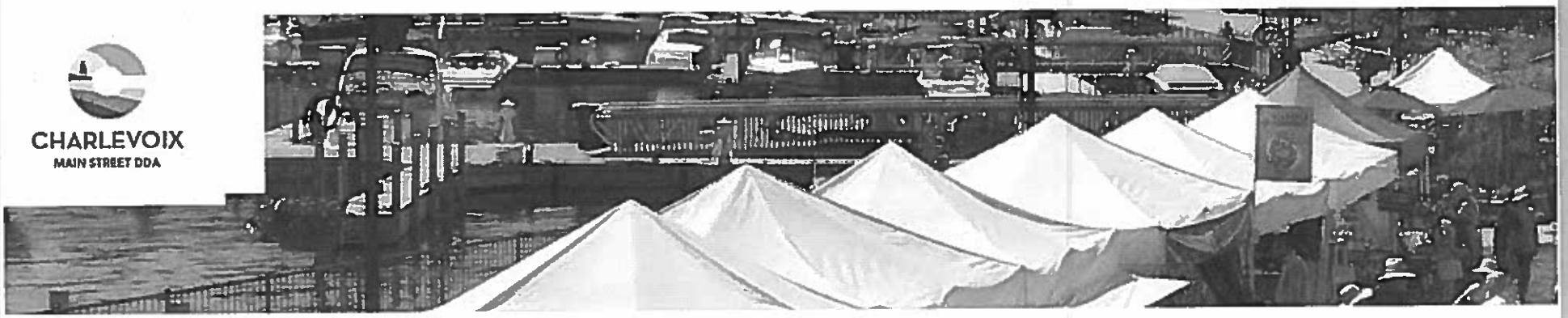
Collateral Materials

-Letterhead and business card templates
-Social media graphics
-Newsletter template
-Pole banner template
-Business directory template
-Event tri-fold brochure template

Implementation Plan

-Estimated costs/budget
-Proposed timelines for development of creative elements
-Recommended positioning of logo and brand guidelines
-Implementation plans for brand identity applications and brand identity maintenance plan

CHARLEVOIX
MAIN STREET DDA



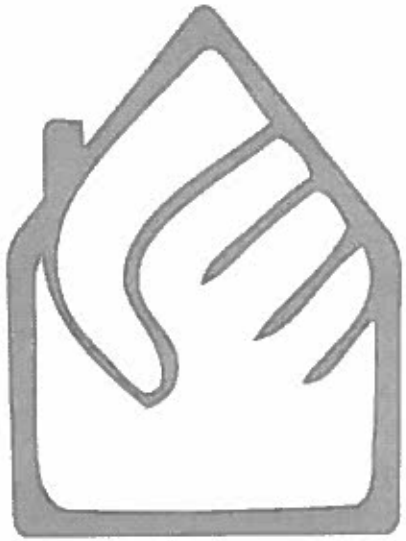
HOMESHARE

What is Homesharing?

12

Homesharing is an alternative way for people to meet their housing needs that provides numerous benefits to homeowners and renters alike. In simple terms, homesharing is an arrangement by which two or more unrelated people share a dwelling within which each retains a private space.

A shared arrangement might involved a homeowner and renter, or two or more people renting a house or apartment together. Homesharers can arrange a regular agreement or exchange services for part or all of the rent. But no two homesharing situations are alike; each is tailored to the needs and desires of the people involved.



Click below for more info:

- Provider Application
- Seeker Application
- A Consumer's Guide to Homesharing

Page Title

Homeshare Provider Application

Thank you for your interest in the City of Charlevoix's homeshare program.

The purpose of this program is to address the lack of affordable housing in our region through matchmaking between home seekers and home providers.

Homesharing is an arrangement by which two or more unrelated people share a dwelling within which each retains a private space. An alternative way for people to meet their housing needs, homesharing arrangements can include rent, a service component, or a combination of the two.

Please contact Lindsey Dotson at lindseyd@cityofcharlevoix.org with any questions regarding this application.

* Required

Contact Information

1. **Full Name:**

2. **Current Mailing Address:**

3. **Primary Phone Number:**

4. **Secondary Phone Number:**

5. **Email Address:**

6. **Preferred Method of Communication:**
   Mark only one oval.

   - ◯ Phone
   - ◯ Email
   - ◯ Mail
   - ◯ Other: _____

7. **Preferred Time for Communication:**
Check all that apply.

- [ ] Morning
- [ ] Late Morning
- [ ] Early Afternoon
- [ ] Late Afternoon
- [ ] Other: _____

Demographics

8. **Date of Birth:**

_____
Example: December 15, 2012

9. **Gender:**
Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other: _____

10. **Please check your civil status.**
Mark only one oval.

- ◯ Single
- ◯ Married
- ◯ Seperated
- ◯ Divorced
- ◯ Widowed
- ◯ Other: _____

11. **Please indicate if you identify with any of the following. Check all that apply.**
Check all that apply.

- [ ] Couple
- [ ] Head of household
- [ ] Senior
- [ ] Single parent
- [ ] Student
- [ ] Veteran
- [ ] Other: _____

12. **What is the size of your current household? Please include yourself.**

13. **What languages do you communicate with?**

14. **Are you a veteran?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

Occupation

15. **Are you currently employed?**
Mark only one oval.

- ◯ Yes (Full-time)
- ◯ Yes (Part-time)
- ◯ No
- ◯ Other: _____

16. **Are you currently attending school?**
Mark only one oval.

- ◯ Yes (Full-time)
- ◯ Yes (Part-time)
- ◯ No
- ◯ Other: _____

Housing

17. **Please describe your current housing situation.**

18. **How long have you lived in this home?**

19. **What, if any, reasons contribute to your need for new housing arrangements?**
Check all that apply.

- [ ] Avoid alternative residence
- [ ] Companionship
- [ ] Debt level
- [ ] Eviction notice
- [ ] Family moved
- [ ] Financial stability
- [ ] Healthcare costs
- [ ] Housemate moved
- [ ] Improve quality of living situation
- [ ] Loss of spouse
- [ ] Lost job
- [ ] Maintain residence in own home
- [ ] Maintain stable housing
- [ ] Mortgage payments
- [ ] No child support
- [ ] Not getting along with housemate
- [ ] Property taxes increased
- [ ] Receive household assistance
- [ ] Reduced income
- [ ] Rent increased
- [ ] Relationship ending
- [ ] Request of family and/or friends
- [ ] Request of medical professional
- [ ] Risk of foreclosure
- [ ] Seek help around the home
- [ ] Sense of security and well-being
- [ ] To help someone
- [ ] To increase income
- [ ] Other: _____

The following questions are for homeowners.

20. **Do you own your current home?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

21. **Are you considering one of the following? Please check all that apply.**
Check all that apply.

- [ ] Moving
- [ ] Selling
- [ ] Other: _____

The following questions are for renters.

22. **Are you renting your current home?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

23. **Do you have permission from your landlord for additional occupancy in your home?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

Schedule

24. **Do you have a set weekly schedule?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

25. **On a scale of 1-5, how often are you at home during the weekdays?**
Mark only one oval.

	1	2	3	4	5	
Rarely	◯	◯	◯	◯	◯	Frequently

26. **On a scale of 1-5, how often are you at home during the weekends?**
Mark only one oval.

	1	2	3	4	5	
Rarely	◯	◯	◯	◯	◯	Frequently

Personal Habits

27. **Do you have daytime guests?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

28. **Do you have overnight guests?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

29. **On a scale of 1-5, how high is your standard of cleanliness?**
Mark only one oval.

	1	2	3	4	5	
Not tidy	◯	◯	◯	◯	◯	Immaculate

30. **Do you smoke?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

31. **If applicable, would you be willing to only smoke outdoors?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

Health

32. **Please describe any allergies you have.**

History

33. **Have you ever been evicted?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

34. **If applicable, please explain when and why you were evicted.**

35. **Have you ever been arrested?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

36. **If applicable, please explain when and why you were arrested.**

37. **Have you ever been convicted of any felonies or misdemeanors?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

38. **If applicable, please explain when and why you were convicted.**

39. **Do you have a history of drug or alcohol abuse?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

40. **If applicable, how long have you been clean and sober?**

Emergency Contact

41. **Full Name:**

42. **Relationship:**

43. **Current Mailing Address:**

44. **Primary Phone Number:**

45. **Secondary Phone Number:**

46. **Email Address:**

47. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Timeframe

48. **When would you like your housemate(s) to move in?**

_____
Example: December 15, 2012

49. **How much notice is needed before a housemate is able to move in?**

_____

50. **How long would you like your housing arrangement to last?**

_____

Home Assessment

Location

51. **What neighborhood do you currently live in?**

_____

52. **Is your home within walking distance to any of the following? Please check all that apply.**
Check all that apply.

- ☐ Church
- ☐ Corner store
- ☐ Grocery store
- ☐ Hospital
- ☐ Laundromat
- ☐ Library
- ☐ Park
- ☐ Public transportation
- ☐ Senior center
- ☐ Shopping
- ☐ Other: _____

Type

53. **What type of housing do you currently live in? Please check all that apply.**
Check all that apply.

- [ ] Apartment
- [ ] Condo
- [ ] Duplex
- [ ] Granny Flat
- [ ] House
- [ ] Manufactored Home
- [ ] Mobil Home
- [ ] Townhouse
- [ ] Senior Complex
- [ ] Studio
- [ ] Other: _____

Space

54. **How many floors, excluding the basement, does your home have?**

_____

55. **How many bedrooms are you able to provide?**

_____

56. **Does each bedroom have a door?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

Accomodations

57. **What kind of housing accommodations are you able to provide? Please check all that apply.**
Check all that apply.

- [ ] Furnished bedroom
- [ ] Unfurnished bedroom
- [ ] Private bathroom
- [ ] Shared bathroom
- [ ] Private kitchen
- [ ] Shared kitchen
- [ ] Private entrance
- [ ] Other: _____

58. **Where are these accommodations located in your home. Please check all that apply.**
Check all that apply.

- [ ] Upper level
- [ ] Main level
- [ ] Lower level
- [ ] Basement
- [ ] Other: _____

59. **Can you provide accommodations for someone with a disability?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

60. **If applicable, please describe the accommodations you can provide.**

_____

_____

_____

_____

_____

Preferences

61. **What kind of housing preferences are you able to provide? Please check all that apply.**
Check all that apply.

- [ ] Air-conditioning
- [ ] Cable
- [ ] Carpeted floors
- [ ] Hardwood floors
- [ ] Internet
- [ ] Laundry
- [ ] Parking
- [ ] Security system
- [ ] Storage
- [ ] Other: _____

62. **What is your preference for the temperature of your home?**

_____

Sharing

63. **What are you able to share in your home? Please check all that apply.**
Check all that apply.

- [ ] Cable
- [ ] Dining room
- [ ] Dishware
- [ ] Groceries
- [ ] Internet
- [ ] Kitchen
- [ ] Laundry
- [ ] Living room
- [ ] Pots and pans
- [ ] Telephone line
- [ ] Television
- [ ] Other: _____

Additional Information

64. **Please provide any additional information about your home and the space(s) provided for additional occupancy.**

Housemates

65. **What are your gender preferences for housemates. Please check all that apply.**
Check all that apply.

- [ ] Female
- [ ] Male
- [ ] Other: _____

66. **Are you able to live with more than one person?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

67. **Are you able to live with children?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

68. **Are you able to live with pets?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

69. **Are you able to live with someone who smokes?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No

70. **What kind of relationship would you like to have with a housemate? Please check all that apply.**
Check all that apply.

- [ ] Business
- [ ] Aquaintance
- [ ] Friend
- [ ] Companion
- [ ] Other: _____

71. **What behaviors/habits are important to you in a housemate? Please be specific.**

_____

_____

_____

_____

_____

72. **What characteristics are important to you in a housemate? Please be specific.**

_____

_____

_____

_____

_____

Pets

73. **Do you have any pets?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

If applicable, please answer the following questions:

74. **How many pets do you have?**

_____

75. **What kind of pet(s) do you have? Please check all that apply.**
Check all that apply.

- [ ] Bird(s)
- [ ] Cat(s)
- [ ] Dog(s)
- [ ] Fish
- [ ] Reptile(s)
- [ ] Small Mammal(s)
- [ ] Other: _____

76. **What is the weight of each pet?**

_____

77. **Is each pet house trained?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

78. **Please provide any additional information about your pet(s).**

_____

_____

_____

_____

_____

Lease Conditions

79. **How much rent would you like from a housemate?**

_____

80. **Are utilities included in rent?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

81. **If utilities are not included in the rent, please provide an estimate of monthly cost.**

_____

82. **What is the minimum amount of rent you require?**

_____

83. **What kind of lease do you prefer a housemate sign. Please check all that apply.**
Check all that apply.

- [ ] Monthly
- [ ] Yearly
- [ ] Other: _____

Assistance

84. **Are you interested in offering reduced rent in exchange for assistance with household duties?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

85. **What assistance, if any, might you be interested in receiving? Check all that apply.**
Check all that apply.

- [ ] Childcare
- [ ] Computer / Technological
- [ ] Cooking
- [ ] Driving
- [ ] Errands
- [ ] Handywork
- [ ] Housekeeping
- [ ] Laundry
- [ ] Mail Retrieval
- [ ] Medication Reminders
- [ ] Pet Care
- [ ] Snow Removal
- [ ] Transportation
- [ ] Trash removal
- [ ] Yardwork
- [ ] Other: _____

86. **When do you prefer these services are provided? Check all that apply.**
Check all that apply.

- [ ] Mornings
- [ ] Afternoons
- [ ] Evenings
- [ ] Overnight
- [ ] Weekdays
- [ ] Weekends
- [ ] Other: _____

87. **What is the number of hours/week of service you need?**

_____

Short Response Questions

88. **Why would you like to participate in a homeshare program?**

_____

_____

_____

_____

_____

89. **Please describe your personality.**

_____

_____

_____

_____

_____

90. **Please describe any previous experience(s) had sharing your home.**

_____

_____

_____

_____

_____

91. **Please describe your background.**

92. **Please describe your hobbies and interests.**

93. **Please describe any short-term plans.**

94. **Please describe any long-term plans.**

References

Reference #1

95. **Full Name:**

96. **How long have they known you?**

97. **Relationship:**
Mark only one oval.

- ◯ Current Employer
- ◯ Former Employer
- ◯ Professional
- ◯ Personal
- ◯ Other: _____

98. **Job Title or Position:**

_____

99. **Employer:**

_____

100. **Current Mailing Address:**

_____

_____

_____

_____

_____

101. **Primary Phone Number:**

_____

102. **Secondary Phone Number:**

_____

103. **Email Address:**

_____

104. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Reference #2

105. **Full Name:**

106. **How long have they known you?**

107. **Relationship:**
Mark only one oval.

- ◯ Current Employer
- ◯ Former Employer
- ◯ Professional
- ◯ Personal
- ◯ Other:

108. **Job Title or Position:**

109. **Employer:**

110. **Current Mailing Address:**

111. **Primary Phone Number:**

112. **Secondary Phone Number:**

113. **Email Address:**

114. **Preferred Method of Communication:**
Mark only one oval.

- Phone
- Email
- Mail
- Other: ____________

Reference #3

115. **Full Name:**

____

116. **How long have they known you?**

____

117. **Relationship:**
Mark only one oval.

- Current Employer
- Former Employer
- Professional
- Personal
- Other: ____________

118. **Job Title or Position:**

____

119. **Employer:**

____

120. **Current Mailing Address:**

____
____
____
____
____

121. **Primary Phone Number:**

____

122. **Secondary Phone Number:**

_____

123. **Email Address:**

_____

124. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Agreement

125. **I agree that information provide in this application is true.**
Mark only one oval.

- ◯ Yes
- ◯ No

126. **Do you authorize the Food and Farming Network to contact the references provided?**
Mark only one oval.

- ◯ Yes
- ◯ No

127. **I waive my rights to review information provided about me by my references.**
Mark only one oval.

- ◯ Yes
- ◯ No

128. **Do you release Food and Farming Network from any liability caused by giving and receiving information, and facilitating this housing match? ***
Mark only one oval.

- ◯ Yes
- ◯ No

Thank you for completing your application. Please review your responses before hitting the submit button.

We will contact you within 10 business days to update you on the status of your application.

Please contact Lindsey Dotson at lindseyd@cityofcharlevoix.org with any questions regarding this application.

Homeshare Seeker Application

Thank you for your interest in the City of Charlevoix's homeshare program.

The purpose of this program is to address the lack of affordable housing in our region through matchmaking between home seekers and home providers.

Homesharing is an arrangement by which two or more unrelated people share a dwelling within which each retains a private space. An alternative way for people to meet their housing needs, homesharing arrangements can include rent, a service component, or a combination of the two.

Please contact Lindsey Dotson at lindseyd@charlevoixmi.gov with any questions regarding this application.

* Required

Contact Information

1. **Full Name:**

2. **Current Mailing Address:**

3. **Primary Phone Number:**

4. **Secondary Phone Number:**

5. **Email Address:**

6. **Preferred Method of Communication:**
   Mark only one oval.

   - ◯ Phone
   - ◯ Email
   - ◯ Mail
   - ◯ Other:

7. **Preferred Time(s) for Communication:**
Check all that apply.

- [ ] Morning
- [ ] Late Morning
- [ ] Early Afternoon
- [ ] Late Afternoon
- [ ] Other: _____

Demographics

8. **Date of Birth:**

_____
Example: December 15, 2012

9. **Gender:**
Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other: _____

10. **Please check your civil status.**
Mark only one oval.

- ◯ Single
- ◯ Married
- ◯ Seperated
- ◯ Divorced
- ◯ Widowed
- ◯ Other: _____

11. **Please indicate if you identify with any of the following. Check all that apply.**
Check all that apply.

- [ ] Couple
- [ ] Head of household
- [ ] Senior
- [ ] Single parent
- [ ] Student
- [ ] Veteran
- [ ] Other: _____

12. **What is the size of your current household? Please include yourself.**

13. **What languages do you communicate with?**

Finances

14. **What is your total monthly income?**

15. **Please check your source(s) of income:**
Check all that apply.

- [ ] Employment
- [ ] Friend
- [ ] Pension
- [ ] Relative
- [ ] Social Security
- [ ] Student Loans
- [ ] Supplemental Security Income (SSI)
- [ ] Social Security Disability Insurance (SSDI)
- [ ] Unemployment Benefits
- [ ] VA
- [ ] Workers Compensation
- [ ] Other: _____

16. **What is the maximum amount of combined rent and utilities you are able to pay each month?**

Occupation

17. **Are you currently employed?**
Mark only one oval.

- ◯ Yes (Full-time)
- ◯ Yes (Part-time)
- ◯ No
- ◯ Other: _____

18. **If applicable, please list the name(s) and address(es) of your employer(s).**

19. **Are you currently attending school?**
Mark only one oval.

- ◯ Yes (Full-time)
- ◯ Yes (Part-time)
- ◯ No
- ◯ Other: _____

20. **If applicable, please list the name(s) and address(es) of your school(s).**

Housing Overview

21. **Please list the dates of residence and mailing addresses for your last 3 homes.**

22. **Please describe your current housing situation.**

23. **Please list housing assistance, if any, you are currently receiving.**

24. What, if any, reasons contribute to your need for new housing arrangements?
Check all that apply.

- [ ] Available housing substandard
- [ ] Available housing too expensive
- [ ] Accessibility issues
- [ ] Commute issues
- [ ] Debt level
- [ ] Drugs and/or alcohol in home
- [ ] Domestic violence
- [ ] Education and/or training costs
- [ ] Emancipation from foster care
- [ ] Eviction notice
- [ ] Family crisis
- [ ] Fire
- [ ] Foreclosure
- [ ] Health care costs
- [ ] Home under construction
- [ ] Home was sold
- [ ] Improve quality of living situation
- [ ] Landlord died
- [ ] Lease expired
- [ ] Lease terminated
- [ ] Living in a hotel/motel
- [ ] Living in a shelter
- [ ] Living on the street
- [ ] Lost job
- [ ] No child support
- [ ] No housing available
- [ ] Not getting along with family
- [ ] Not getting along with housemate
- [ ] Owner giving up property
- [ ] Overcrowded accomodations
- [ ] Pay-or-vacate notice
- [ ] Reduced income
- [ ] Rehab program
- [ ] Relationship ending
- [ ] Relocation to area
- [ ] Rent increased
- [ ] Sense of security and well-being
- [ ] Theft of property

☐ Other: _____

Schedule

25. **Do you have a set weekly schedule?**
Mark only one oval.

◯ Yes
◯ Sometimes
◯ No
◯ Other: _____

26. **On a scale of 1-5, how often are you at home during the weekdays?**
Mark only one oval.

	1	2	3	4	5	
Rarely	◯	◯	◯	◯	◯	Frequently

27. **On a scale of 1-5, how often are you at home during the weekends?**
Mark only one oval.

	1	2	3	4	5	
Rarely	◯	◯	◯	◯	◯	Frequently

28. **What time do you typically wake up in the morning?**

_____
Example: 8:30 AM

29. **What time do you typically go to sleep in the evening**

_____
Example: 8:30 AM

Personal Habits

30. **Where do you eat most of your meals?**

_____

31. **Do you have daytime guests?**
Mark only one oval.

◯ Yes
◯ Sometimes
◯ No
◯ Other: _____

32. **Do you have overnight guests?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

33. **On a scale of 1-5, how high is your standard of cleanliness?**
Mark only one oval.

	1	2	3	4	5	
Not tidy	◯	◯	◯	◯	◯	Immaculate

34. **Do you smoke?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

35. **If applicable, would you be willing to only smoke outdoors?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

36. **On a scale of 0-7, how often do you drink each week?**
Mark only one oval.

	0	1	2	3	4	5	6	7	
Never	◯	◯	◯	◯	◯	◯	◯	◯	Frequently

Health

37. **Please describe any allergies you have.**

_____

_____

_____

_____

_____

38. **Are you currently being treated by a physician, psychiatrist, and/or therapist?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

39. **If applicable, please explain what you are being treated for.**

_____

_____

_____

_____

_____

40. **Are you currently taking any medications?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

41. **If applicable, please explain what the medications are for.**

_____

_____

_____

_____

_____

Transportation

42. **Do you need access to public transportation?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

43. **If applicable, what is the maximum distance you are able to walk to public transportation?**

_____

44. **Do you hold a valid driver's license?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

45. **Do you have a vehicle?**
Mark only one oval.

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ Other: _____

46. **Do you have any motor vehicle violations?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

47. **If applicable, please explain when and why these violations occurred.**

_____

_____

_____

_____

_____

History

48. **Have you ever been evicted?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

49. **If applicable, please explain when and why you were evicted.**

_____

_____

_____

_____

_____

50. **Have you ever been arrested?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

51. **If applicable, please explain when and why you were arrested.**

_____

_____

_____

_____

_____

52. **Have you ever been on probation or parole?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

53. **If applicable, please explain when and why you were on probation or parole.**

_____

_____

_____

_____

_____

54. **Have you ever been convicted of any felonies or misdemeanors?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

55. **If applicable, please explain when and why you were convicted.**

_____

_____

_____

_____

_____

56. **Have you ever been granted a restraining order?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

57. **If applicable, please explain when and why you were granted a restraining order.**

_____

_____

_____

_____

_____

58. **Do you have a history of drug or alcohol abuse?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

59. **If applicable, how long have you been clean and sober?**

_____

Emergency Contact

60. **Full Name:**

_____

61. **Relationship:**

_____

62. **Current Mailing Address:**

_____

_____

_____

_____

_____

63. **Primary Phone Number:**

_____

64. **Secondary Phone Number:**

65. **Email Address:**

66. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Timeframe

67. **When would you like to move?**

Example: December 15, 2012

68. **How much notice is needed before you are able to move?**

69. **How long would you like your housing arrangement to last?**

Housing Needs

Lease

70. **What type of lease do you prefer? Please check all that apply.**
Check all that apply.

- ☐ Monthly
- ☐ Yearly
- ☐ Other: _____

Location

71. **Where would you like to live?**

72. **Would you like to be within walking distance to any of the following? Please check all that apply.**
Check all that apply.

- [ ] Church
- [ ] Corner store
- [ ] Grocery store
- [ ] Hospital
- [ ] Laundromat
- [ ] Library
- [ ] Park
- [ ] Public transportation
- [ ] Senior center
- [ ] Shopping
- [ ] Other: _____

Type

73. **What type(s) of housing would you like to live in? Check all that apply.**
Check all that apply.

- [ ] Apartment
- [ ] Condo
- [ ] Duplex
- [ ] Granny Flat
- [ ] House
- [ ] Manufactored Home
- [ ] Mobil Home
- [ ] Townhouse
- [ ] Senior Complex
- [ ] Studio
- [ ] Other: _____

Space

74. **What is the minimum number of bedrooms you require?**

_____

75. **How many occupants would be in each bedroom?**

Accomodations

76. **What kind of housing accommodations do you need? Check all that apply.**
Check all that apply.

- [ ] Furnished bedroom
- [ ] Unfurnished bedroom
- [ ] Private bathroom
- [ ] Shared bathroom
- [ ] Private kitchen
- [ ] Shared kitchen
- [ ] Private entrance
- [ ] Other: _____

77. **Do you require accommodations for a disability?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

78. **If applicable, please describe the accommodations you need.**

Preferences

79. **What kind of housing preferences would you like? Check all that apply.**
Check all that apply.

- [ ] Air-conditioning
- [ ] Cable
- [ ] Carpeted floors
- [ ] Hardwood floors
- [ ] Internet
- [ ] Laundry
- [ ] Parking
- [ ] Security system
- [ ] Storage
- [ ] Other: _____

80. **Are you able to live in a lower level or basement?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

81. **What is your preference for the temperature of your home?**

_____

Sharing

82. **What would you like to share in a home? Please check all that apply.**
Check all that apply.

- [ ] Cable
- [ ] Dining room
- [ ] Dishware
- [ ] Groceries
- [ ] Internet
- [ ] Kitchen
- [ ] Laundry
- [ ] Living room
- [ ] Pots and pans
- [ ] Telephone line
- [ ] Television
- [ ] Other: _____

Additional Information

83. **Please provide any additional information about your housing needs.**

Housemates

84. **What are your gender preferences for housemates. Please check all that apply.**
Check all that apply.

- [ ] Female
- [ ] Male
- [ ] Other: _____

85. **Are you able to live with more than one person?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

86. **Are you able to live in a home with children?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

87. **Are you able to live in a home with pets?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

88. **Are you able to live with someone who smokes?**
Mark only one oval.

- ( ) Yes
- ( ) Maybe
- ( ) No

89. **What kind of relationship would you like to have with a housemate? Please check all that apply.**
Check all that apply.

- [ ] Business
- [ ] Aquaintance
- [ ] Friend
- [ ] Companion
- [ ] Other: ______

90. **What behaviors/habits are important to you in a housemate? Please be specific.**

______
______
______
______
______

91. **What characteristics are important to you in a housemate? Please be specific.**

______
______
______
______
______

Dependents

Generally, a child who is under the age of 19, a full-time student under the age of 24, or disabled is considered to be a dependent. Relatives, spouses, and partners may also be considered as dependents if their income is less than $4050 and you are providing more than half of their financial support each year.

92. **Are you looking for housing for yourself and one or more dependents?**
Mark only one oval.

- ( ) Yes
- ( ) Maybe
- ( ) No
- ( ) Other: ______

If applicable, please answer the following questions:

93. **Please list the name, age, and gender of each dependent.**

94. **Please describe your relationship with each dependent.**

95. **Please indicate which, if any, dependents are attending school.**

96. **Please provide any additional information about dependents.**

Pets

97. **Do you require housing for a pet?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

If applicable, please answer the following questions:

98. **How many pets do you need housing for?**

_____

99. **What kind of pet(s) do you need housing for? Check all that apply.**
Check all that apply.

- [ ] Bird(s)
- [ ] Cat(s)
- [ ] Dog(s)
- [ ] Fish
- [ ] Reptile(s)
- [ ] Small Mammal(s)
- [ ] Other: _____

100. **What is the weight of each pet?**

_____

101. **Is each pet house trained?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

102. **Please provide any additional information about your pet(s).**

_____

_____

_____

_____

_____

Assistance

103. **Are you interested in offering assistance with household duties in exchange for reduced rent?**
Mark only one oval.

- ◯ Yes
- ◯ Maybe
- ◯ No
- ◯ Other: _____

104. **What assistance, if any, might you be able to provide? Check all that apply.**
Check all that apply.

- [ ] Childcare
- [ ] Computer / Technological
- [ ] Cooking
- [ ] Driving
- [ ] Errands
- [ ] Handywork
- [ ] Housekeeping
- [ ] Laundry
- [ ] Mail Retrieval
- [ ] Medication Reminders
- [ ] Pet Care
- [ ] Snow Removal
- [ ] Transportation
- [ ] Trash removal
- [ ] Yardwork
- [ ] Other: _____

105. **What would be your availability for providing services? Check all that apply.**
Check all that apply.

- [ ] Mornings
- [ ] Afternoons
- [ ] Evenings
- [ ] Overnight
- [ ] Weekdays
- [ ] Weekends
- [ ] Other: _____

106. **How many hours/week of service are you able to provide?**

_____

Short Response Questions

107. **Why would you like to participate in a homeshare program?**

108. **Please describe any previous experience(s) had sharing your home.**

109. **Please describe your hobbies and interests.**

110. **Please describe any short-term plans.**

111. **Please describe any long-term plans.**

References

Reference #1

112. **Full Name:**

113. **How long have they known you?**

114. **Relationship:**
Mark only one oval.

- ◯ Current Employer
- ◯ Former Employer
- ◯ Professional
- ◯ Personal
- ◯ Other:

115. **Job Title or Position:**

116. **Employer:**

117. **Current Mailing Address:**

118. **Primary Phone Number:**

119. **Secondary Phone Number:**

120. **Email Address:**

121. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Reference #2

122. **Full Name:**

_____

123. **How long have they known you?**

_____

124. **Relationship:**
Mark only one oval.

- ◯ Current Employer
- ◯ Former Employer
- ◯ Professional
- ◯ Personal
- ◯ Other: _____

125. **Job Title or Position:**

_____

126. **Employer:**

_____

127. **Current Mailing Address:**

_____

_____

_____

_____

_____

128. **Primary Phone Number:**

_____

129. **Secondary Phone Number:**

_____

130. **Email Address:**

_____

131. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Reference #3

132. **Full Name:**

_____

133. **How long have they known you?**

_____

134. **Relationship:**
Mark only one oval.

- ◯ Current Employer
- ◯ Former Employer
- ◯ Professional
- ◯ Personal
- ◯ Other: _____

135. **Job Title or Position:**

_____

136. **Employer:**

_____

137. **Current Mailing Address:**

_____

_____

_____

_____

_____

138. **Primary Phone Number:**

_____

139. **Secondary Phone Number:**

_____

140. **Email Address:**

_____

141. **Preferred Method of Communication:**
Mark only one oval.

- ◯ Phone
- ◯ Email
- ◯ Mail
- ◯ Other: _____

Agreement

142. **I agree that information provide in this application is true.**
Mark only one oval.

- ◯ Yes
- ◯ No

143. **Do you authorize the Food and Farming Network to contact the references provided?**
Mark only one oval.

- ◯ Yes
- ◯ No

144. **I waive my rights to review information provided about me by my references.**
Mark only one oval.

- ◯ Yes
- ◯ No

145. **Do you release the Food and Farming Network from any liability caused by giving and receiving information, and facilitating this housing match? ***

Mark only one oval.

- ◯ Yes
- ◯ No

Thank you for completing your application. Please review your responses before hitting the submit button.

We will contact you within 10 business days to update you on the status of your application.

Please contact Mark Heydlauff at markh@cityofcharlevoix.org with any questions regarding this application.

HOME SHARE CHARLEVOIX

AGREEMENT OF NON-LIABILITY

CHARLEVOIX
MAIN STREET DDA

Each of the undersigned acknowledges the following:

(a) That although Charlevoix Main Street DDA has introduced him or her to a person or persons with whom a possible housing arrangement may be made, neither Charlevoix Main Street nor any of its directors, officers, employees, agents, volunteers, or contractors have made any representations or warranty about any such person(s), including the accuracy of any information furnished by such person(s) to Home Share Charlevoix, or the ability of any such person(s) to perform his, her, or their obligations in connection with such possible housing arrangement;

(b) That any housing arrangement he or she may enter into will be voluntary;

(c) That any decisions in the selection and/or acceptance or rejection of a housing arrangement of a person or persons with whom to enter into such housing arrangement, will be made solely by the undersigned and the other person(s) involved and that Home Share Charlevoix had no part in such decision; and,

(d) That neither Charlevoix Main Street nor any of its directors, officers, employees, agents, volunteers, or contractors has made any expressed or implied guarantees of warranties regarding the suitability of any housing arrangement entered into by the undersigned or the success of such housing arrangements.

The undersigned release and discharge, and agree to indemnify, hold harmless and defend, Charlevoix Main Street DDA and its directors, officers, employees, agents and contractors from and against claims, causes of action, damages, costs, losses and expenses arising from, related to, or incurred due to the participation by the undersigned in any of Charlevoix Main Street's programs or activities, including, without limitation, its Home Sharing program.

Charlevoix Main Street cannot discriminate on behalf of its clients. Each client has the responsibility and privilege of choosing his/her own housemate. Charlevoix Main Street does not ask applicants about, nor refer applicants on the basis of race, color, religion, sexual orientation or other factors not specifically referenced on the application. Application questions are designed to assist applicants in finding suitable Home Share matches. No referrals will be made for clients requiring "hands on care" such as dispensing medication, bathing, dressing, medical care, turning or lifting, assistance getting in/out of bed or bath, etc.

Charlevoix Main Street agrees to maintain confidentiality with regard to any information set forth on the application or obtained through the investigation process. However, Charlevoix Main Street also retains the right to disclose said information for any reasonable legitimate purpose at

Charlevoix Main Street's sole discretion. The undersigned gives permission for his or her references to be checked by the Charlevoix Main Street staff.

CHARLEVOIX
MAIN STREET DDA

In addition, the undersigned agrees to inform Charlevoix Main Street staff when a Home Sharing placement decision is made and if or when a placement terminates.

Clients are responsible for the truth of all statements made on their applications. Charlevoix Main Street reserves the right to exclude persons from the program for false statements or other just cause. Persons on active parole will not be accepted as clients.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION IS TRUE, THAT SUCH INFORMATION MAY BE VERIFIED, AND THAT THIS AGREEMENT HAS BEEN READ AND UNDERSTOOD.

I, THE APPLICANT, FOR THIS APPLICATION, WARRANT THE TRUTHFULNESS OF THE INFORMATION PROVIDED IN THIS APPLICATION AND BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND IT, AND AGREE TO IT VOLUNTARILY AND WITHOUT DURESS.

_____

APPLICANT'S SIGNATURE

_____

DATE

☐ I UNDERSTAND THAT CHECKING THIS BOX CONSTITUTES A LEGAL SIGNATURE CONFIRMING THAT I ACKNOWLEDGE AND AGREE TO THE ABOVE TERMS OF ACCEPTANCE.