

# EHV PARTNERSHIP ROLES AND RESPONSIBILITIES

This document was created with the intent to clearly establish the roles and responsibilities of all partners involved in the Emergency Housing Voucher application and lease-up process. We remain flexible with providing additional support on a case-by-case basis.

## CLIENTS

1. Reach out to provider to initiate EHV application process
2. Provide all documents to providers or PIC EHV Team
3. Complete and sign HUD 92006 form allowing provider the authorization representation with C&C
4. Attend voucher briefing scheduled by C&C to receive voucher, RTFA rental packet, family packet, and landlord packet
5. Sign issued voucher
6. Sign new lease
7. Adhere to C&C EHV rules
8. Adhere to tenant rules
9. May need to be present for scheduled HQS inspections
10. All changes must be reported prior to the execution of the HAP contract and start of rental lease. Thereafter, report household and/or income changes within 10 days of the change to C&C
11. Pick up the HAP contract and leasing documents from C&C and return all completed documents by the C&C deadline.

## PROVIDERS & CASE MANAGERS

1. Identify eligible clients and complete the EHV Eligibility Assessment for EHV program
2. Collect and submit EHV eligibility documents from clients (LLs)
3. Assist clients with obtaining missing EHV application documents and upload to HMIS (including any changes to household and/or income prior to lease-up)
4. Participate in Navigation Fair to assist clients
5. Ensure clients attend EHV Orientations and appointments
6. Provide updates in Monday EHV progress meetings
7. Provide case management & crisis management as needed
8. Conduct check-ins with clients at 30, 60, 90, & 120 days in EHV program

9. Contact and then negotiate with LLs to collect RFTA packets for clients who have a lease-in-place
10. Attend lease meetings with LLs for clients who need to move to assist clients (as available)
11. Submit unsigned lease to C&C through HMIS except for C&C payee forms, which must be original signature documents
12. Assist client with pick up of HAP Contract and leasing documents from C&C and assist with the return of completed documents.

## PARTNERS IN CARE EHV & CES TEAM

1. Field general EHV inquiries from EHV partners
2. Update/Refine EHV processes and workflow as recommended by C&C and providers
3. Review EHV assessments and add new applicants to the EHV Document Checklist spreadsheet (CES Team)
4. Verify submitted EHV eligibility documents from Case Managers for clients on the EHV Document Checklist spreadsheet
5. Refer clients, through CES, and C&C will receive completed EHV applications via HMIS
6. Accept Port-ins from C&C if client has ported in with EHV voucher.
7. Host Navigation Fairs once per month (or as is safe due to covid) (Tues. -Thurs., 9:00 am - 3:00 pm) to assist with document collection, or to follow up with clients who have already begun the EHV application process
8. Facilitate weekly provider meetings to monitor progress, bust barriers, and problem solve
9. Participate in Wednesday meetings with C&C to monitor progress, bust barriers, and problem solve
10. Coordinate processes between case managers and C&C
11. Coordinate socially distanced appointments to collect EHV documents from clients and LLs (case-by-case basis; available to support as needed)
12. Engage LLs & acquire units
13. Coordinate lease signings
14. Except for payee information forms, submit unsigned leases/RFTA rental packet to C&C via HMIS
15. When unit is approved and HAP contract is completed, follow up with C&C for outstanding HAP contracts (not returned) and delayed payments

## C&C

1. Field general inquiries and direct clients to providers/CES access points

2. Refer 'Port-Ins' to Lauren & EHV team for help with housing search, services fee access, and any updated verification needed from a local source (Port-ins are issued a voucher from the initial PHA so their eligibility has been determined there but may change when family arrives here)
3. Attend weekly provider meetings to monitor progress, bust barriers, and problem solve with EHV Partners
4. Audit EHV application and approve or refer back to provider and PIC EHV
5. Send PIC EHV Team orientation details & approval list daily, if any
6. If not approved, provide up details to client, provider, and PIC EHV on pending issues
7. Schedule and notify client (provider?) to attend voucher briefing to sign voucher and pick up voucher and RFTA rental packet
8. The voucher briefing provides information needed to find a suitable unit which includes utility allowances and gross rent limits for each voucher family
9. Participate in Wednesday meetings with PIC EHV Team to monitor progress, bust barriers, and problem solve
10. Process RFTAs & conduct rent reasonableness (official)
11. Conduct HQS inspections & re-inspections
12. Process HAP contracts
13. Respond to inquiries regarding tenant/voucher portions & HAP contracts/payments
14. Make HAP payments



**PARTNERS IN CARE**  
EMERGENCY HOUSING VOUCHER  
PROGRAM  
200 N. VINEYARD BLVD.  
SUITE A-210  
HONOLULU, HI 96817

**WHAT TO SUBMIT TO COMPLETE YOUR REVIEW**

Carefully complete all enclosed forms and attach required documents. Review your packet, checking off all the items below, before you turn it in. If anything is missing, we need to collect those documents before we review.

**INCOME VERIFICATION** Report all sources of income for all household members including, but not limited to: *(Please note that the City & County Section 8 Office may independently verify any information that you provide.)*

<i>Type of Income</i>	<i>What to give your case manager or housing coordinator to submit to the EHV Team:</i>
<b>Employment / Job Training</b>	All: Most recent consecutive four full months or 120-day pay stubs received (minimum 2 consecutive months will be allowable).   New job - submit a letter from employer verifying start date, wages, hours, etc.     W2/1099   Tax Returns (Fed & State).   Self-declaring letter of explanation including when no alternative verification is available (minimum requirement).
<b>Unemployment Benefits</b>	Most recent consecutive two full months or 60-day verification and current award letter.
<b>Public Assistance (TANF/GA)</b>	Most recent DHS benefit letter.
<b>Social Security or SSI</b>	Most recent benefit award letter (2022 provided in December of 2021). If there is debt owed to SSA, provide the letter showing the remaining balance of the debt.
<b>Veterans (V.A.) Benefits</b>	Most recent benefit award letter (2022 provided in December of 2021).
<b>Worker's Compensation / Labor and Industries (L&amp;I)</b>	A statement from the insurance company, law firm, etc., which shows your awarded amount or provide the most recent consecutive two full months or 60-day stubs.
<b>Alimony</b>	A copy of the court order or a statement with the amount and frequency.
<b>Regular In-Kind Income or Gifts from organizations or individuals</b>	For example, your brother gives you \$20 in groceries every week or mom pays your phone bill every month. Provide a signed and dated written statement from the organization or individual. Must be current.
<b>Child Support</b>	Provide a print out from the Office of Support Enforcement. For support not paid through the Office of Support Enforcement, submit a statement from the non-custodial parent. Must be current.   Provide a copy of the current child support court order.
<b>Retirement Benefits/ Annuities/Pensions</b>	The most current statement verifying your gross monthly benefit or provide the most recent consecutive two full months or 60-day stubs.
<b>Trusts</b>	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months. Must be current.
<b>Self-Employment</b>	Submit a copy of all pages of your most recent tax return (with business expense listing), City or State business license, and any co-payment received from your clients.   Provide a ledger of income and expenses.   Submit proof of GE taxes for 12 months (1-year period) and mandatory fees being paid. See the C&C self-employment form.
<b>Student Status/Income</b>	Verification of full or part time student status, tuition expenses, financial aid, scholarships, mandatory fees, and/or grant income. This is required for all adult household members currently enrolled in school.

**❑ ASSETS** Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401k, pensions, insurance policies, equity in real property, or other financial investments. Submit the most current complete 3 months verification for checking and savings accounts. Submit most recent quarterly statement/report for retirement accounts. Submit valid copy of life insurance policy.

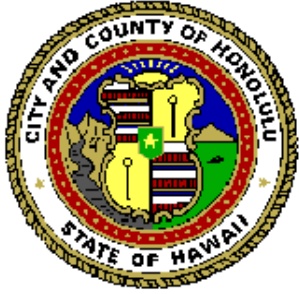
**❑ EXPENSES** Eligibility for expenses and what to submit:

<p><b>Medical Expenses</b> (insurance premiums, medications, etc.)</p>	<p><i>If your household's head, co-head, or spouse are elderly (62+) and/or disabled and have unreimbursed medical expenses you pay for out of pocket: Provide receipt or invoice from 3rd party stating out-of-pocket PAID medical expenses for the last twelve months.</i></p>
<p><b>Child Care</b></p>	<p><i>If you or an adult member of your household is employed or going to school and pay for child care: Submit a statement from the provider of any child care subsidy (DHS, City, employer, etc...). Submit a statement from the provider of any child care expenses for children (under 12 years) or disabled person. Also provide verification of any child care reimbursement. We may contact your provider to verify your expense.</i></p>
<p><b>Disability Assistance Expenses</b></p>	<p><i><u>If a member of your household (other than head or spouse) is disabled and you must pay out of pocket for expenses that are necessary to allow a family member to work</u></i> Verification of the type of expense and payments you have made for the last 12 months.</p>

**❑ IDENTIFICATION** You MUST bring your original Social Security number and immigration documents (including Social Security Card or Alien Registration Card) to our office. Partners In Care EHV staff must see your original documents and will make copies of them for you. For identification, such as driver's license, birth certificates, marriage certificates or divorce decrees you can submit photocopies via mail, email, or drop off at our office.

**❑ ADDITIONAL FORMS INCLUDED IN APPLICATION PACKET:**

- Declaration 214 (Completed & Signed)
- HUD 9886 Form (Release of Information between the City & County PHA and HUD)
- HUD 52675 (Debts Owed form - Signed)
- Reviewed HUD's "Is Fraud Worth It?" flier with case manager or housing coordinator
- Physician's Evaluation, Health Service Evaluation, Live-In Aide Certification (if there is a live-in aide)
- Physician Certificate of Disability (If there are special needs applicable)
- HUD Supplemental & Optional Contact Form (Completed & Signed)
- Use of Medical Marijuana Acknowledgement Form (Signed)
- Statement of Family Obligations (Signed)
- Family Summary Sheet (Completed)
- Criminal History/Sex Offender Certification (Completed & Signed)
- Request for Asset Verification (Completed & Signed)
- Employer's Report Form
- RHIIP - What You Should Know About EIV



# Factors of Eligibility Income Limits



<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>EXTREMELY LOW INCOME-30%</b>	25,400	29,000	32,650	36,250	39,150	42,050	46,140	51,360
<b>VERY LOW INCOME-50%</b>	42,300	48,350	54,400	60,400	65,250	70,100	74,900	79,750

## Payment Standards Range

<b>Voucher Size</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>\$</b>	\$1110 - \$2000	\$1220 - \$2200	\$1605 - \$3000	\$2295 - \$4000	\$2780 - \$4900	\$3200 - \$5500	\$3615 - \$6300	\$4035 - \$7000

Payment Standard is the maximum subsidy section 8 will pay based on the size of your family. The City and County of Honolulu is a Small Area Fair Market Rent Housing Authority. Voucher size = two people per bedroom.





CITY AND COUNTY OF HONOLULU
SECTION 8 HOUSEHOLD APPLICATION/ANNUAL UPDATE REPORT

INSTRUCTIONS:

YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE OFFICE BY THE DEADLINE. USE BLACK OR BLUE INK. (Please Print or Type)

Failure to complete this form will result in delays in processing your applications and/or rescheduling your office appointment.

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the City and County of Honolulu, Rental Assistance Branch.

Primary Language Spoken: Do you need an interpreter? Yes No

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF HAWAII (SECTIONS 386-98, 710-1060, 708-830).

APPLICANT/PARTICIPANT(S) AND UNIT INFORMATION:

APPLICANT/PARTICIPANT'S NAME

CONTACT PHONE NUMBER

E-MAIL ADDRESS

RESIDENTIAL ADDRESS

APT. #

CITY, STATE

ZIPCODE

MAILING ADDRESS

APT. #

CITY, STATE

ZIPCODE

Are you currently renting? Yes No

If "Yes," what is the unit's rent?

What is your portion of the rent?



**If more space is needed, reproduce pages as needed**

**A. HOUSEHOLD MEMBERS:**

List yourself and all other persons who will be a part of your household. Print clearly.  
 Are you single and expecting your first child, if yes, provide date of expectancy and doctor's certification.  Yes  No Date of Expectancy: \_\_\_\_\_

Head of Household			
1.			
Last Name	First Name	MI	
Social Security #	Sex(M/F)	Birth Date	Age
<b>Please check all the races and ethnicities that you identify with:</b>			
<b>Ethnicity</b>	<b>Race</b>	<b>Ancestry</b>	
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Laotian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Micronesian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other:
		<input type="checkbox"/> Japanese	
		<input type="checkbox"/> Korean	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident Alien # _____			
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," School Attending: _____			
Place of Birth: _____			
Other Name(s) Used: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

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HOUSING EXAMINER

A.

1.

SSA Card on file

ID/Birth Certificate on file

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Doctor's EDC Certificate

Marriage Certificate

Divorce Decree

Legal Separation Document

Criminal Background Check

Expected Date of Confinement

9886 Signed (Auth. To Release Information)

52675 Signed (Debt Owing)

Reviewed and issued HUD's "Is Fraud Worth It?" flyer with applicant/tenant.

2.				Relation to Head of Household (check only one)	
Last Name				<input type="checkbox"/> Spouse	
First Name				<input type="checkbox"/> Co-Head	
MI				<input type="checkbox"/> Other Adult	
Social Security #				<input type="checkbox"/> Live-In Aide	
Sex (M / F)				<input type="checkbox"/> Foster Adult/Child	
Birth Date				<input type="checkbox"/> Full Time Student 18+	
Age				<input type="checkbox"/> Other youth under 18	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident Alien # _____					
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," School Attending: _____					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: _____					
Other Name(s) Used: _____					
<b>Please check all the races and ethnicities that you identify with:</b>					
<b>Ethnicity</b>		<b>Race</b>		<b>Ancestry</b>	
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> American Indian	<input type="checkbox"/> Laotian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other:
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino		<input type="checkbox"/> Filipino	
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Hawaiian	
		<input type="checkbox"/> Japanese		<input type="checkbox"/> Japanese	

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2.

SSA Card on file

ID/Birth Certificate on file

Marriage Certificate

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Divorce Decree

Full Time Student Registration

Documentation of Foster Adult/Child

9886 Signed (Auth. To Release Information)

52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

3.				Relation to Head of Household (check only one)	
Last Name		First Name		MI	
Social Security #		Sex (M / F)		Birth Date	
Age		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Permanent Resident Alien# _____				<input type="checkbox"/> Spouse	
U.S. Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Co-Head			
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other Adult			
If "Yes," School Attending: _____		<input type="checkbox"/> Live-In Aide			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Foster Adult/Child			
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Time Student 18+			
Place of Birth: _____		<input type="checkbox"/> Other youth under 18			
Other Name(s) Used:					
<b>Please check all the races and ethnicities that you identify with:</b>					
<b><u>Ethnicity</u></b>		<b><u>Race</u></b>		<b><u>Ancestry</u></b>	
<input type="checkbox"/> 1-Hispanic		<input type="checkbox"/> 1-White		<input type="checkbox"/> American Indian	
<input type="checkbox"/> 2-Non-Hispanic		<input type="checkbox"/> 2-Black or African American		<input type="checkbox"/> Cambodian	
		<input type="checkbox"/> 3-American Indian or Alaskan American		<input type="checkbox"/> Chinese	
		<input type="checkbox"/> 4-Asian		<input type="checkbox"/> Filipino	
		<input type="checkbox"/> 5-Pacific Islander		<input type="checkbox"/> Hawaiian	
				<input type="checkbox"/> Japanese	
				<input type="checkbox"/> Korean	
				<input type="checkbox"/> Laotian	
				<input type="checkbox"/> Micronesian	
				<input type="checkbox"/> Samoan	
				<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Other:	

3.
<input type="checkbox"/> SSA Card on file
<input type="checkbox"/> ID/Birth Certificate on file
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Dec 214 Completed & Signed
<input type="checkbox"/> Alien Registration Card
<input type="checkbox"/> Elderly/Disabled
<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Full Time Student Registration
<input type="checkbox"/> Documentation of Foster Adult/Child
<input type="checkbox"/> 9886 Signed (Auth. To Release Information)
<input type="checkbox"/> 52675 Signed (Debt)

**OFFICIAL USE ONLY**

4.				Relation to Head of Household (check only one)	
Last Name		First Name		MI	
Social Security #		Sex (M / F)		Birth Date	
Age		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Permanent Resident Alien# _____				<input type="checkbox"/> Spouse	
U.S. Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Co-Head			
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other Adult			
If "Yes," School Attending: _____		<input type="checkbox"/> Live-In Aide			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Foster Adult/Child			
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Time Student 18+			
Place of Birth: _____		<input type="checkbox"/> Other youth under 18			
Other Name(s) Used:					
<b>Please check all the races and ethnicities that you identify with:</b>					
<b><u>Ethnicity</u></b>		<b><u>Race</u></b>		<b><u>Ancestry</u></b>	
<input type="checkbox"/> 1-Hispanic		<input type="checkbox"/> 1-White		<input type="checkbox"/> American Indian	
<input type="checkbox"/> 2-Non-Hispanic		<input type="checkbox"/> 2-Black or African American		<input type="checkbox"/> Cambodian	
		<input type="checkbox"/> 3-American Indian or Alaskan American		<input type="checkbox"/> Chinese	
		<input type="checkbox"/> 4-Asian		<input type="checkbox"/> Filipino	
		<input type="checkbox"/> 5-Pacific Islander		<input type="checkbox"/> Hawaiian	
				<input type="checkbox"/> Japanese	
				<input type="checkbox"/> Korean	
				<input type="checkbox"/> Laotian	
				<input type="checkbox"/> Micronesian	
				<input type="checkbox"/> Samoan	
				<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Other:	

4.
<input type="checkbox"/> SSA Card on file
<input type="checkbox"/> ID/Birth Certificate on file
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Dec 214 Completed & Signed
<input type="checkbox"/> Alien Registration Card
<input type="checkbox"/> Elderly/Disabled
<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Full Time Student Registration
<input type="checkbox"/> Documentation of Foster Adult/Child
<input type="checkbox"/> 9886 Signed (Auth. To Release Information)
<input type="checkbox"/> 52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

5.

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>
<u>Social Security #</u>	<u>Sex (M / F)</u>	<u>Birth Date</u>
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No    Permanent Resident Alien# _____		
U.S Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," School Attending: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No    Place of Birth: _____		
Other Name(s) Used:		

**Please check all the races and ethnicities that you identify with:**

<u>Ethnicity</u>	<u>Race</u>	<u>Ancestry</u>
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese

Relation to Head of Household  
(check only one)

Spouse

Co-Head

Other Adult

Live-In Aide

Foster Adult/Child

Full Time Student 18+

Other youth under 18

5.

SSA Card on file

ID/Birth Certificate on file

Marriage Certificate

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Divorce Decree

Full Time Student Registration

Documentation of Foster Adult/Child

9886 Signed (Auth. To Release Information)

52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

6.

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>
<u>Social Security #</u>	<u>Sex (M / F)</u>	<u>Birth Date</u>
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No    Permanent Resident Alien# _____		
U.S Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," School Attending: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No    Place of Birth: _____		
Other Name(s) Used:		

**Please check all the races and ethnicities that you identify with:**

<u>Ethnicity</u>	<u>Race</u>	<u>Ancestry</u>
<input type="checkbox"/> 1-Hispanic	<input type="checkbox"/> 1-White	<input type="checkbox"/> American Indian
<input type="checkbox"/> 2-Non-Hispanic	<input type="checkbox"/> 2-Black or African American	<input type="checkbox"/> Cambodian
	<input type="checkbox"/> 3-American Indian or Alaskan American	<input type="checkbox"/> Chinese
	<input type="checkbox"/> 4-Asian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> 5-Pacific Islander	<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Japanese

Relation to Head of Household  
(check only one)

Spouse

Co-Head

Other Adult

Live-In Aide

Foster Adult/Child

Full Time Student 18+

Other youth under 18

6.

SSA Card on file

ID/Birth Certificate on file

Marriage Certificate

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Divorce Decree

Full Time Student Registration

Documentation of Foster Adult/Child

9886 Signed (Auth. To Release Information)

52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

7.				Relation to Head of Household (check only one)			
Last Name		First Name		MI		<input type="checkbox"/> Spouse	
Social Security #		Sex (M / F)		Birth Date		<input type="checkbox"/> Co-Head	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident Alien# _____				<input type="checkbox"/> Other Adult	
U.S. Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Live-In Aide	
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," School Attending: _____				<input type="checkbox"/> Foster Adult/Child	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						<input type="checkbox"/> Full Time Student 18+	
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: _____				<input type="checkbox"/> Other youth under 18	
Other Name(s) Used:							
<b>Please check all the races and ethnicities that you identify with:</b>							
Ethnicity		Race		Ancestry			
<input type="checkbox"/> 1-Hispanic		<input type="checkbox"/> 1-White		<input type="checkbox"/> American Indian		<input type="checkbox"/> Korean	
<input type="checkbox"/> 2-Non-Hispanic		<input type="checkbox"/> 2-Black or African American		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Laotian	
		<input type="checkbox"/> 3-American Indian or Alaskan American		<input type="checkbox"/> Chinese		<input type="checkbox"/> Micronesians	
		<input type="checkbox"/> 4-Asian		<input type="checkbox"/> Filipino		<input type="checkbox"/> Samoan	
		<input type="checkbox"/> 5-Pacific Islander		<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Japanese		<input type="checkbox"/> Other:	

7.
<input type="checkbox"/> SSA Card on file
<input type="checkbox"/> ID/Birth Certificate on file
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Dec 214 Completed & Signed
<input type="checkbox"/> Alien Registration Card
<input type="checkbox"/> Elderly/Disabled
<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Full Time Student Registration
<input type="checkbox"/> Documentation of Foster Adult/Child
<input type="checkbox"/> 9886 Signed (Auth. To Release Information)
<input type="checkbox"/> 52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

8.				Relation to Head of Household (check only one)			
Last Name		First Name		MI		<input type="checkbox"/> Spouse	
Social Security #		Sex (M / F)		Birth Date		<input type="checkbox"/> Co-Head	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident Alien# _____				<input type="checkbox"/> Other Adult	
U.S. Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Live-In Aide	
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," School Attending: _____				<input type="checkbox"/> Foster Adult/Child	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						<input type="checkbox"/> Full Time Student 18+	
Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: _____				<input type="checkbox"/> Other youth under 18	
Other Name(s) Used:							
<b>Please check all the races and ethnicities that you identify with:</b>							
Ethnicity		Race		Ancestry			
<input type="checkbox"/> 1-Hispanic		<input type="checkbox"/> 1-White		<input type="checkbox"/> American Indian		<input type="checkbox"/> Korean	
<input type="checkbox"/> 2-Non-Hispanic		<input type="checkbox"/> 2-Black or African American		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Laotian	
		<input type="checkbox"/> 3-American Indian or Alaskan American		<input type="checkbox"/> Chinese		<input type="checkbox"/> Micronesians	
		<input type="checkbox"/> 4-Asian		<input type="checkbox"/> Filipino		<input type="checkbox"/> Samoan	
		<input type="checkbox"/> 5-Pacific Islander		<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Japanese		<input type="checkbox"/> Other:	

8.
<input type="checkbox"/> SSA Card on file
<input type="checkbox"/> ID/Birth Certificate on file
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Dec 214 Completed & Signed
<input type="checkbox"/> Alien Registration Card
<input type="checkbox"/> Elderly/Disabled
<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Full Time Student Registration
<input type="checkbox"/> Documentation of Foster Adult/Child
<input type="checkbox"/> 9886 Signed (Auth. To Release Information)
<input type="checkbox"/> 52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

9.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>		Relation to Head of Household (check only one) <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult  <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Full Time Student 18+ <input type="checkbox"/> Other youth under 18
<b>Social Security #</b>	<b>Sex (M / F)</b>	<b>Birth Date</b>	<b>Age</b>	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident Alien# _____ U.S Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," School Attending: _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: _____ Other Name(s) Used: _____				
<b>Please check all the races and ethnicities that you identify with:</b>				
<b>Ethnicity</b> <input type="checkbox"/> 1-Hispanic  <input type="checkbox"/> 2-Non-Hispanic	<b>Race</b> <input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	<b>Ancestry</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:	

9.

SSA Card on file

ID/Birth Certificate on file

Marriage Certificate

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Divorce Decree

Full Time Student Registration

Documentation of Foster Adult/Child

9886 Signed (Auth. To Release Information)

52675 Signed (Debt Owing)

**OFFICIAL USE ONLY**

10.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>		Relation to Head of Household (check only one) <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult  <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Full Time Student 18+ <input type="checkbox"/> Other youth under 18
<b>Social Security #</b>	<b>Sex (M / F)</b>	<b>Birth Date</b>	<b>Age</b>	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident Alien# _____ U.S Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," School Attending: _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Residing on Oahu? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: _____ Other Name(s) Used: _____				
<b>Please check all the races and ethnicities that you identify with:</b>				
<b>Ethnicity</b> <input type="checkbox"/> 1-Hispanic  <input type="checkbox"/> 2-Non-Hispanic	<b>Race</b> <input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 3-American Indian or Alaskan American <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Pacific Islander	<b>Ancestry</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:	

10.

SSA Card on file

ID/Birth Certificate on file

Marriage Certificate

Dec 214 Completed & Signed

Alien Registration Card

Elderly/Disabled

Divorce Decree

Full Time Student Registration

Documentation of Foster Adult/Child

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**OFFICIAL INTAKE USE ONLY**

**B. WORKING: Is anyone working, on call or expecting to work in the next 6 months?**  Yes  No  
 If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name Occupation Gross Wages Per Month/Hourly Wage

Employer's Name Address City, State, Zip Phone

Date of Hire: \_\_\_\_\_  On Call  Part-Time, Number of Hours per Month \_\_\_\_\_  Full-Time

**Do you ever receive any of the following:**

Overtime:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Tips:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Bonus:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Commission:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Name Occupation Gross Wages Per Month/Hourly Wage

Employer's Name Address City, State, Zip Phone

Date of Hire: \_\_\_\_\_  On Call  Part-Time, Number of Hours per Month \_\_\_\_\_  Full-Time

**Do you ever receive any of the following:**

Overtime:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Tips:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Bonus:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Commission:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Name Occupation Gross Wages Per Month/Hourly Wage

Employer's Name Address City, State, Zip Phone

Date of Hire: \_\_\_\_\_  On Call  Part-Time, Number of Hours per Month \_\_\_\_\_  Full-Time

**Do you ever receive any of the following:**

Overtime:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Tips:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Bonus:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Commission:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Name Occupation Gross Wages Per Month/Hourly Wage

Employer's Name Address City, State, Zip Phone

Date of Hire: \_\_\_\_\_  On Call  Part-Time, Number of Hours per Month \_\_\_\_\_  Full-Time

**Do you ever receive any of the following:**

Overtime:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Tips:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

Bonus:  Yes  No If "Yes," \$ \_\_\_\_\_/Month Commission:  Yes  No If "Yes," \$ \_\_\_\_\_/Month

B.

- Income Tax: Fed. State
- Paystubs on file
- Employer's report on file
- W2/1099
- Personal Statement

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- Personal Statement

**OFFICIAL INTAKE USE ONLY**

Name	Occupation	Gross Wages Per Month/Hourly Wage	
Employer's Name	Address	City, State, Zip	Phone
Date of Hire: _____	<input type="checkbox"/> On Call	<input type="checkbox"/> Part-Time, Number of Hours per Month _____	<input type="checkbox"/> Full-Time
<b>Do you ever receive any of the following:</b>			
Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month
Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month

- Income Tax: Fed. State
- Paystubs on file
- Employer's report on file
- W2/1099
- Personal Statement

**OFFICIAL USE ONLY**

Name	Occupation	Gross Wages Per Month/Hourly Wage	
Employer's Name	Address	City, State, Zip	Phone
Date of Hire: _____	<input type="checkbox"/> On Call	<input type="checkbox"/> Part-Time, Number of Hours per Month _____	<input type="checkbox"/> Full-Time
<b>Do you ever receive any of the following:</b>			
Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month
Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month

- Income Tax: Fed. State
- Paystubs on file
- Employer's report on file
- W2/1099
- Personal Statement

Name	Occupation	Gross Wages Per Month/Hourly Wage	
Employer's Name	Address	City, State, Zip	Phone
Date of Hire: _____	<input type="checkbox"/> On Call	<input type="checkbox"/> Part-Time, Number of Hours per Month _____	<input type="checkbox"/> Full-Time
<b>Do you ever receive any of the following:</b>			
Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month
Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month

- Income Tax: Fed. State
- Paystubs on file
- Employer's report on file
- W2/1099
- Personal Statement

Name	Occupation	Gross Wages Per Month/Hourly Wage	
Employer's Name	Address	City, State, Zip	Phone
Date of Hire: _____	<input type="checkbox"/> On Call	<input type="checkbox"/> Part-Time, Number of Hours per Month _____	<input type="checkbox"/> Full-Time
<b>Do you ever receive any of the following:</b>			
Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month
Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month	Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," \$ _____/Month

- Income Tax: Fed. State
- Paystubs on file
- Employer's report on file
- W2/1099
- Personal Statement

Did any household member(s) terminate employment within the last 12 months? Yes  No   
 If "yes," provide verification of termination. Verification must include name of household member, employer's name, and employment termination date.

Did you or any household member(s) file Federal/State income tax returns for the last calendar year?  Yes  No

Bring or submit your most recent proof of income and your last Federal/State income tax return to your appointment (examples: letter from employer, paycheck stubs, welfare or social security award letter, bank statement, W-2 and 1099 form)

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**If more space is needed, reproduce pages as needed**

**C. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If "Yes", use number assigned to household member that receives the income from pages 2 to 6, the monthly amount and where the income come from.**

Item	Yes	No	Household Member(s) Receiving Income (Use Assigned Number from pages 2 to 6)	Who provides the income	Monthly Gross Amount
• Financial Assistance (TANF)	<input type="checkbox"/>	<input type="checkbox"/>			
• General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>			
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
• Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>			
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
• Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>			
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>			
• Supplemental Security (SSI)	<input type="checkbox"/>	<input type="checkbox"/>			
• Pension / Retirement	<input type="checkbox"/>	<input type="checkbox"/>			
• Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
• Income from On-Line Business/Sales	<input type="checkbox"/>	<input type="checkbox"/>			
• Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			
• Training	<input type="checkbox"/>	<input type="checkbox"/>			
• Work Study	<input type="checkbox"/>	<input type="checkbox"/>			
• Education Loans	<input type="checkbox"/>	<input type="checkbox"/>			
• Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>			
• Medical Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>			
• Child Care Assistance	<input type="checkbox"/>	<input type="checkbox"/>			
• Other, Explain	<input type="checkbox"/>	<input type="checkbox"/>			
• Other, Explain	<input type="checkbox"/>	<input type="checkbox"/>			

C.

How Verified

**D. IN-KIND INCOME: Does any household member receive any cash contributions or goods and services in lieu of cash from a source outside the household on a regular basis? This includes but is not limited to diapers, baby formula, cell phone payments, gas, cigarettes, utility payments, other bills, etc...?  Yes  No If you checked "yes", please provide a letter from the source of this income that includes the name, address, and phone # of the Payor. Also, describe the type of income, what it is used for, amount and frequency of income in the letter.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**E. Do you pay for services of a Care Provider for a child 12 years or under or for a disabled person?**  
 Yes  No (If "Yes", please complete information below and provide a documentation of the amount paid or will be paying)

Annual Care Provider Cost: \_\_\_\_\_

Care Provider's Name \_\_\_\_\_

Care Provider's Address \_\_\_\_\_ Care Provider's Phone \_\_\_\_\_

Date Care Began: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Annual Amount Reimbursed by an individual/organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

E.  
 Third Party Verifications  
 Who pays provider expense?

Schedule of payments

Annual Care Provider Cost: \_\_\_\_\_

Care Provider's Name \_\_\_\_\_

Care Provider's Address \_\_\_\_\_ Care Provider's Phone \_\_\_\_\_

Date Care Began: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Annual Amount Reimbursed by an individual/organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Third Party Verifications  
 Who pays provider expense?

Schedule of payments

**F. Does any household member own or is planning to purchase real estate, such as land and/or building, mobile homes, etc...anywhere?**  Yes  No (If "Yes", please complete the following)

Type	Address	Estimated Value

F.

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OFFICIAL USE ONLY

G. **ASSETS:** Does anyone, including children, have any of the following resources? Check "Yes" or "No" for each item. If yes, list whom, account number, institution and the amount.

Item	Yes	No		
• <b>Checking Account(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Account Holder's Name</i>	<i>Account Number</i>		<i>Name and Address of Financial Institution</i>	<i>Amount</i>

Did you or any household members close any financial institution accounts within the last 12 months?  Yes  No

Item	Yes	No		
• <b>Saving Account(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Account Holder's Name</i>	<i>Account Number</i>		<i>Name and Address of Financial Institution</i>	<i>Amount</i>

Did you or any household members close any financial institution accounts within the last 12 months?  Yes  No

Item	Yes	No	Whom, Account Number, Institution	Amount
• Cash	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Certificates of Deposit or Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Notes, Mortgages, or Deeds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Safe Deposit box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Burial Plots	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Lump Sum Payment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
• Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

G.

How Verified

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**H. Has anyone left your household (For Recertification Only)?**  Yes  No **If yes, complete the following:**

Name	Address	State	Moved out date

**OFFICIAL USE ONLY**

H.

**I. Do you have a live-in aide?**  Yes  No **If yes, complete the following for the live-in aide:**

Name \_\_\_\_\_ Social Security \_\_\_\_\_

**Do you pay for this service yourself?**  Yes  No **If no, please explain:**

I.

Physician's Evaluation

Health Service Evaluation

Live-In Aide Certification

**J. Have you or any other adult member in your household ever used any name(s)/social security number(s) other than the one you have listed?**  Yes  No **If yes, please explain:**

J.

**K. Have you or anyone residing in your household ever been arrested for any criminal activity?**  Yes  No **If yes, please give dates, charges, city and state:**

K.

**L. Have you or anyone residing in your household ever been subjected to the lifetime sex offender registration?**  Yes  No **If yes, please give dates and charges:**

L.

**M. Have you or any other adult member of your household sold, transferred or gave away any business or asset in the last 2 years for less than its full value?**  Yes  No **If yes, please give dates, charges, city and state:**

M.

Third Party Verification of Property Value

Disposition of Proceeds

**OFFICIAL USE ONLY**

**N. Have you or any member of your household ever lived in public housing and/or received rental assistance (i.e. Section 8, rent supplement)?**  Yes  No **If yes, give the details:**

N.

Review outstanding collections

**O. Have you or anyone in your household ever committed any fraud and/or been evicted from any Federally Assisted Housing Assistance program? Did you have to repay money for knowingly misrepresenting information for such housing programs?**  Yes  No **If yes, please explain:**

O.

Review eligibility status (Is account balance zero or up to date?)

**P. Are there any children 6 years and under who have elevated blood level of lead (EBLL)?**  Yes  No

P.

**Q. SPECIAL NEEDS – Does anyone in your household claim mobility, visual or hearing impairment or other special need?**  Yes  No *If yes, list name(s) or household member:*

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q.  
 Physician Certificate of Disability  
 Physician Certificate of Disability  
 Physician Certificate of Disability

**R. Medical Expenses for ELDERLY, HANDICAPPED, DISABLED FAMILIES ONLY**

**If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly cost for the past 12 months. Bring receipts for your prescribed medication or a statement from your pharmacist itemizing them, including the cost. Besides your medical bills, bring your Medicare and insurance statements with you for the past 12 months.**

*If you meet the above definition, does the household have any out of pocket (not reimbursed) medical expenses?*  Yes  No

Household Name	Name of Provider	Purchased Item	Amount
----------------	------------------	----------------	--------

Household Name	Name of Provider	Purchased Item	Amount
----------------	------------------	----------------	--------

Household Name	Name of Provider	Purchased Item	Amount
----------------	------------------	----------------	--------

**APPLICANT / TENANT CERTIFICATION AFFIDAVIT & NOTICE**

I/We certify that the information\* given to the City and County of Honolulu, Section 8 Rental Assistance Branch on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\*Public Housing Agencies (PHAs) collect and electronically submit information on participants in subsidized housing programs contained on the Form HUD-50058 to HUD. See the federal Privacy Act Notice for more information about its use.)

**WARNING! TITLE 18, U.S.C. 1001 PROVIDES, AMONG OTHER THINGS THAT WHOEVER KNOWINGLY AND WILLFULLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF AN DEPARTMENT OR AGENCY OF THE UNITED STATES SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Hawaii Revised Statutes, §386-98; §710-1063; §708-830.

I/We authorize the City and County of Honolulu, Section 8 Rental Assistance Branch to obtain and verify information about the income, assets, income tax data, personal data and conduct, including a full credit report of all persons listed in my household. Sources of such information may include but not be limited to employers, financial institutions, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court and criminal records, drug treatment centers, clinics, physician(s) or police departments.

I/We do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the City and County of Honolulu, Section 8 Rental Assistance Branch *IN WRITING* within ten (10) days from the effective date of action.

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit and fraud, knowingly withhold any information, or vacate the unit in violation of the lease.

I certify that the rental unit will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

I/We declare under penalty of perjury under the laws of the United States of America and the State of Hawaii that the information contained in this statement of facts is true, correct, and complete.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot line at 800-225-5342 (Hearing Impaired, TTY: 800-877-8339; The Department of Housing and Urban Development (Honolulu Office) at 457-4662 or 457-4694; Hawaii Civil Rights Commission: 586-8636; City and County of Honolulu Fair Housing: 768-7751

Signature of Head of Household	Date	Signature of Spouse or Co-Head	Date
Print Name		Print Name	
Signature of Other Adult	Date	Signature of Other Adult	Date
Print Name		Print Name	
Signature of Other Adult	Date	Signature of Other Adult	Date
Print Name		Print Name	

**PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE**

I certify that:

1. The information given to the City and County of Honolulu, Rental Assistance Branch by the household of \_\_\_\_\_ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

Signature of Housing Examiner \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form if a person, other than a member of the household, helped to complete this form.**

**Translation Statement**

I, \_\_\_\_\_ do hereby verify that I have translated the City and county of Honolulu, Section 8 Program for  
*(Print Name)*

\_\_\_\_\_  
*(Head of Household's Name)*

**I certify that the family fully understands these proceedings and that I am eighteen (18) years of age or older.**

Language Spoken: \_\_\_\_\_

Relationship to Applicant/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Representative Signature Date

\_\_\_\_\_  
Email Address Contact Phone Number

\_\_\_\_\_  
Print Name of Household Name Signature Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





**DEPARTMENT OF COMMUNITY SERVICES  
CITY AND COUNTY OF HONOLULU**

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR □ HONOLULU, HAWAII 96813 □ PHONE: (808) 768-7096 □ FAX: (808) 768-7039  
1000 ULU'OHIA STREET, 118 □, KAPOLEI, HAWAII 96707 □ PHONE: (808) 768-3000 □ FAX: (808) 768-3237  
INTERNET: <http://www.honolulu.gov>

## **Use of Medical Marijuana**

State laws permitting the use of medical marijuana are subject to preemption under the Quality Housing and Work Responsibility Act (QHWRA), specifically those provisions in QHWRA which cover admission and termination standards. Under QHWRA, marijuana, medical or otherwise, is considered a controlled substance under the Controlled Substance Act (CSA). The CSA prohibits the use as well as the manufacture, possession and distribution of controlled substances such as marijuana.

Although the State of Hawaii laws allow the use of medical marijuana, federal and state nondiscrimination laws do not require the housing agencies and owners of federally assisted housing to accommodate requests by current or prospective resident with disabilities to use medical marijuana. The housing agencies and owners cannot use the need for "reasonable accommodation" in determining how to exercise their discretion in terminating a tenancy for the use, manufacture, possession, distribution of marijuana.

Marijuana is considered a controlled substance. If you, any members of your household or your guests are found to manufacture, possess, or distribute a controlled substance from your assisted unit, the family will automatically be terminated.

Please sign and date below to acknowledge that you understand the use, manufacture, possession or distribution of a controlled substance by any members of your household and your guests, will result in the termination of your housing assistance.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head or Spouse

\_\_\_\_\_  
Date



**STATEMENT OF FAMILY OBLIGATIONS**  
**(24 CFR Part 982 Housing Choice Voucher and**  
**Moderate Rehabilitation Programs)**

Family obligations for continued assistance in a Section 8 program are as follows:

1. The family must supply any information that the Housing Agency or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the Housing Agency or HUD for use in a regularly scheduled re-exam or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information in accordance with HUD requirements.
4. Any information supplied by the family must be true and complete.
5. Housing Quality Standards (HQS) inspection breach cause by family. The family is responsible for an HQS breach caused by the family.
6. Allowing Housing Agency (HA) inspection. The family must allow the HA to inspect the unit at reasonable times and after reasonable notice.
7. Violation of lease. The family must not commit any serious or repeated violation of the lease. The Housing Agency must terminate program assistance for a family evicted from housing assistance under the program for serious violation of the lease.
8. Family's notice of move or lease termination. The family must notify the Housing Agency and the owner **in writing** before the family moves out of the unit, or terminates the lease on notice from the owner.
9. Owner eviction notice. The family must promptly give the Housing Agency a copy of any owner eviction notice.
10. Use and occupancy of unit:
  - a. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
  - b. The composition of the assisted family residing in the unit must be approved by the Housing Agency. The family must promptly inform the Housing Agency of the birth, adoption, or court-awarded custody of a child. The family must request Housing Agency approval to add any other family member (including foster child or live-in aide) as an occupant of the unit.
  - c. The family must promptly notify the Housing Agency if any family member no longer resides in the unit.
  - d. The family must not sublease or sublet the unit or assign the lease.
11. Absence from the unit. The family must supply any information or certification requested by the Housing Agency to verify that the family is living in the unit, or relating to family absence from the unit, including any Housing Agency-requested information or certification on the purposes of family absences. The family must cooperate with the Housing Agency for this purpose. The family must promptly notify the Housing Agency of absence from the unit.
12. Interest in the unit. The family must not own or have any interest in the unit.
13. Fraud and other program violations. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
14. Crime by family members. The members of the family must not engage in drug related criminal activity or violent criminal activity, including foster child and live-in aide, that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

15. Other housing assistance. An assisted family, or members of the family must not receive Section 8 tenant-based assistance, while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State, or local housing assistance program.
16. Any member of the household may not engage in or threaten abusive or violent behavior toward housing agency personnel.
17. The family (including each family member) must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
18. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
19. The family (including each family member) must not receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the housing agency has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

### **REPORTING REQUIREMENTS**

***All changes must be reported in writing.***

1. The family must report all changes to the household. If the family is reporting the birth, adoption, or court-awarded custody of a child, the family must report the child within **ten (10) days**. If the family is adding new members (other than a child) to the household, the family must get approval from the Housing Agency prior to adding anyone as an occupant of the unit.
2. If the family's income has changed and the family wants an adjustment completed to lower the family's share of rent, the adjustment will be effective the first of the month following receipt of third party verification. However, if the Housing Agency approves a downward adjustment for the family, the family must report all subsequent changes in income within **ten (10) days**.
3. If the family participates in the Family Self Sufficiency Program and has established an escrow account, the family must report ALL income changes within **ten (10) days** to the housing examiner.

### **ENTERPRISE INCOME VERIFICATION**

HUD requires the use of the EIV system. This system allows the housing agency to get information on the income benefit history (includes but not limited to employment, unemployment insurance benefits, Social Security and SSI benefits) of each family member. The housing agency will use this information to assist the housing specialist in determining the family's share of rent and to deter the non-reporting of income by the family.

I, the undersigned, acknowledge that I have received a copy of the family obligations and reporting requirements. It will be my responsibility to read and understand these obligations and that failure to comply with any of them may result in the cancellation of my assistance.

I also acknowledge receipt of the HUD guide, "What You Should Know About EIV".

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

**FAMILY SUMMARY SHEET**

**PLEASE PRINT**

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth Mo./Day/Yr.	Declaration				
						1	2	3	Date Verified	4
<b>HEAD</b>			<b>(HEAD)</b>							
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										
<b>13</b>										
<b>14</b>										
<b>15</b>										

**Declaration Legend: 1-** Citizen/National

**2-** Non-citizen tenant 62 years or older by 6/19/95 & on Program as of 6/19/95.

**3-** All other non-citizens

**4-** Not Contending eligibility



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury\*\*, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- Box #1 I am a citizen by birth, a naturalized citizen or a national of the United States; or
Box #2 I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or
Box #3 I have eligible immigration status, and have reached the age of 62. Attach proof of age; or
Box #4 I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)
Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)
Permanent residence under §249 of INA; or
Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or
Parole status under §212(d)(5) of the INA; or
Threat to life or freedom under §243(h) or the INA; or
Amnesty under §245A of the INA
Box #5 I do not have eligible immigration status; or
Box #6 I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

(Signature of Family Member) (Date)
Responsible Adult to sign for minor

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.



**ACCEPTABLE INS DOCUMENTS:** The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with **INS**:

- 1) Form I51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210;
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

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Notice to applicants and tenants: Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury\*\*, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- Box #1 I am a citizen by birth, a naturalized citizen or a national of the United States; or
Box #2 I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or
Box #3 I have eligible immigration status, and have reached the age of 62. Attach proof of age; or
Box #4 I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)
Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)
Permanent residence under §249 of INA; or
Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or
Parole status under §212(d)(5) of the INA; or
Threat to life or freedom under §243(h) or the INA; or
Amnesty under §245A of the INA
Box #5 I do not have eligible immigration status; or
Box #6 I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

(Signature of Family Member) (Date)
Responsible Adult to sign for minor

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

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  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
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- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

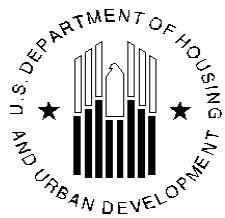
**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

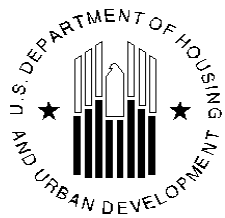
**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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**How will this information be used?**

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**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

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DEPARTMENT OF COMMUNITY SERVICES  
**CITY AND COUNTY OF HONOLULU**  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR, HONOLULU, HAWAII 96813 • PHONE: (808) 768-7096 • FAX: (808) 768-7039  
1000 ULU'OHIA STREET, #118, KAPOLEI, HAWAII 96707 • PHONE: (808) 768-3000 • FAX: (808) 768-3237  
INTERNET: <http://www.honolulu.gov/dcs/housing.htm>

## CRIMINAL HISTORY/SEX OFFENDER CERTIFICATION

As part of the screening process for the housing assistance program, all adult household members (18 years and older) are required to complete this certification. The answers provided on this certification are used in part to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application. In addition, making false statements on this affidavit is a crime and may result in CRIMINAL PROSECUTION.

**FULL LEGAL NAME** \_\_\_\_\_

**ANY MAIDEN NAMES OR ALIASES** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CURRENT HOME ADDRESS (RESIDENCE)**

**PREVIOUS HOME ADDRESS**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

State, Zip: \_\_\_\_\_

1. Have you ever been cited, arrested, or charged, for any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
2. Do you have a case pending for any crime (misdemeanor or felony), other than traffic violations?  
\_\_\_\_\_
3. Are you under indictment for any crime? \_\_\_\_\_
4. Have you ever been convicted of any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
5. Are you a fugitive from justice? \_\_\_\_\_
6. If you answered "yes" to any of the questions listed above, do any of the charges, pending charges, indictments, arrests, or convictions include drug-related or gang-related offenses?  
\_\_\_\_\_

7. In the past three (3) years, have you ever been evicted or asked to vacate public housing or any other subsidized housing due to: (a) drug activity (b) alcohol abuse (c) criminal activity (d) gang activity or (e) interfering with the health, safety, or the right to peaceful enjoyment of the premises by other residents? \_\_\_\_\_
8. Are you currently on parole, probation, or court supervision? \_\_\_\_\_
9. Are you subject to registration as a sex offender? \_\_\_\_\_
10. Have you ever committed fraud in connection with any federally funded program (i.e. housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc.)? \_\_\_\_\_
11. Have you ever had to repay money to such a program or agency due to misrepresenting information? \_\_\_\_\_ Are you still paying? \_\_\_\_\_
12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? \_\_\_\_\_

**IF YOU ANSWERED “YES” TO ANY QUESTION ABOVE, EXPLAIN IN DETAIL (including dates, charges, and outcome):**

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**WARNING:** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. **MAKING FALSE STATEMENTS ON THIS DOCUMENT IS ALSO A FELONY UNDER HAWAII STATE LAW** (SECTIONS 386-98, 710-1060, 708-830) AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE AND OBTAINING MONEY UNDER FALSE PRETENSES.

I do hereby certify under penalty of perjury, that all of the information contained in this document is true and correct. I understand and acknowledge that falsifying information on this certification may result in denial of admission into the Housing Choice Voucher Program (Section 8) or immediate termination of my housing assistance subsidy and/or criminal prosecution.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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DEPARTMENT OF COMMUNITY SERVICES  
**CITY AND COUNTY OF HONOLULU**  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR, HONOLULU, HAWAII 96813 • PHONE: (808) 768-7096 • FAX: (808) 768-7039  
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**FULL LEGAL NAME** \_\_\_\_\_

**ANY MAIDEN NAMES OR ALIASES** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CURRENT HOME ADDRESS (RESIDENCE)**

**PREVIOUS HOME ADDRESS**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

State, Zip: \_\_\_\_\_

1. Have you ever been cited, arrested, or charged, for any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
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\_\_\_\_\_
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10. Have you ever committed fraud in connection with any federally funded program (i.e. housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc.)? \_\_\_\_\_
11. Have you ever had to repay money to such a program or agency due to misrepresenting information? \_\_\_\_\_ Are you still paying? \_\_\_\_\_
12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? \_\_\_\_\_

**IF YOU ANSWERED “YES” TO ANY QUESTION ABOVE, EXPLAIN IN DETAIL (including dates, charges, and outcome):**

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**REQUEST FOR VERIFICATION  
CITY AND COUNTY OF HONOLULU DEPT OF COMMUNITY SERVICES**

842 Bethel Street · 1st Floor · Honolulu · Hawaii · 96813  
768.7096 (reception) · 768.7039 (fax) ·  
cchs8@honolulu.gov (email)

1000 Ulu'ohi'a Street · #118 · Kapolei · Hawaii · 96707  
768.3000 (reception) · 768.3237 (fax) 768.3228 (td)  
cchs8@honolulu.gov (email)

<http://www1.honolulu.gov/dcs/rentalassistance.htm>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we), \_\_\_\_\_ authorize the release of the information below: I (we) understand this information will be kept confidential.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Social Security No.

\_\_\_\_\_  
Signature Social Security No.

Please complete the section below and return this form by \_\_\_\_\_

**ASSETS**

**CHECKING, SAVINGS, CERTIFICATES, AND SIMILAR ACCOUNTS**

TYPE	ACCOUNT NUMBER	TOTAL ASSET VALUE *	PENALTY OR FEE FOR WITHDRAWAL	INTEREST RATE OR DIVIDENDS EARNED **
		\$	\$	
		\$	\$	
		\$	\$	

\* Enter the current balance for savings accounts or the average balance from the past six months for checking accounts

\*\* For past 12 months

Thank you for your time and assistance.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title Telephone No. Fax No.



(PLEASE RETURN AS SOON AS POSSIBLE)

### EMPLOYER'S REPORT SECTION 8 - HOUSING ASSISTANCE PAYMENT PROGRAM

1. Employee \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_  Permanent  Temporary  Seasonal

2. Present Pay: Rate Per Hour \$ \_\_\_\_\_ or Month \$ \_\_\_\_\_ or Annum \$ \_\_\_\_\_

Pay Periods:  Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_

Average number of hours per week \_\_\_\_\_ Effective date of present rate of pay \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ provide the following:

Average number of overtime hours per month for the past 12 months \_\_\_\_\_ Overtime rate \$ \_\_\_\_\_

Total Gross Wages for the past 12 months \$ \_\_\_\_\_ Night Differential rate \$ \_\_\_\_\_

3. If in the military: Base pay \$ \_\_\_\_\_, Quarters & Subsistence \$ \_\_\_\_\_, Cola \$ \_\_\_\_\_

All other pay (including clothing allowance) \$ \_\_\_\_\_

4. If on commission: Base Salary \$ \_\_\_\_\_; Average Commission \$ \_\_\_\_\_ per month

If on commission: total gross wages including commission paid employee for the past 12 months: \$ \_\_\_\_\_

5. Other Benefits: Tips per month \$ \_\_\_\_\_ Other \_\_\_\_\_

TYPE AND AMOUNTS

Bonus: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

6. During the next 12 months, is employee entitled to the following benefits?

Sick Leave with Pay .....  Yes  No

Vacation with Pay .....  Yes  No

Holidays with Pay .....  Yes  No

7. If an increase is scheduled, effective date will be \_\_\_\_\_

New rate will be \$ \_\_\_\_\_ per \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my consent to release any information requested by the Department of Community Services.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Firm \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: PLEASE COMPLETE THIS FORM EVEN IF EMPLOYMENT HAS BEEN TERMINATED**



**CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF COMMUNITY SERVICES  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM**

842 Bethel Street, First Floor ♦ Honolulu, Hawaii 96813  
Area Code: 808 ♦ Telephone: 768-7096 ♦ Fax: 768-7039

**KAPOLEI OFFICE**

1000 Ulu'ohi'a Street, #118 ♦ Kapolei, Hawaii 96707  
Area Code: 808 ♦ Telephone: 768-3000 ♦ Fax: 768-3237 ♦ TDD: 768-3228

INTERNET: <http://www.honolulu.gov>



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**SECTION 8 RENTAL ASSISTANCE PROGRAM**

Federal regulations require that income and assets of all participants in the Section 8 Rental Assistance Program be verified.

We would appreciate your cooperation in filling out this verification form and returning it to our office as soon as possible.

All information will be held in the strictest confidence.

## STEP 2 -- ITEMS TO SUBMIT

### I. Information about the Household Members

1. **Social Security Card.** Bring social security card (along with a copy) for each member of the household.
2. **Birth Certificate.** Bring birth certificate (along with a copy) for each member of the household.
3. **Children.** Bring custody agreements, adoption papers, or other proof that the children are members of the household.
4. **Full-Time Students.** If any family members are 18 years of age or older and still attending school full-time, bring information about where they attend school.
5. **Marriage Certificate or Divorce Decree.** Bring in the original document (along with a copy).

### II. Information about Your Income and Assets

1. **Employment Income.** For every member of your household who works, bring the following information for each employer:
  - Name, address, telephone number of the employer
  - Copies of four (4) months worth of employer provided pay stubs
  - Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing, etc.
  - Most current copies of the Federal/State Tax returns, including Schedule C if self-employed and W-2/1099 forms
2. **Benefit and Support Income.** If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of income, and information about the amount received:
  - Unemployment Compensation
  - Social Security
  - Supplemental Security Income (SSI)
  - Pension
  - Disability Income
  - Alimony
  - Child Support/Child Support Court Order
  - Welfare or other Public Administration
  - Regular support from family members or friends (contributions)
  - Mileage Reimbursement
  - Child Care Reimbursement
  - Medical Insurance Reimbursements
3. **Statements for Savings and Checking Accounts** (including Christmas Clubs, Certificate of Deposit, IRA, and Keogh Accounts). List ALL account numbers on your application and bring n a copy of your most recent bank statements for the last three (3) months. This includes accounts that are jointly owned by any family member and accounts that are “open” but with a \$0 balance.

4. **Real Estate you Own.** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the real property. (Bring last year's Schedule E from you income tax returns). Bring a copy of Real Property Assessment Card.
5. **Stocks, Bonds, Trusts, 401(k) Accounts, Pension Accounts, Deferred Compensation Accounts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.
6. **Life Insurance Policies.** Bring name of company, address, and policy numbers. Bring a copy of the policy that shows the current value.
7. **Educational Grants and Scholarships.** If any member of your family receives educational grants and scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
8. **Other Income.** For any other type of income your family has, bring the name, address, and telephone number of the source of income and information about the amount of the income.
9. **Assets sold or given away.** If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another person), please bring information about those assets.

III. **Expenses.** Bring information about any of the following expenses you expect to have during the next twelve (12) months.

1. **For Qualified Elderly & Disabled Families** (An elderly family means a family whose head, spouse, or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together, or one or more person who are at least 62 years of age living with a live-in aide.)
  - Medical expenses not covered by insurance. Bring the names and addresses of physicians, medical provider, dental provider, pharmacy, etc.
  - Medical insurance premiums or amounts deducted from your pay for medical insurance.
2. **Child Care Expenses.** Amounts anticipated to be paid by the family for the care of children under thirteen (13) years of age, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. Bring the name and mailing address of provider.
3. **Disability Expenses** to care for a disabled family member while you work.

DEPARTMENT OF COMMUNITY SERVICES  
**CITY AND COUNTY OF HONOLULU**  
 SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
 842 BETHEL STREET, FIRST FLOOR, HONOLULU, HAWAII 96813 • PHONE: (808) 768-7096 • FAX: (808) 768-7039  
 1000 ULU'OHIA STREET, #118, KAPOLEI, HAWAII 96707 • PHONE: (808) 768-3000 • FAX: (808) 768-3237  
 INTERNET: <http://www.honolulu.gov/dcs/rentalassistance.htm>



Emergency Housing Voucher (EHV) Services Fees Request Form

**Applicant Name:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**I. Services Fees:** (receipts and statements provided by PIC)

Housing Search Assistance	\$	
Application Fees	\$	
Renter's Insurance	\$	
Tenant Readiness Services	\$	
Total:	\$	(<=\$300)
Transportation/Moving	\$	

\_\_\_\_\_  
Signature (PIC Authorizer)

\_\_\_\_\_  
Date

**For Section 8 Staff Only**

**II. Deposit Fees:** Attach proof from Utility Companies for deposit/arrearage

Utility Deposit (Please list HECO, Hawaii Gas, Board of Water Supply.)

	\$		
	\$		
	\$		Subtotal: \$

Utility Arrearages (List Company and Account Number)

		\$	
		\$	
			Subtotal: \$

**III. Security Deposit:** Attach a copy of the lease to verify deposit amount.

Subtotal: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_ (<=\$3000)

**Security Deposit payment will be sent to:**

H8# \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach a W-9 and an HAP Payee information form for payment to be processed or input H8#.

\_\_\_\_\_  
EHV Examiner's Signature (Approved for Payment)

\_\_\_\_\_  
Date

Grand total from Sections I, II, III: \$ \_\_\_\_\_

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For Fiscal purposes: (Fund/Unit 470/3427)

W-9/HAP Payee info forms attached

EFT on file or with H8#

Check for Utility Deposit/Arrearage Company (circle): HECO Hawaii Gas

Memo for fund transfer from DCS-S8 to BWS

PIC reimbursement

Amount Requested: \$ \_\_\_\_\_ (Examiner to complete and initial)

Amount Approved: \$ \_\_\_\_\_ (Fiscal Clerk to complete and initial)

Requested by: \_\_\_\_\_ (Examiner's name)

Date submitted to Fiscal for payment: \_\_\_\_\_ (Fiscal Clerk to complete and initial)