

KA HALE A KE OLA HOMELESS RESOURCE CENTERS INC.
RENTAL ASSISTANCE PROGRAM (RAP)
COORDINATED STATEWIDE HOMELESS INITIATIVE (CSHI)
(808) 242-7600

PROGRAM CHECKLIST

Print Applicant Name: _____

Adults: ___ Children: ___ Date of 1st Visit: _____ Contact Phone#: _____

Needs Assistance with: Utility Deposit Utility Payment Rent Security Deposit

County Rental Assistance Program - CRA:

Target Population:

Homeless

At-risk of Homelessness

Moving from emergency/transitional housing

Coordinated Statewide Homeless Initiative - (CSHI):

Target Population:

Homeless

At-risk of Homelessness

Assist with:

Security Deposit

Rent

Utility Deposit/Disconnection (electric, gas or water)

Back rent (on a case-by-case basis only)

Assist with:

Security Deposit

Rent

Utility Deposit (electric, gas or water)

Back rent (on a case-by-case basis only)

Required documents for above listed programs:

(Must provide information for all household members; Once you have collected all required documents please contact 808-446-8129 to schedule an appointment to meet with the Housing Case Manager to complete an application.)

Identification:

- Photo Identification (Driver's License, State ID, or Passport) of all household members 18 years+
- Social Security Numbers (cards) and Birth Date of all household members
- Birth Certificate for all household members 5 years and younger

Income Verification:

- Most current pay stubs covering the 30 days before the date of application
- Social Security Statement of Benefit/Pension
- Unemployment Benefit Statement
- Monthly/quarterly financial statement; and G.E.T. if self-employed
- DHS Notice of Approval for Financial/FS Benefits
- Supplemental Social Security Income
- Income Tax Returns
- Income Tax Extension Letter
- Other (Child support, Alimony, etc.)

Asset Verification:

- Current Checking Account Statement
- Current Savings Account Statement
- Other (Stocks, bonds, cash on hand, etc.)

Lease Verification:

- Copy of signed lease (Minimum 6 months) **or** Unexecuted/Unsigned lease (Minimum 6 months from date of application) may be submitted if not currently living in the rental unit at the time of your rental application. **However, check will not be released until submittal of signed lease.**
- Final Notice of Disconnection (Electricity, gas or water assistance only)
- Utility Deposit Statement/Print Out from Utility Company
- Landlord's General Excise Tax Number (G.E.T.)
- Tax Map Key (T.M.K.) Numbers Form
- W-9 Form with Landlord/Property Managers Signature

Eviction Verification:

- Eviction Letter addressed to the applicant
- Letter from Public Housing, Homeless or transitional shelter addressed to applicant

Eviction letter must include the following:

- Date of Eviction Letter
- Date applicant must vacate the premises
- Breakdown of costs and total amount owing
- Printed name and Signature of evicting landlord
- Contact number of evicting landlord

Other:

- Letter explaining why assistance is needed
- Current Credit Report (www.annualcreditreport.com)
- Complete and submit Money Magic & Step Up questions

HUD recipients only:

- Rental Subsidy Letter (HUD or DHS) – HUD Contract
- Rental Subsidy Letter (HUD or DHS) – HUD Notice of Rent Adjustment
- Home Inspection Report from HUD (HUD recipients only)

During my initial visit, the above listed programs were explained in detail and by my signature, I understand what is required of me. I know that this is not an application, but only a checklist letting me know what documents are required of me to apply for the above listed programs. I also know that all required documents must be returned to the KHAKO office within 7 business days from the date signed below. I know that I must demonstrate good faith, desire, and ability to cooperate with; be forthright and truthful with all provided information and documentation. I understand that I must satisfactorily follow through with all case management provisions in applying for assistance (i.e. securing needed documents, keeping appointments, monthly in person budgeting meetings, accomplishing assigned task, etc.). When applying for assistance with rent and security deposit, all documents must be turned in by the 20th of the current month for the following month's assistance. **I also understand that non-compliance with this agreement will be sufficient grounds for immediate termination and disqualification from the program without advance or written notice.**

Applicant Signature

Date

Housing Case Manager Signature

Date

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.



Application for RAP Services

| Primary Head of Household | | | | |
|-----------------------------------|------------------------------------|--------------|---|--------------------------------------|
| Last Name | First Name | SSN | Date of Birth | Sex Age |
| Address | | City | State | Zip code |
| Phone | *Ethnicity/Race USE CODES BELOW | *Citizenship | *Educational level (highest completed) | *No. years in college *Degree |
| Other Household Members | | | | |
| Last name - Spouse/Partner | First name | SSN | Date of Birth | Sex |
| Marital Status in Relation to HOH | *Ethnicity/Race | *Citizenship | *Educational level (highest completed) | *No. years in college *Degree |
| Last name | First name | SSN | Date of Birth | Sex: M or F |
| Relation to HOH | Ethnicity/Race | *Citizenship | | |
| Last name | First name | SSN | Date of Birth | Sex: M or F |
| Relation to HOH | Ethnicity/Race | *Citizenship | | |
| Last name | First name | SSN | Date of Birth | Sex: M or F |
| Relation to HOH | Ethnicity/Race | *Citizenship | | |
| Last name | First name | SSN | Date of Birth | Sex: M or F |
| Relation to HOH | Ethnicity/Race | *Citizenship | | |
| Last name | First name | SSN | Date of Birth | Sex: M or F |
| Relation to HOH | Ethnicity/Race | *Citizenship | | |
| Emergency Contact | First Name | Last Name | Phone | Relationship |

ETHNICITY:
0 - Non-Hispanic
1 - Hispanic

RACE:
1 – American Indian or Alaska Native
2 – Asian (Chinese, Japanese, Filipino, etc.)
3 – Black or African American
4 – Native Hawaiian
5 – White or Caucasian
6 – Pacific Islander (Marshallese, Samoan, Tongan, etc.)
7 – Hispanic (Guatemalan, Mexican, Puerto Rican, etc.)
8 – Other

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.



Application for RAP Services

HOUSEHOLD:

Type of housing: House Apartment Government/Federal housing Houseless/Unsheltered

Other: _____

Rent Own Live with _____ Name of Rent Subsidy _____

How Long at this address: _____ Rental Fee: _____ Amt of Rent Subsidy received(Sec. 8, etc.): _____

Total number of people in family _____ Household receives TANF (welfare) benefits Yes No

(applicant, other adults & all children) _____ Other government financial benefits received Yes No
(i.e. Food Stamps, General Assistance, Soc. Sec, SSI, VA benefits, etc.)

VETERAN STATUS:

Veteran Status: Never in the Service Currently in the Service Veteran – Active Duty

EMPLOYMENT:

Name of Employee: _____ Name of Employer: _____

Contact person: _____ Phone: _____

Status: Full-time Part-time Other: _____ Date of Hire: _____ Salary: _____

ALSO include other household members' current employment information. Attach additional page(s), if necessary.

Name of Employee: _____ Name of Employer: _____

Contact person: _____ Phone: _____

Status: Full-time Part-time Other: _____ Date of Hire: _____ Salary: _____

Name of Employee: _____ Name of Employer: _____

Contact person: _____ Phone: _____

Status: Full-time Part-time Other: _____ Date of Hire: _____ Salary: _____

Name of Employee: _____ Name of Employer: _____

Contact person: _____ Phone: _____

Status: Full-time Part-time Other: _____ Date of Hire: _____ Salary: _____

Name of Employee: _____ Name of Employer: _____

Contact person: _____ Phone: _____



WE BELIEVE IN EQUAL OPPORTUNITY
EQUAL OPPORTUNITY IS THE LAW

It is our policy not to unlawfully discriminate in any real property transaction, including any decisions related to the use of any residential unit, facility, and/or service due to an individual's race; sex, including gender identity or expression; sexual orientation; color; religion; marital status; familial status; ancestry/national origin; disability; age; or human immunodeficiency virus (HIV) infection, as stated in Hawaii Revised Statutes, Chapter 515 and Title VIII of the Civil Rights Acts of 1968, as amended by the Fair Housing Amendments of 1988.

Pursuant to H.R.S. Chapter 515, it is a discriminatory practice for an owner or any other person engaging in a real property transaction, because of race; sex, including gender identity or expression; sexual orientation; color; religion; marital status; familial status; ancestry; disability; age; or human immunodeficiency virus (HIV) infection:

- To refuse to engage in a real property transaction with a person;
- To discriminate against a person in the terms, conditions, or privileges of a real property transaction or in the furnishing of facilities or services in connection therewith;
- To refuse to receive or to fail to transmit a bona fide offer to engage in a real estate transaction from a person;
- To refuse to negotiate for a real property transaction with a person;
- To represent to a person that real property is not available for inspection, sale, rental, or lease when in fact it is so available,
- To refuse to permit a person to inspect real property;
- To steer a person seeking to engage in a real property transaction';
- To subject a person to unwelcome or offensive harassment because of that person's protected basis. Harassment based race; sex, including gender identity or expression; sexual orientation; color; religion; marital status; familial status; ancestry; disability; age; or human immunodeficiency virus (HIV) infection, that has the purpose or effect of creating an intimidating, hostile, or offensive living environment, or otherwise adversely affects an individual's home environment, constitutes unlawful harassment in a violation of state and federal civil rights laws.

The term "steering" includes the practice of directing persons who seek to enter into **a real estate transaction toward or away from real property in order to deprive them of the benefits** of living in a discrimination-free environment.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any financially assisted program or activity;

- Providing opportunities in, or treating any person with regards to, such a program or activity, or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

Furthermore, under state statutes, it is against the law for any recipient to discriminate against an individual or on the basis of National Guard participation, ancestry, marital status, arrest/court record, breastfeeding, and sexual orientation.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

State law also recognizes other discriminatory practices involving retaliation, threatening, intimidating, interfering, or otherwise obstructing or preventing persons in the enjoyment or exercise of full and equal rights to enjoy a housing accommodation as guaranteed by Chapter 515; or to aiding, inciting, or coercing another person to engage in a discriminatory practice prohibited by Chapter 515. See, H.R.S. §515-16.

All prospective or current owners, tenants or occupants may complain about discrimination without fear of retaliation and any incident of harassment or other alleged discrimination may also be brought immediately to the attention of Michelle Blackburn at (808) 242-7600 who will promptly and thoroughly investigate the matter and take appropriate corrective action to prevent further occurrences.

If you think you are being harassed or discriminated against in any real property transaction because of your sex, including gender identity or expression, sexual orientation, race, disability, color, religion, marital status, familial status, ancestry, age, HIV infection, or have any questions or concerns regarding any suspected or known discriminatory practice, please contact:

HAWAII CIVIL RIGHTS COMMISSION

Keeli'ikolani Building
 830 Punchbowl Street, Room 411
 Honolulu, Hawaii 96813
 Phone: (808) 586-8636
 TDD: (808) 586-8692
 Facsimile: (808) 586-8655
 E-Mail: DLIR.HCRC.INFOR@hawaii.gov
 Website: <http://labor.hawaii.aov/hcrc/>
 Neighbor Islands call (toll-free):
 Maui: 984-2400, ext. 6-8636#
 Lana'i & Moloka'i: 1-800-468-4644, ext. 6-8636#

Applicant Printed Name

Date

Applicant Signature

Housing Case Manager Printed Name

Date

Housing Case Manager Signature

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.
Application for RAP Services



CONSENT FOR RELEASE/OBTAIN OF CONFIDENTIAL INFORMATION

Consent to RELEASE/OBTAIN confidential Information

I _____, hereby authorize
(Name of Client)

Ka Hale A Ke Ola Homeless Resource Centers, Inc. to disclose original or photocopied information
(Name of person/organization disclosing information)

as specified below to: **All Agencies Offering the County of Maui Rental Assistance Program**
(Name of person/organization to which disclosure is made)

The disclosure of information authorized herein is required for the following:
Verify Rental Assistance Program Participation and such disclosure shall be limited to the following specific information to the Rental Assistance Program (RAP).

This consent is subject to revocation by me (us) at any time except to the extent that action has been taken, or if not earlier revoked, it shall terminate on: **Two years from date of signature**
(Date or condition this consent expires)

This disclosed information shall be confidential and further disclosure to any other person/organization is prohibited without my specific written consent. A photocopy of the authorization may be accepted with the same authority as the original.

Applicant Printed Name

Date

Applicant Signature

Housing Case Manager Printed Name

Date

Housing Case Manager Signature

I, _____, hereby give consent to
(Client's First & Last Name)

_____ to release information to
(Landlord or Company Releasing Information)

Ka Hale A Ke Ola Homeless Resource Centers, Inc. concerning any monies owed for my rent. This information will be used to assist with my application to Ka Hale A Ke Ola Homeless Resource Centers, Inc. for emergency financial assistance, and use of this information will be used for these purposes of my application.

_____ By placing my initials here, I specifically authorize and give permission to Ka Hale A Ke Ola Homeless Resource Centers, Inc. to refer my case to any of the RAP partnering agencies and to share any of my application information including but not limited to copies of documents submitted or any other necessary information with the RAP partnering agencies for the purpose of applying for or receiving additional assistance or services, including but not limited to doing follow-up services where contacts with Landlords will be made at six months and one year from date on RAP application. If I am still in my original unit and continue to meet with the Housing Case Manager monthly for a year.

I understand that I may revoke this consent at any time by notifying the Provider of Information listed above in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent.

Applicant Printed Name

Date

Applicant Signature

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.

Application for RAP Services



Client Subsidy Agreement

Pursuant to standard case management protocol,

I, _____, must demonstrate good faith, desire, and ability to cooperate with;
Print Name

be forthright and truthful with all provided information and documentation; and adhere to a case management/family residential plan. I understand that I must satisfactorily follow through with all case management provisions in applying for assistance (i.e. securing needed documents, keeping appointments, monthly in person budgeting meetings, accomplishing assigned task, etc.). I know that upon receipt and approval of my rental application, a home inspection will need to be conducted before funds are released. If I am in receipt of HUD, no home inspection will need to be conducted by KHAKO staff; however I will need to provide a copy of the HUD home inspection report. I understand that if I am receiving subsidy assistance it is my responsibility to contact my case manager and schedule a monthly, in person, meeting with my case manager to turn in all documentation by the 20th of the current month to receive assistance for the following month. These documents are to include but not limited to income and asset verification, budget, receipts for clients portion of rental assistance, etc. I also understand that my non-compliance with this agreement will be sufficient grounds for immediate termination and disqualification from the program without advance or written notice.

Applicant Printed Name

Date

Applicant Signature

Housing Case Manager

Date

As the case manager of the above client I acknowledge that the client is fully aware of all information stated above.

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.

Application for RAP Services



Applicant Name

Date

Please answer the following questions for discussion during your interview.

1. Did someone refer you to Ka Hale A Ke Ola Homeless Resource Centers, Inc.?
2. Have you received RAP (Rental Assistance Program) services from any of the following agencies? If you have answered yes, indicate the date you last received help.
 - a. Ka Hale A Ke Ola Homeless Resource Centers, Inc. (KHAKO)
 - b. Maui Economic Opportunity (MEO)
 - c. Family Life Center (FLC)/ Kings Cathedral Maui
 - d. Catholic Charities

Date last received help: _____

3. Are you currently receiving services from another community agency?
4. Do you anticipate any changes in your financial situation?
5. Are there any legal judgments or pending legal issues that would affect your ability to find or maintain housing?

Background information is very important in determining eligibility. Please take a few moments to answer this thoroughly.

1. Please explain what you need to maintain your current housing situation.
2. What caused this emergency situation (explain why you need help)? Describe any unusual circumstances you face that may clarify of your situation.
3. Please explain what you are doing to correct the situation.
4. Have funds been requested from other agencies? How much?



Residential Service Plan (RSP)

| | |
|-----------------------------|-----------------------------------|
| <u>Print Client's Name:</u> | <u>Date:</u> |
| <u>Social Security #:</u> | <u>Housing Case Manager Name:</u> |

Goals

Goal #1: _____ Maintain Permanent Housing _____

- **Barrier 1:** _____
- **Barrier 2:** _____
- **Barrier 3:** _____
- **Step 1:** _____
- **Step 2:** _____
- **Step 3:** _____

Goal #2: _____

- **Barrier 1:** _____
- **Barrier 2:** _____
- **Barrier 3:** _____
- **Step 1:** _____
- **Step 2:** _____
- **Step 3:** _____

Client Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.

Application for RAP Services



Program Agreement, Rights & Grievance Process

I, _____, agree to receive housing assistance and case management services from Ka Hale A Ke Ola Homeless Resource Centers, Inc. I understand that I will receive case management services and that I will work with my Case Manager in developing a residential service plan.

I understand that I may be offered financial assistance only as determined by Ka Hale A Ke Ola Homeless Resource Centers, Inc.

I will accept telephone calls and visits from my Case Manager/Housing Case Manger.

I will provide accurate information about my income and assets and about where I was living before I accept services from Ka Hale A Ke Ola Homeless Resource Centers, Inc. I will inform my Case Manager if I leave the housing unit. I know that the Housing Case Manager or Case Manager will be checking with me to see how I am doing and if I require support.

I understand that I have the following rights:

1. To RECEIVE CONSIDERATE AND RESPECTFUL CARE AND SERVICES from all staff at all times and under all circumstances, with recognition of dignity and individuality, including privacy in services and care.
2. RECEIVE TIMELY IMPARTIAL ACCESS TO SERVICES and to be ASSURED OF PRIVACY AND CONFIDENTIALITY of all communications and records pertaining to my care. My legally designated representative or me have ACCESS TO THE INFORMATION contained in my records according to law.
3. VOICE my grievances without restraints, interference, coercion, discrimination or reprisal, when not satisfied with the resolution to APPEAL MY COMPLAINT OR GRIEVANCE.
4. FREEDOM FROM abuse, exploitation, retaliation, humiliation and neglect.
5. RECOGNITION of my culture, race, ethnicity, age, gender, disability, education, sexual orientation, spiritual beliefs, socioeconomic status and language in the services and programs that I receive.

I understand that I may file a written grievance with the Executive Director (ED). I will explain, in writing, what has happened. The Ed will respond to me, in writing, within five (5) working days. The response of the ED is the final step in the grievance process.

My signature indicates that I have received a copy of this document.

Applicant Printed Name

Date

Applicant Signature

Housing Case Manager Printed Name

Date

Housing Case Manager Signature