



Hawai'i Intergenerational Network  
1300 Kailua Rd. • Kailua, HI 96734

**For office use only** - 10-5-2020

Date application received:

BckGrd Consent received:  Yes

**HOMESHARING HAWAII**  
1300 Kailua Rd.  
Kailua, HI 96734  
808.308.5291  
homesharinghawaii@gmail.com  
homesharinghawaii.org

**I have a home to share**

**Please Print**

How did you hear about Homesharing Hawai'i? \_\_\_\_\_

Have you had any past association with Homesharing Hawai'i?  Yes  No

**Contact Information**

**PERSON 1**

Full name \_\_\_\_\_

Other names used \_\_\_\_\_

**PERSON 2 (if applicable)**

Full name \_\_\_\_\_

Other names used \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Physical address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Best number to call during the day  Home  Cell  Work

**Housing & Income**

Current housing situation  Rent  Own  Other

If renting: Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

If other, please explain \_\_\_\_\_

How long at current address. Since \_\_\_\_\_ Number of people in the home \_\_\_\_\_

Annual gross household income (Must include all sources of income) \_\_\_\_\_

What pets do you have? \_\_\_\_\_ If a dog, has it ever bitten anyone?  Yes  No

**Rent & Service**

Rent you would charge \_\_\_\_\_\$/month  Not sure

Hours of service you need \_\_\_\_\_Hours/week  Not sure, or Type of service

**For reporting and statistical purposes. This information will help determine that Homesharing Hawai'i does not discriminate in its services.**

**PERSON 1**

Gender: \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity: \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race: (check all that apply)

\_\_\_ White \_\_\_ American Indian/Alaskan Native \_\_\_ Asian  
\_\_\_ Black/African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Other state:

Do you have a disability? \_\_\_ Yes \_\_\_ No Do you receive Medicaid? \_\_\_ Yes \_\_\_ No

**PERSON 2 (if applicable)**

Gender: \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity: \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race: (check all that apply)

\_\_\_ White \_\_\_ American Indian/Alaskan Native \_\_\_ Asian  
\_\_\_ Black/African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Other state:

Do you have a disability? \_\_\_ Yes \_\_\_ No Do you receive Medicaid? \_\_\_ Yes \_\_\_ No

**As part of our application process, we do background and reference checks and a personal interview. If you answer yes to any of the questions below, please attach an explanation.**

**PERSON 1**

Do you have any motor vehicle violations? \_\_\_ Yes \_\_\_ No

Do you have any pending criminal charges? \_\_\_ Yes \_\_\_ No

Have you had any criminal convictions? \_\_\_ Yes \_\_\_ No

**PERSON 2 (if applicable)**

Do you have any motor vehicle violations? \_\_\_ Yes \_\_\_ No

Do you have any pending criminal charges? \_\_\_ Yes \_\_\_ No

Have you had any criminal convictions? \_\_\_ Yes \_\_\_ No

Other information you want us to know \_\_\_\_\_

*I agree to abide by a policy of non-discrimination and agree to meet with people different than me. I hereby acknowledge that all the information I have given in this application is true and complete to the best of my knowledge and belief. I understand that providing false or misleading information will make me ineligible for the services of Homesharing Hawai'i.*

Signature (Fillable form-type name to serve as your signature) \_\_\_\_\_ Date \_\_\_\_\_

**If completing application for someone else, please complete below:**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing address \_\_\_\_\_

Bridging Generations



Hawai'i Intergenerational Network  
1300 Kailua Rd. • Kailua, HI 96734

# References

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

**Homesharing Hawai'i asks for references in order for us to try to find the right person for you. All references should be people who have known you at least 1 year. Together, the references should cover a span of at least 5 years to the present.**

**Please notify your references that Homesharing Hawai'i will be calling them.**

## Reference 1

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_

How long have they known you? \_\_\_\_\_

How do they know you? \_\_\_\_\_

## Reference 2

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_

How long have they known you? \_\_\_\_\_

How do they know you? \_\_\_\_\_

## Reference 3

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_

How long have they known you? \_\_\_\_\_

How do they know you? \_\_\_\_\_

*Complete, sign and mail hard copy forms to Hawaii Intergenerational Network, 1300 Kailua Rd., Kailua, HI 96734; or Complete fillable-digital, print, sign, and mail to above address, or, scan & email to [homesharinghawaii@gmail.com](mailto:homesharinghawaii@gmail.com). Mahalo.*