

**HIN -  
Homesharing  
Hawaii**  
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Hawai'i Intergenerational Network  
1300 Kailua Rd. • Kailua, HI 96734

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

Date application received \_\_\_\_\_

BckGrd Consent received \_\_\_\_\_ Yes

**I seek housing**

**For each adult looking for housing we need a separate application.**

*Please Print*

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

Have you had any past association with Homesharing Hawaii'i? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of people seeking housing together \_\_\_\_\_ Date housing needed \_\_\_\_\_

**Contact Information**

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

Other names used (if applicable) \_\_\_\_\_

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 History**

Current housing situation \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Other (explain) \_\_\_\_\_

How long at current address? Since \_\_\_\_\_

Current landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Previous housing situation \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Other (explain) \_\_\_\_\_

How long at previous address? From \_\_\_\_\_ To \_\_\_\_\_

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

Previous landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

**Housing Location Preference** Please indicate your location preference

Preference #1 \_\_\_\_\_ Preference #2 \_\_\_\_\_ No preference \_\_\_\_\_

I will only consider these communities \_\_\_\_\_

What is the maximum rent you would pay? \$ \_\_\_\_\_ /Month \_\_\_\_\_ Not sure

What is the maximum number of hours of service you can provide? \_\_\_\_\_ Hours/week \_\_\_\_\_ Not sure

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

I have a car and I can drive \_\_\_\_\_ I can drive, but don't have a car \_\_\_\_\_ I have a driver's license \_\_\_\_\_

I need to be near a bus line \_\_\_\_\_ I am a smoker \_\_\_\_\_

***Employment History***

Current position/title \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_

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

Date of hire \_\_\_\_\_

.....  
Previous employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

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

For reporting and statistical purposes, we ask for the following information. This information will help determine that Homesharing Hawai'i does not discriminate in its services.

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

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

As part of our application process, we do background and reference checks and a personal interview. To begin this process:

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

Have you ever been evicted? \_\_\_ Yes \_\_\_ No

If yes to any of these questions, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 any false or misleading information will make me ineligible for the services of Homesharing Hawai'i.*

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

(Hard copy sign above. If submitting digitally type name above for signature.)

# References

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

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. We require references from past or present roommates, employers or co-workers. **NOT ACCEPTED** as references are family members, friends or romantic partners.

It is essential that you notify your references that **Homesharing Hawai'i** will be calling them. Please realize that if you have trouble reaching them, we will too, and your application will be delayed.

Reference 1 - Name \_\_\_\_\_

Day time phone \_\_\_\_\_

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

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

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

.....  
 Reference 2 - Name \_\_\_\_\_

Day time 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? \_\_\_\_\_

.....  
 Reference 4 - Name \_\_\_\_\_

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

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

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

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

**Hard copy Application:** Complete the Application, Consent for Background Check & Wellness-Covid 19 Commitment, sign and mail to Hawaii Intergenerational Network, 13300 Kailua Rd., Kailua, HI 96734.

**Digital –Fillable application:** Complete, save the application to your computer, print, sign & mail to above address; or save the application to your computer, print, sign, scan, and email to [homesharinghawaii@gmail.com](mailto:homesharinghawaii@gmail.com). We will send you the Digital Consent for Background Check and Wellness-Covid 19 Commitment for electronic signature.