

HIN
Homesharing
Hawaii
PO Box 279,
Waimanalo, HI
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E: homesharinghawaii@gmail.com



For office use only 2-6-2021

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) \$ ANSWER ON ATTACHMENT

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.)

***PLEASE ANSWER INCOME QUESTION FROM PAGE ONE OF HOMESHARING HAWAII APPLICATION BELOW. (Collecting this information assists us with some of our grants.) ANNUAL HOUSEHOLD GROSS INCOME TOTAL (INCLUDE ALL SOURCES)**

Date:

Print first and last name:

Below please check the heading that describes the number of people in your household. Under the checked heading, select the category of annual gross income (including all income sources) that best describes your household's total annual gross income.

___ One person household. (I am the only person living in my household at this time.)

Select the category below that best describes your household's total annual gross income.

- A. \$0.00 - \$14,819
- B. \$14,820 - \$24,819
- C. \$24,820 – \$71,099
- D. \$71,100 or more

___ Two person household. (Me and one other person.)

Select the category below that best describes your household's total annual gross income.

- A. \$0.00 – \$20,039
- B. \$20,040 - \$30,039
- C. \$30,040 - \$81,299
- D. \$81,300 or more

___ Three person Household. (Me and two other people.)

Select the category below that best describes your household's total annual gross income.

- A. \$0.00 - \$25,059
- B. \$25,060 – \$35,059
- C. \$35,060 - \$91,449
- D. \$91,450 or more

___ Other, if four or more people live in your household including you, please state answers below.

Number in household including you _____

Household's total annual gross income (including all sources) \$ _____

Mahalo.



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 Hawaii** 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, PO Box 279, Waimanalo, HI 96795.

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. We will send you the Digital Consent for Background Check and Wellness-Covid 19 Commitment for electronic signature.