

Hawaii Intergenerational  
Network  
HOMESHARING HAWAII  
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HI 96795 808.308.5291  
homesharinghawaii@gmail.com  
homesharinghawaii.org



**For office use only** - 2-6-2021  
Date application received: BckGrd  
Consent received: \_\_\_ Yes

**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) -- **ANSWER ON ATTACHMENT** -

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

**\*Attachment PLEASE ANSWER INCOME QUESTION FROM PAGE 1 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.**

**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 \_\_\_\_\_



# 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, PO Box 279, Waimanalo, HI 96795; or Complete fillable-digital, print, sign, and mail to above address, or, scan & email to [homesharinghawaii@gmail.com](mailto:homesharinghawaii@gmail.com). Mahalo.*