

HIN
Homesharing
Hawaii
PO Box 279,
Waimanalo, HI
96795 P:808.308.5291
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.

HAWAI'I INTERGENERATIONAL NETWORK - HOMESHARING HAWAI'I

Mail: PO Box 279, Waimanalo, HI 96795 Office: Kailua

P: 808.308.5291 E: homesharinghawaii@gmail.com

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize you to give Honolulu Information Service, Inc. and its agents orally or in writing as they request, all available information in your possession or control regarding my background including but not limited to financial, criminal, employment, and/or character history and documents. This information may include, but is not limited to, educational institution transcripts or records of academic achievement, reports from prior employers and reports from other people who can give information relative to my character and integrity.

I hereby release all prior employers and other sources of information from any and all liability arising out of their furnishing information to the above-named organization and/or their agents regarding my employment and/or references. This release extends to any and all causes of action, claims for relief, liability, liabilities, costs, expenses, compensation, attorneys and other fees, demands, injuries, losses, loss of services, loss of profits, exemplary damages, punitive damages, statutory penalties, interest, attorneys' fees and costs and damages of whatever name or nature, resulting from the provision of information in reliance on this Consent.

It is agreed that a photocopy of this authorization is to have the same force and effect as the original.

Applicant's Signature

Date

Print Applicant's Name

Applicant's Social Security Number

Address

Date of Birth

Hawai'i Intergenerational Network - PO Box 279, Waimanalo, HI 96795
Well-being and Covid 19 Precautions Commitment for
Homesharing Hawai'i Home Owners and Home Seekers 6-1-2021

Hawai'i Intergenerational Network (HIN) is dedicated to community well-being and successful home sharing. Given the Covid 19 Pandemic, HIN has prepared this Well-being Commitment for HIN Homesharing Hawai'i Home Owners and Home Seekers to affirm they will follow local, state and federal guidance, mandates and laws, as well as practice below personal precautions to prevent exposure and/or spread of Covid 19 and strive to keep each other safe while home sharing.

My name is _____, and I am a (Check one:
(print name)

____ home owner or ____ home seeker), participating with the Hawaii Intergenerational Network's Homesharing Hawai'i program. While a HIN Homesharing Hawai'i participant, I strive to keep others safe and I commit to:

- Read the 2 page CDC Guidance on "Living in Shared Housing," provided by HIN;
- wear a cloth mask and stay 6 feet away from others when, in a room with two or more people not in my family or household bubble, meeting a potential home sharing match, sharing a home in a trial period;
- wear a cloth mask and keep 6 feet away from house mate in home for the first 14 days of homesharing, in addition to above;
- sanitize my hands each time, before entering the home, after returning from necessary outside errands;
- Take daily preventative actions including but not limited to: wash hands frequently for 20 seconds each time, avoid touching eyes, nose and mouth, stay at least 6 feet away from others, stay home when sick, cover cough or sneeze with a tissue and throw it in trash, clean and disinfect frequently touched objects and surfaces, and wear a cloth fask mask when in public;

- always have a supply of hand sanitizer, tissues, sanitizing wipes to use each time I touch surfaces or use equipment or appliances in common areas such as kitchen or bathroom;
- isolate myself in my bedroom, notify my housemate and call my medical professional about Covid testing should I have a fever or feel sick with any Covid 19 symptoms;
- abide by any Covid 19 precautions requested by housemates; and
- stay informed and follow local, state and federal guidance, mandates and laws to prevent exposure and/or spread of Covid 19 to keep each other safe while home sharing.
- Check one. ____ I am fully vaccinated against Covid 19. ____ I will be fully vaccinated against Covid 19 on or about _____ (date). ____ I do not intend to get vaccinated.

Home Owner or Home Seeker Signature

Date

*Note: This Commitment will be periodically updated by HIN as necessary.

**Provide copy for HIN and Board Member, Other Volunteer or Contractor