



All applicants must submit the following:

- Completed and signed application

Eligibility documents:

- Unsheltered:** Describe/give directions to your site: _____
- Sheltered:** Attach Verification from the shelter agency (agency letterhead)
- At-risk** factors of homelessness must be verifiable:
 - Eviction notice (if applicable);
 - Severe housing cost burden (greater than 50% of income for housing costs);
 - Recurrent traumatic life event, such as death of a spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibilities;
 - Pending foreclosure of rental housing;
 - High overcrowding (the number of persons exceeds health and safety standards for the housing unit size)
 - Past institutional care (prison, treatment facility, hospital)

Do not send original documents.

- Picture Identification (preferably passport, State ID or driver's license) of all adult members of the household
- Birth Certificates of all children in the household
- Social Security Cards of all members of the household
- Income Verification (3 months of pay stubs for each job or unemployment check stubs, welfare benefits summary, food stamp benefit summary, child support receipts, etc.) If no income, please explain why. ("No Income" certification must be signed.)
- Current bank statements
- Assets Verification(s) – See Financial Statement
- Signed Consent for Release of Information (from Landlord and/or utility company)

For assistance with rent assistance you will also need to submit:

- Landlord certification information completed and signed by the landlord (GET, TMK, SSN or EIN)
- Current Rental lease agreement

For assistance with past due rent you will also need to submit:

- Past due rent verification/ Eviction notice (if applicable)
- Landlord certification information completed and signed by the landlord (GET, TMK, SSN or EIN)
- Current Rental lease agreement

For assistance with utilities (electric, gas, water, phone) you will also need to submit:

- Utility bill showing past due amount
- Utility disconnect notice (if applicable)

Sincerely,

Brandee Menino, MA

Homeless Programs Administrator



Financial Statement of Total Household Income

MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
TANF or General Assistance (GA)	\$	Rent/Mortgage	\$
Food Stamps	\$	Utilities: Water	\$
Salary (Gross)	\$	Electricity	\$
Social Security	\$	Gas	\$
Supplemental Security Income (SSI)	\$	Telephone	\$
Unemployment Compensation	\$	Food (including food stamps)	\$
Worker's Compensation	\$	Clothing	\$
Pension or Retirement Income	\$	Insurance: Car	\$
Temporary Disability Insurance	\$	Life	\$
Veteran's Benefits	\$	Medical	\$
Alimony/Child support	\$	Other Medical/Disability	\$
Other Agencies/Grants	\$	Medication	\$
Other:	\$	Personal/Household (i.e tobacco)	\$
		Childcare (unreimbursed)	\$
		Transportation: Gasoline	\$
Receiving:		Charge cards (list)	\$
Medicaid	Yes No	Loan Payments (Total monthly payments)	\$
Medicare	Yes No	Alimony/Child Support	\$
QUEST	Yes No	Other:	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$
Total Income:			
Less Expenses:			
Balance:			
Assets: Total value of all assets	Amount	Liabilities: Total Debt Owed	\$
Cash	\$	Mortgage	\$
Savings	\$	Auto Loan	\$
Checking Acct(s)	\$	Family Medical	\$
Real Estate: Home/Land	\$	Dental	\$
Life Insurance	\$	Educational Loan	\$
Stocks/Bonds	\$	Child Support	\$
Educational Grants & Scholarships	\$	Legal: Unpaid fines/restitution	
Investments	\$	Other:	
Automobile (if owned)	\$		
Other:	\$		
TOTAL	\$	TOTAL	\$
Employment Status:			
Applicant:		Other Adult Member:	
Employed: Y N		Employed: Y N	
Employer:	Pay Rate: \$	Employer:	Pay Rate: \$
Hours per week:		Hours per week:	



REQUESTED SERVICE(S):

SHELTER and SUPPORT SERVICES:

- Homeless Outreach (unsheltered)
 Emergency Shelter/Transitional
 Housing Placement
 Financial Assistance
 Representative Payee Services

RENT: INDICATE WHETHER APPLYING FOR PAST DUE RENT, MONTHLY RENT OR SECURITY DEPOSITS. See Consent Form.
NOTE: LANDLORD INFORMATION AND SIGNATURE MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE CONSIDERED.

- Past Due Rent \$ _____
 Monthly Rent \$ _____
 Security Deposit \$ _____

PAST DUE UTILITIES (INCLUDE CURRENT UTILITY BILL SHOWING PAST DUE AMOUNT)

- A. Water \$ _____ Account No. _____
 B. Electric \$ _____ Account No. _____
 C. Gas \$ _____ Account No. _____

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED. COMPLETE THE "APPLICATION COVER SHEET" AND DOUBLE CHECK THAT ALL INFORMATION HAS BEEN PROVIDED BEFORE SUBMITTING AN APPLICATION.

Household Income Eligibility

Household size: _____ Monthly Income: \$ _____

Annual 2009 Income Limits: 50% of Median Family Income for **Hawaii** County:

No. of persons	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
50% Income	\$23,650	\$27,000	\$30,400	\$33,750	\$36,450	\$39,150	\$41,850	\$44,550
Limits	\$1,971/month	\$2,250/month	\$2,533/month	\$2,813/month	\$3,038/month	\$3,263/month	\$3,488/month	\$3,713/month

The family /individual's income does not exceed 50% of the median family income for this household size. *By signing below, I certify that all information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that my application will be denied if I have provided any false information, or if my application is not complete.*
**Assets do not include vehicles used for personal transportation, appliances, furniture, etc.*

Applicant Signature / Date

Case Worker Signature / Date

Applicant Print Name

Case Worker Print Name

If applicable, by signing below, I certify that I, and all other members of my household, have **no source of income**. I understand that my application will be denied if I have provided any false information, or if my application is not complete.

Applicant Signature / Date

Case Worker Signature / Date

Applicant Print Name

Case Worker Print Name /Date

Briefly explain why your household has no source of income:



CONSENT FOR RELEASE OF INFORMATION

DATE: _____

I, _____, hereby give consent to _____
(Applicant's First & Last Name) (Landlord Releasing Information)

to release information to Office for Social Ministry concerning any monies owed for my rent and/or rental deposit. This information will be used to assist with my application to the Office for Social Ministry for emergency financial assistance, and use of this information will be restricted only for the purposes of my application. I understand that I may revoke this consent at any time by notifying the Office for Social Ministry in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent.

APPLICANT SIGNATURE: _____ APPLICANT NAME (PRINTED): _____

Landlord Name: _____ Contact Phone #: _____

Landlord Mailing Address: _____

SSN or Employer Identification Number (EIN): _____ General Excise Tax License (GET) #: _____

Physical Location of the Rental Unit: _____ Tax Map Key (TMK)#: _____

I certify that the requested Landlord information is true and correct.

Verified by Landlord's signature: _____ Date: _____

CONSENT FOR RELEASE OF INFORMATION

DATE: _____

I, _____, hereby give consent to _____
(Applicant's First & Last Name) (Utility Company Releasing Information)

to release information to Office for Social Ministry concerning any monies owed for my utility bill(s). This information will be used to assist with my application to the Office for Social Ministry for emergency financial assistance, and use of this information will be restricted only for the purposes of my application. I understand that I may revoke this consent at any time by notifying the Office for Social Ministry in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent.

APPLICANT SIGNATURE: _____ APPLICANT NAME (PRINTED): _____

Right to Due Process

Office for Social Ministry provides housing programs to assist you in obtaining and maintaining community housing. Some of our programs are funded by a Federal government grant. There are specific eligibility criteria that you must meet before we can help you. Some of the requirements are listed below:

1. Your total assets must not exceed \$5,000.
2. Your monthly gross income cannot exceed 50% of the median income for the County of Hawaii.
3. For HPRP: You must be recertified for eligibility every three months. For other programs, re-certification varies.
4. You must provide accurate and correct information.
5. You must be able to provide identification for all the individuals living with you.
6. You must be able to pay rent.
7. You must be able to provide proof of verifiable income in a timely manner.



There is a limit to the amount of funding and the length of time for financial assistance through OSM. Once the maximum amount of money is spent or the time limit has expired, we cannot continue to assist you. Therefore, there must be a reasonable assumption that you will have the ability to achieve stable housing, subsidized or unsubsidized, outside of OSM.

Grievance and Appeals Process

The Office for Social Ministry is dedicated to providing you the best services available. There may be times, however, when you are not satisfied with the services provided by our staff.

A grievance is a formal complaint you wish to address regarding OSM services. If you are dissatisfied with decisions concerning your services or have received a termination of services notice, there is something you can do about it. You can file a complaint or an appeal. This is called a grievance procedure. Here is what you do:

1. First, tell your OSM assigned worker that you are unhappy with the way things are going and why. Discuss clearly. If you and your OSM assigned worker cannot resolve the problem to your satisfaction, tell the worker that you wish to speak with the Program Director. The OSM assigned worker will provide you with the steps to take to meet with the Program Director. You have the right to review your file and to seek legal counsel.
2. Program Director will see you within five (5) working days to discuss the problem and to try to work it out. If, after this meeting, you still believe that a problem exists, write a letter outlining your grievance to the Homeless Programs Administrator.
3. Within five (5) working days of receiving your grievance, the Homeless Programs Administrator will notify you and ask you to meet to discuss the matter. You may bring any supporting documents, materials, or people with you to clarify your complaint. The OSM staff involved in your grievance and the Homeless Programs Administrator will be at this meeting.
4. After discussing the case and reviewing all of the information pertaining to your grievance, the Homeless Programs Administrator will decide on a resolution to the problem at the end of the meeting and tell you her decision. The decision will be put in writing and mailed to you; a copy will be placed in your file so that there will be a record of the grievance resolution. The letter will include if any, the reason for termination, date services are to be terminated, special conditions under which services could be re-instated, notice that the client has a right to review their file and to seek legal counsel.

We truly hope that our staff can quickly resolve the problem you may experience with OSM services. We believe that you deserve to receive the best services we can give. Please direct all correspondence regarding grievance procedures to: Executive Director, Office for Social Ministry, 140 B Holomua St., Hilo, Hawaii 96720, (808) 935-3050. If you are still not satisfied with the outcome of this grievance process, you may file a written appeal to Hawaii Public Housing Authority (HPHA). Please contact the Homeless Programs Branch at (808) 832-5930 for further assistance.

My signature below means that I have received a copy of the Right to Due Process procedure.

Applicant Printed Name

Applicant Signature

Date

Representative Printed Name

Representative Signature

Date

OSM's Homeless Programs are funded by the following agencies.

1. State Homeless Emergency Grant Program (SHEG) and Stipend programs (emergency shelter, and transitional housing): State of Hawaii, Dept. of Human Services (DHS), Hawaii Public Housing Authority (HPHA)
2. TANF Housing Placement Program: State of Hawaii, Dept. of Human Services (DHS), Hawaii Public Housing Authority (HPHA)
3. Homeless Prevention and Rapid Re-Housing Program: Funding is provided through Obama's American Recovery and Reinvestment Act of 2009
4. Shelter Plus Care programs: U.S. Department of Housing and Urban Development (HUD) and administered by the State of Hawaii, DHS - HPHA
5. Homeless Outreach (including drop in centers the Friendly Place and Puna Drop in Center): State of Hawaii, DHS - HPHA; Dept of Health - Adult Mental Health Division (AMHD);
6. Representative Payee Services: Dept of Health, Adult Mental Health Division (AMHD);
7. Hawaii Island United Way (HIUW)
8. County of Hawaii's County Council Human Services Grant
9. Hawaii Community Foundation (HCF)