



Aloha,

Mahalo for contacting Hawaiian Community Assets (HCA). HCA is a nonprofit community development corporation that was founded in 2000 to assist low- and moderate-income Hawaii residents build and sustain economic self-sufficiency by accessing affordable housing, obtaining living wage jobs, starting businesses, and completing post-secondary education.

### **Services and Products HCA Provides**

- Financial Workshops to increase knowledge of budgeting, savings, banking, and credit
- Financial Coaching to develop household budgets, review credit, and establish a financial action plan
- Housing Workshops to learn steps to obtaining a rental or purchasing a home
- Housing Counseling to help qualify for rental housing and mortgage financing
- Match Savings Accounts to build long-term savings habits and assist with housing goals  
(*Note: Matched Savings Program Participation restricted to Native Hawaiian only - verification required by funder*)
- Loans to build/repair credit, debt consolidation, and housing emergencies
- Referrals to Employment Coaching, Small Business Training, and Income Supports

**Complete the enclosed intake form and submit it with copies of the following required documents:**

- 30 days of most recent paystubs for ALL jobs
- 30 days of most recent bank account statements for ALL accounts
- Public benefits statements (i.e. SSI/SSDI, SNAP, TANF, General Assistance)
- Most recent Federal Tax return
- Copy of rental lease or mortgage statement
- Birth Certificate (if Native Hawaiian)

Please send your **complete intake form and documents** to the appropriate office below:

<b>Oahu (Including Maui, Molokai, Lanai)</b> 200 North Vineyard Blvd, #B140 Honolulu, HI 96817 (P) 808.587.7886	
<b>Hawaii Island</b> 1315 Kalanianaole Ave. Hilo, HI 96720 (P) 808.934.0801	<b>Kauai</b> PO Box 450 Kapaa, HI 96746 (P) 808.632.2070
<b>1.866.400.1116 (toll-free)</b> <a href="mailto:info@hawaiiancommunity.net">info@hawaiiancommunity.net</a> <a href="http://www.hawaiiancommunity.net">www.hawaiiancommunity.net</a>	

If you have any questions, please do not hesitate to call us at the numbers listed above.

We look forward to working with you!



## FINANCIAL NEEDS ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Currently, do you:</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	
1. Have a job? If yes, do you have your paycheck direct deposited?				
2. Want to start a business?				
3. Need help obtaining rental housing or preventing rental eviction?				
4. Want to learn how to become a homebuyer?				
5. Live on Hawaiian Home Lands and are facing lease cancellation?				
6. Discuss money management with your family, significant other, friends, and/or other persons? If yes, how often? Are the discussions positive or negative?				
7. Track what you spend money on?				
8. Have a written budget or spending plan?				
9. Find it difficult to pay any of your monthly expenses?				
10. Have a checking account?				
11. Have a savings account? If yes, do you have money automatically deposited into the account regularly?				
12. Save money (Pay-Yourself-First) every month or every paycheck?				
13. Have enough money saved to afford first month's rent and rental and utility deposit?				
14. Have a savings goal? If yes, what is your short-term goal? If yes, what is your long-term goal?				
15. Know where you would get \$1000 for an emergency?				
16. Know how much debt owe to banks, lenders, and credit card companies?				
17. Have a plan to pay your debts?				
18. View your credit report to check for errors?				
19. Use prepaid or department store cards?				
20. Know how to build and/or repair your credit?				
<b>In the last month, how many times have you:</b>	<b>3+</b>	<b>2</b>	<b>1</b>	<b>Never</b>
21. Used check cashing, payday loans, pawn shop, or rent-to-own store?				
22. Been denied for a loan or credit card?				
23. Been late or missed a bill payment?				
24. Received a call from a bill collector?				
25. Deposited money into savings?				
26. Paid existing debt?				
27. Had your wages garnished?				
28. Been a victim of identity theft?				



## INTAKE FORM

**Instructions.** Please complete the following Intake Form and submit with additional required intake forms and copies of financial documents to enroll in Hawaiian Community Assets services

<b>General Information</b>		<b>Client</b>				<b>Co-Client</b>			
Name									
Social Security #									
Date of Birth									
Phone #									
Email Address									
<b>Present Address</b>									
Street									
City, State & Zip									
Housing Status		Rent	Own	Other		Rent	Own	Other	
Housing Payment		\$				\$			
Length of Occupancy		From:		To:		From:		To:	
<b>Landlord Info (if applicable)</b>									
Name									
Phone #									
Email Address									
<b>Demographics</b>		<b>Client</b>				<b>Co-Client</b>			
Gender		Male	Female	LGBTQIA+		Male	Female	LGBTQIA+	
Relationship Status		Married		Single		Married		Single	
		Separated		Divorced		Separated		Divorced	
# of Dependents		Ages:				Ages:			
		Disabled Dependents? (Y/N)				Disabled Dependents? (Y/N)			
Race/Ethnicity (Check All That Apply)		Native Hawaiian				Native Hawaiian			
		Pacific Islander				Pacific Islander			
		Asian				Asian			
		American Indian/Alaska Native				American Indian/Alaska Native			
		White				White			
		African American				African American			
		Hispanic				Hispanic			
(Check All That Apply)		Hawaiian Home Lands Beneficiary				Hawaiian Home Lands Beneficiary			
		US Veteran				US Veteran			
		First Time Homebuyer				First Time Homebuyer			
		Disabled				Disabled			
Education				Highest Level of Education				Highest Level of Education	



<b>Employment</b>		<b>Client</b>		<b>Co-Client</b>			
Current Employer							
Employer Address							
City, State & Zip							
Phone							
Position							
Start Date							
<b>Gross Monthly Income</b>		\$		<b>Gross Monthly Income</b>		\$	
<b>Additional Income</b>		Monthly Income		Monthly Income			
Other Jobs	\$			\$			
Self-Employed	\$			\$			
<b>Total Monthly Income</b>		\$		<b>Total Monthly Income</b>		\$	
<b>Income Supports</b>		Years Received	Monthly Amount	Years Received	Monthly Amount		
Retirement/Pension		\$			\$		
Social Security		\$			\$		
Disability		\$			\$		
Unemployment		\$			\$		
Food Stamps/SNAP		\$			\$		
Section 8		\$			\$		
Cash Aide/TANF		\$			\$		
Other		\$			\$		
<b>Total</b>		\$		<b>Total</b>		\$	
<b>Assets</b>		<b>Client</b>		<b>Co-Client</b>			
	Name of Institution		Balance/Value	Name of Institution		Balance/Value	
Checking		\$				\$	
Savings		\$				\$	
Auto/Vehicle		\$				\$	
Home		\$				\$	
Other		\$				\$	
	<b>Total</b>	\$		<b>Total</b>		\$	
<b>Liabilities</b>		<b>Client</b>		<b>Co-Client</b>			
	Monthly Payment		Balance	Monthly Payment		Balance	
Home		\$				\$	
Auto Loans		\$				\$	
Credit Cards		\$				\$	
Student Loans		\$				\$	
Other		\$				\$	
<b>Total</b>		\$				\$	



Declarations	Client		Co-Client	
Have you been a victim of discrimination or financial scam?	Yes	No	Yes	No
Have you ever filed for bankruptcy?	Yes	No	Yes	No
Do you owe any outstanding taxes, judgments, liens?	Yes	No	Yes	No
Are you obligated to pay alimony/child support/separate maintenance?	Yes	No	Yes	No
Are you currently a co-signer for a loan?	Yes	No	Yes	No

#### Authorizations

**Financial and Credit Authorization:** I/we authorize Hawaiian Community Assets, Inc. to obtain a personal credit report for the purpose of assessing my/our credit situation, beginning on the date undersigned and will remain valid for a period of up to 10 years. The information obtained on my credit report will be held confidentially. I/we authorize HCA to re-verify any and all information and documentation contained in this intake application at any time.

**Authorization to Release Information:** I/we authorize **Hawaiian Community Assets and its Agents** to release or request financial information to/from my/our employers, creditors, and/or financial institutions. Such information includes, and is not limited to, verification of employment, income, bank accounts, investments accounts, account statements, credit history, and copies of income tax returns. I/we understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HCA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I/we understand that our "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning my/our financial circumstances, will be provided to creditors, program monitors, and funders. I/we understand our data may also be used by HCA for the purpose of evaluating our services, gathering valuable research information and designing future programs. I also understand that financial records will be available to HCA without further notice or authorization and may be disclosed or released by HCA to another Government agency or department, however, said financial records may not be used for another purpose without my consent except as required or permitted by law.

**I/We choose to "Opt Out"** of having my/our nonpublic personal information released to my/our creditors/lenders.

**IMPORTANT:** If you choose to "opt-out", HCA will not be able to answer questions from your creditors/lenders. If at any time you wish to change your decision, you may call us at (808) 587-7886 or 1-866-400-1116 and do so.

**Photo/Video Release:** I/we hereby give my permission for images captured while enrolled in HCA services/products through video, photo or digital camera to be used solely for the purpose of promotional material and publication and waive any rights of compensation or ownership thereto.

**Case Management:** Case management services may include financial assessments, service planning, and assistance with filling out an application for qualification for an affordable housing program or mortgage, linkages with community resources, outreach and supportive counseling. I/we consent to allow HCA to receive, exchange, or obtain information on my behalf for the purpose of assisting with financial and/or housing goals.

**No Obligation:** The counseling services, and other forms of assistance that may be offered by HCA, its subsidiaries, affiliates, directors, officers, employees or agents, may also be offered by other providers and you are under NO OBLIGATION to accept these services even though they may be referred to you by way of HCA's employees, affiliates, directors, officers, agents or subsidiaries.

**NO GUARANTEE:** I/we understand there is no guarantee we will receive services, products, grants, and/or loans provided by HCA and/or any of its partners as a result of enrolling in HCA's services. Further, I/we indemnify and hold HCA, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits while enrolled in HCA services and products.

#### Signatures

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Client Signature		Date	
Co-Client Signature		Date	



## CONFLICT OF INTEREST FORM

In accordance with 24 CFR 214.303(f) A director, employee, officer, contractor, volunteer, agent of Hawaiian Community Assets (HCA) or the spouse, child or business partner of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest:

**A. A person in a Position of Trust** including a director, employee, officer, contractor, volunteer, agent of HCA or the spouse, child or business partner of any individual holding these positions must avoid any action that might result in, or create the appearance of, administering the housing counseling operation for personal or private gain. It is a conflict of interest for any of the above parties to provide preferential treatment to any organization or person, or to undertake any action that might compromise the agency's ability to ensure compliance with the Conflict of Interest requirements stated herein and to serve the best interests of its clients.

**B. Direct Interest**. A conflict of interest would arise if the director, employee, officer, contractor, volunteer or agent of HCA or the spouse, child or business partner of any individual holding these positions of trust or any organization in which these persons serves as an employee (other than with HCA), or with whom he or she is negotiating future employment, has a direct interest in the client by virtue of their role:

- As the client's landlord;
- As the client's real estate agent or broker;
- As the client's creditor;
- As the client's mortgage broker;
- Loan originator; having a financial interest in, servicing, or underwriting a mortgage on the client's property;
- Owning or purchasing a property that the client seeks to rent or purchase;
- Serving as a collection agent for the client's mortgage lender, landlord or creditor.

A direct interest shall be defined as administering HCA's housing counseling operation for personal or private gain. This would include receiving anything of value, including compensation on a commission basis, for any of the above-referenced services to the client related to the matter on which the client is being counseled.

However, it shall not preclude a director, employee or officer, who provides multiple affordable housing services on behalf of HCA, being compensated in the form of a reasonable salary from HCA.

**C. Referrals**. It is a conflict of interest for a director, employee, officer, contractor, volunteer, or agent of HCA to refer clients to entities that provide a service to the client related to the matter that the client is being counseled about in which they, or their spouse, child, or general partners, have a financial interest, including but not limited to:

- Landlords;

- Real estate agents or brokers;
- Creditors;
- Mortgage brokers;
- Loan originators;
- Property owners—seeking to sell or rent clients;
- Collection agents for the client’s mortgage lender, landlord, or creditor

It is also a conflict of interest for the director, employee, officer, contractor, volunteer, or agent of HCA to accept a fee or any other consideration for personal or private gain for referring their housing counseling client(s) to any of those parties, or to acquire the client’s property from the trustee in bankruptcy, or accept a fee or any other consideration for referring a client to the parties listed above.

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Signature

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Date

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Signature

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Date