



RENTAL/MORTGAGE ASSISTANCE PROGRAM Qualified: Y / N

In a collaborative partnership with *Ka Hale Ake Ola Resource Center, Family Life Center, and Women Helping Women to administer the County of Maui Rental Assistance Program. Maui Economic Opportunity and its cohosts provides eligible households with necessary assistance to mitigate evictions and homelessness throughout the County of Maui. Below lists the target populations and types of assistance MEO's Rental Assistance Program provides;

Target Population:

- ✓ Homeless
- ✓ Covid-19 income loss
- ✓ At-risk of Homelessness
- ✓ Moving from emergency or transitional housing

Assistance:

- ✓ Security Deposit
- ✓ Rent
- ✓ Mortgage
- ✓ Utility Deposit (electric, gas, or water)

***Have you received rental assistance during the past year from any one of the previously mentioned partnering agencies?**

- Yes (answering yes will deem you ineligible for MEO assistance)
- No (proceed to application section)

INITIAL APPLICANT INTAKE

Date of Application: _____ How long have you lived on Maui? _____

Applicant Name: _____ Phone Number(s): _____
(First) (MI) (Last)

How many adults?: _____ children?: _____

Do you receive HUD? Yes No **Email Address:** _____

Housing Status: Homeless At-Risk of Homelessness Moving from emergency Or transitional housing

Requested Assistance: Rent Security Deposit Utility Deposit Mortgage

Effective Date of Lease: _____ Termination Date: _____

EVICTIION NOTICE:

Notice Date: _____ Eviction Date: _____

Please email application to: rap@meoinc.org or Drop off at: 99 Mahalani St. Wailuku



This program is funded by:
The US Department of Housing and Urban Development
The community Development Block Grant
County of Maui State of Hawaii.





**OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES**

Print Applicant Name: _____ Program: Rental Assistance

Address: _____ Phone Number: _____

Housing Specialist: _____ Office: MEO Community Services

1.	ENGLISH is my primary language:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below: <input type="checkbox"/> I need an interpreter for the following language:		
If you need an interpreter, go to part 3, and check the box that applies to you.			
3.	<input type="checkbox"/> I want MEO to provide an interpreter at no cost to me. <input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own. <input checked="" type="checkbox"/> I understand that MEO may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications. <input checked="" type="checkbox"/> I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that MEO provides. <input checked="" type="checkbox"/> I understand that MEO does not recommend the use of family members or friends as interpreters and prohibits the use of minors as interpreters. <input checked="" type="checkbox"/> I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have MEO provide free interpreter services at that time or bring an interpreter of my choice.		
4.	I have read and understand the information on this form. If I have questions or concerns, I can contact the case manager listed above.		
Print Name:			
Signature:		Date:	

PROGRAM CHECKLIST

Required documents: (Provide information for ALL household members.)

**Please note that the following list is all the requirements needed for approval. Once a housing specialist reviews application they will contact you to verify any missing items. Upon review you will have 5 business days to provide missing items.*

Identification:

- Photo Identification of all household members 18 years+
 - Driver's License or State ID
 - Non USA citizens must provide passport
- Social Security Numbers and Birth Date of all household members
- Birth Certificate for only household members **5 years and younger**

Income Verification: (must be dated within 30 days of application for all verifications)

- Most current pay stubs covering the 30 days before the date of application
- Social Security Statement of Benefit/Pension
- Supplemental Social Security Income
- Unemployment Benefit Statement
- Monthly/quarterly financial statement; and G.E.T. if self-employed
- DHS Notice for Financial or Food Stamps TANF/SNAP (Benefit History printed within 30 days)
- Income Tax Returns
- Receipts showing how tax refunds were spent
- Income Tax Extension Letter
- Other (Child support, Alimony, etc.)
- COVID-19 income loss proof

Asset Verification:

- Current Checking Account Statement (within 30 days of application)
- Current Savings Account Statement (within 30 days of application)
- Other (Stocks, bonds, cash on hand, etc.)

Lease Verification:

- Copy of signed **CURRENT** lease or Unexecuted/Unsigned lease may be submitted if not currently living in the rental unit at the time of your rental application. **However, check will not be released until submittal of signed lease.**
- Utility Deposit Statement/Print Out from Utility Company
- MEO W-9 Form with Landlord/Property Managers Signature
 - Landlord's General Excise Tax Number (G.E.T.)
 - Tax Map Key (T.M.K.) Numbers Form

Back Rent/Eviction Verification:

- Letter from Public Housing, Landlord, Homeless or transitional shelter addressed to applicant
Letter must include the following:
- Date of Eviction Letter & Date applicant must vacate the premises
- Dates of unpaid rent with amounts & Breakdown of costs and total amount owing
- Printed name, contact number and Signature of evicting or current landlord

Mortgage

- Statement with address and current due date

Other:

- Letter from applicant explaining why assistance is needed and/or why you are behind on rent/mortgage
- Current Credit Report for all adults in the household (www.annualcreditreport.com)
- Mandatory Financial Literacy class to be attended** _____
- Rental Subsidy Letter (HUD of DHS) – HUD Notice of Rent Adjustment
- Home Inspection from HUD (front page of House Inspection form indicting box, passed)

APPLICANT ACKNOWLEDGMENT

I, _____ (print name) understand that this is not an application but an initial intake of information to determine program eligibility. I understand what documents are required of me to apply for the rental program and I must be forthright and truthful with all information provided to include but not limited to, disclosing assistance received by any one of the following agencies within the past year; Ka Hale A Ke Ola, Women Helping Women and Family Life Center. **I also understand that I must schedule an appointment with MEO’s Housing Specialist by the document due date _____, once I have all required documents.**

Applicant Signature

Date

MEO Staff

Date of Review

Please allow adequate time for review and someone will contact you whether you qualify or not.

Please email application to: rap@meoinc.org

Or

Drop off at: 99 Mahalani St. Wailuku

Monthly Income and Expense Sheet

Please provide all household income and expenses for the past 30 days

Monthly (Net) Income		Monthly Expenses	
Salary		Rent Expense	
Salary		Utilities:	
Welfare Financial Assistance		Electric	
Social Security		Water	
Unemployment Comp		Gas	
Pension/Retirement		Cable	
SSDI		Telephone	
VA Benefits		Insurance:	
Child Support		Auto	
Food Stamps		Medical	
Other Income		Life	
		House	
		Transportation:	
		Gas	
		Maintenance	
		Other:	
		Personal Expenses	
		Child Care Expenses	
		Card Loan Expenses	
		Food	
		Clothing	
		Other Expenses	
		Cell Phone	
		Laundry (quarters)	
		Additional to SNAP	
Subtotal:		Subtotal:	
Less Food Stamps:		Less Food Stamps:	
Total (Net) Income:		Total Expenses:	
Total Income after Expenses:			



Maui Economic Opportunity, Inc.
Rental Property Information

<u>Applicant Name (print):</u>			
<u>Rental Unit Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Name as shown on your income tax return(print):</u>			
<u>Business Name (if different from above):</u>			
<u>Landlord/Property Manager Name (print):</u>		<u>Phone Number(s):</u>	
<u>Mailing Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>General Excise Tax Number (G.E.T):</u>			
<u>Rental Property Tax Map Key (T.M.K):</u>			
_____ Signature of Landlord/Property Manager		_____ Date	

