



Aloha,

Thank you for contacting Hawaiian Community Assets (HCA). HCA is a nonprofit HUD-certified housing counseling agency and Native community lending institution founded in 2000 that provides free financial education, housing counseling, and financial products to low- and moderate-income Hawaii residents to help reach their financial and housing goals.

What does HCA provide?

- Group financial and housing education workshops
- Personalized, confidential assistance to help develop budgets, review credit, and create action plans to secure financial and housing goals
- Communication with you, potential and existing landlords, lenders, and servicers
- Referral to financial products and services to increase income, build savings, and improve credit

What do you NEED to provide HCA?

- Completed, signed, and dated HCA forms
- Copies of up-to-date, required financial documents

HCA Forms

- HCA Intake Form
- Demographic Survey
- Privacy Policy
- Authorization
- Authorization to Release Information
- HUD Housing Counseling Disclosure Statement
- Conflict of Interest Form
- Foreclosure Mitigation Counseling Agreement (*Foreclosure Prevention Clients ONLY*)

Copies of Financial Documents

- COPY of Birth Certificate (*if Native Hawaiian*)
- 2 months of most recent pay stubs and public benefits statements for all household members over 18 years of age
- 2 years of most recent W2 Forms
- 2 months of most recent bank statements for ALL ACCOUNTS
- 2 years of most recent Federal Tax Returns
- 2 years of most recent Business Tax Returns or Profit-Loss Statements (*if Self-Employed*)
- Most recent asset statements (i.e. 401k, IRA, etc)
- Most recent utility bills (electricity, phone, water)

HCA needs a **complete packet** (all HCA Forms and Copies of Financial Documents listed above). If we do not receive a **complete packet**, we will need to request more documents. This will slow down your ability to enroll in our services. Please send your **complete packet** to the appropriate office below:

Oahu (Including Maui, Molokai, Lanai) 200 North Vineyard Blvd, #A300 Honolulu, HI 96817 (P) 808.587.7886	
Big Island 260 Kamehameha Avenue, #207 Hilo, HI 96720 (P) 808.934.0801	Kauai PO Box 450 Kapaa, HI 96746 (P) 808.632.2070
1.866.400.1116 (toll-free) info@hawaiiancommunity.net	
No Walk-Ins Allowed - You Must Schedule an Appointment First	

We look forward to working with you!



PERSONAL INTAKE FORM

Instructions. Please complete the following Personal Intake Form and submit with additional required intake forms and copies of financial documents to enroll in Hawaiian Community Assets' free HUD-certified financial education and housing counseling services. Include all current information for the client and co-client.

Available Services & Products													
Check ALL You Are Interested In	Workshop. Receive a workshop certificate after completion.												
	Counseling. Review your credit report, develop a budget, and qualify for products.												
	Match Savings. Match savings to reach your financial or housing goals.												
	Loans. Loans to reduce debt, pay off mortgage arrears, and build credit.												
General Information	Client					Co-Client							
Name													
Social Security #													
Date of Birth													
Home Phone #													
Cell #													
Email Address													
Present Address:													
Street													
City, State & Zip													
		Rent		Own		Other			Rent		Own		Other
Housing Payment													
Length of Occupancy	From:		To:		From:		To:						
Landlord Info													
Name:													
Phone:													
Address:													
(If less than 2 years at present address please list previous address)													
Previous Address:													
Street													
City, State & Zip													
		Rent		Own		Other			Rent		Own		Other
Housing Payment													
Length of Occupancy	From:		To:		From:		To:						



Demographics		Client		Co-Client	
Gender:		Male		Female	
Status		Married		Unmarried	
		Separated		Divorced	
Check All That Apply		Single Head of Household		Single Head of Household	
		Female Head of Household		Female Head of Household	
		First Time Homebuyer		First Time Homebuyer	
		US Veteran		US Veteran	
		Owned Home in Last 3 Years		Owned Home in Last 3 Years	
		Disabled		Disabled	
	Speak English Fluently		Speak English Fluently		
Income/Expenses		Client		Co-Client	
Employment					
Current Employer					
Employer Address					
City, State & Zip					
Phone					
Position					
Total Monthly Income					
Start Date					
(If employed at current job less than 2 years please list previous employment)					
Current Employer					
Employer Address					
City, State & Zip					
Phone					
Position					
Total Monthly Income					
Start Date					
Additional Income	<u>Years Received</u>	<u>Amount</u>	<u>Years Received</u>	<u>Amount</u>	
Bonuses/Commission					
Retirement/ Pension					
Alimony/Child Support					
Social Security					
Disability					
Unemployment					
Assets	<u>Name of Institution</u>	<u>Amount</u>	<u>Name of Institution</u>	<u>Amount</u>	
Checking					
Savings					
Stocks/Bonds					
Retirement Account					
Certificate of Deposit					
Auto					
Home					



Income/Expenses	Client			Co-Client			
Liabilities	Creditor	Balance		Creditor	Balance		
Auto Loan							
Auto Loan #							
Personal/Other Loan							
Credit Card							
Credit Card #2							
Public Assistance	Years Received	Monthly Amount		Years Received	Monthly Amount		
Food Stamps							
Section 8							
Cash Assistance							
	Total:			Total:			
Declarations				Client		Co-Client	
Have you been a victim of discrimination or financial scams?		Yes	No	Yes	No	Yes	No
Have you ever filed for bankruptcy?		Yes	No	Yes	No	Yes	No
Do you owe any outstanding taxes, judgments, liens?		Yes	No	Yes	No	Yes	No
Are you obligated to pay alimony/child support/separate maintenance?		Yes	No	Yes	No	Yes	No
Are you currently a co-signer for a loan?		Yes	No	Yes	No	Yes	No
Have you owned real estate in the last 3 years?		Yes	No	Yes	No	Yes	No
Authorizations							
<p>Authorization: I/we authorize Hawaiian Community Assets, Inc. to obtain a personal credit report for the purpose of assessing my credit situation. The information obtained on my credit report will be held confidentially. I/we further authorize HCA to transmit information about me to any of its funders for reporting and/or statistical purposes only. I/we authorize HCA to re-verify any and all information and documentation contained in this intake application at any time. Such information includes, and is not limited to, verification of employment, income, bank accounts, investments accounts, credit history, and copies of income tax returns.</p> <p>Photo/Video Release: I/we hereby give my permission for images captured during the classes 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.</p> <p>Case Management: Case management services may include financial assessments, service planning, and assistance with filling out an application for qualification for a 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.</p> <p>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.</p> <p>NO GAURANTEE: I/we understand there is no guarantee we will receive products, grants, and/or loans provided by HCA and/or any of its partners as a result of enrolling in HCA's services.</p>							
Signatures							
I/We acknowledge that everything stated in this statement is correct to the best of my/our knowledge.							
Client Signature				Date			
Co-Client Signature				Date			
HCA Use Only							
Received By				Date Received			
Identification Verified	Type:	Exp.		Type:	Exp.		
DHHL Beneficiary	Yes	No	Island?	Yes	No	Island?	



DEMOGRAPHIC SURVEY

Name:	
Address:	
Date of Birth:	Phone Number:
E-mail Address:	

Ethnicity:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non- Hispanic
Race of Client:	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaska Native and Black/ African American	<input type="checkbox"/> American Indian/Alaska Native and White
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Multiple Race
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Marshallese
<input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> I prefer not to provide this information
Household:	
# of Household Members	
# of Dependents & Ages	
Annual income	
Referred by	
Highest Level of Education	
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hawaiian Home Lands Beneficiary	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information HCA obtains is only to be used in the processing of my request for assistance and reporting for grant funds. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents. These services may be offered by other providers. You are under no obligation to accept any of these services even though they may be recommended by the counselors, lenders or any and all affiliates. We make no Promises of any kind.

Signature

Date



PRIVACY POLICY

Hawaiian Community Assets is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that We Gather About You

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You May Opt-Out of Certain Disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
 - I choose to “Opt Out”
2. If you choose to “opt-out” (above), we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (808) 587-7886 or 1-866-400-1116 and do so.

Release of Your Information to Third Parties

If you have not opted-out, we may disclose some or all of the information that we collect, as described above, as follows:

- HCA may release your information to your creditors or lenders where we have determined that it would be helpful to you or would aid us in counseling you.
- HCA may use anonymous aggregated case file information and statistics to evaluate our services, gather valuable research information and design future programs.
- HCA will only provide the information that we believe is necessary to assist you in an intervention or other services you request us to provide.
- HCA does not sell, rent or lease any personal identifying information you provide to us.
- HCA may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
- HCA will maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
- Within the organization, HCA will restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. HCA maintains physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature

Date

Signature

Date



AUTHORIZATION

BY SIGNING THIS FORM, I ACKNOWLEDGE AND AUTHORIZE THE FOLLOWING:

- I acknowledge that I have received, read, understood, and agree to the terms of HCA's Privacy Statement;
- I hereby authorize HCA and its employees and volunteers to collect personal information relevant to provide financial guidance or counseling services, which will include obtaining or providing a recent copy of my personal credit report from all three (3) bureaus;
- I further authorize HCA and its employees and volunteers to disclose relevant personal information for the purposes of communicating to other assistance agencies and/or organizations on my behalf.
- I acknowledge HCA's Kahua Waiwai Financial Trainers have been certified by HCA to deliver its financial and housing curricula and consist of employees or volunteers who may not be certified by any additional entity and, therefore, I should always consult a licensed financial professional for advice prior to making any important financial decisions;
- I release HCA and its employees and volunteers from any liability associated with the information or counseling services provided;
- I understand that HCA provides foreclosure mitigation information and guidance after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate;
- I understand that HCA receives Congressional funds through the US Housing of Urban Development and, as such, is required to share some of my personal information with them, their administrators or their agents for purposes of program monitoring, compliance and evaluation;

I hereby agree to hold HCA, its employees and volunteers harmless from any claim, suit, action, or demand made by any creditors, agencies, companies or organizations to which HCA may refer, or any other entity or person which in any manner may arise from any action or inaction taken by any entity or person, in connection with any services rendered by HCA and its employees, volunteers and/or agents.

HCA may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that may treat such copy as an original.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms.

Signature

Date

Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

To _____

Loan Number _____

Property Address _____

Borrower Name and
Last Four Digits of Social Security Number _____

Co-Borrower Name
and Last Four Digits of Social Security Number _____

Borrower's Contact
Number(s) _____

I authorize you to provide to **Hawaiian Community Assets and its Agents** information in regards to my mortgage loan and/or other personal financial information. Specific agents may include, but are not limited to, the following: **Jeff Gilbreath, Kahaunani Mahoe-Thoene, Kelly Lincoln, Anthony Savvis, Kaleio Caminos, Rose Transfiguracion, Vicki Paresa, Mahealani Meheula, Roxanne Hanawahine, Rona Kahoonei, Lahela Williams.**

I 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 also understand that financial records involving my loan and loan application 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.

The information HCA obtains is only to be used in the processing of my request for assistance. *The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents, may be also offered by other providers. You are under no obligation to accept any service. We make no Promises of any kind and cannot guarantee that we will be able to get you rental housing, mortgage or other loan, loan modification or refinance, or help you keep your home.*

A copy of this authorization may be accepted as an original.

Signature

Date

Signature

Date



HUD HOUSING COUNSELING DISCLOSURE STATEMENT

Hawaiian Community Assets (HCA), a HUD Certified Housing Counseling Affiliate, provides Counseling in the areas of:

1. Homeless Prevention
2. Renter
3. Pre-purchase
4. Post-purchase
5. Foreclosure Prevention
6. Financial Management

HCA is a statewide service provider with three offices located on the islands of Hawaii, Kauai, and Oahu. HCA receives grant or fee-for-service funding from government sources such as the Department of Housing and Urban Development through Rural Community Assistance Corporation (RCAC), Rural LISC, Office of Hawaiian Affairs, State Department of Hawaiian Home Lands, City and County of Honolulu, County of Hawaii, County of Kauai, the Hawaii State Foreclosure Assistance program, and the Corporation for National and Community Service through AmeriCorps VISTA. HCA also receives grant and fee-for-service funding from private entities including the National Coalition for Asian Pacific American Community Development, First Nations/Oweesta, Helping Hands Hawaii, Queen Liliuokalani Children's Center and other various entities.

HCA has working relationships with partner agencies such as the Hawaii Homeownership Center, Consumer Credit Counseling Services of Hawaii, Hale Mahaolu, Legal Aid Society of Hawaii, and the State Department of Hawaiian Home Lands but receives no money from these agencies. As a client of HCA you are under **no obligation** to receive any services or participate in any activities offered by HCA, the above listed partners and agencies or any other business, agency or partner.

If you decide you do not want any services from HCA, or believe you require other programs or products, you may also contact any of the above listed agencies or:

1. The Homeownership Preservation Foundation – (888) 995-HOPE (4673)
2. The Department of Housing and Urban Development – (808) 522-8175
3. The Federal Housing Administration – (800) 225-5342

Signature

Date

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:

1. As the client's landlord;
2. As the client's real estate agent or broker;
3. As the client's creditor;
4. As the client's mortgage broker;
5. Loan originator; having a financial interest in, servicing, or underwriting a mortgage on the client's property;
6. Owning or purchasing a property that the client seeks to rent or purchase;
7. 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:

1. Landlords;
2. Real estate agents or brokers;
3. Creditors;
4. Mortgage brokers;
5. Loan originators;
6. Property owners—seeking to sell or rent clients;
7. 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.

Signature

Date

Signature

Date



FORECLOSURE PREVENTION COUNSELING AGREEMENT

1. I understand that Hawaiian Community Assets provides foreclosure prevention counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Hawaiian Community Assets receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and in the future for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Hawaiian Community Assets Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Hawaiian Community Assets provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Hawaiian Community Assets in no way obligates me to choose any of these particular loan products or housing programs.

Signature

Date

Signature

Date