



1050 Queen Street, Suite 201  
 Honolulu, HI 96814  
 Ph: 808.587.7886 Fax: 808.587.7899  
 Toll Free: 1.866.400.1116

### Personal Intake Form

General Information	Client	Co-Client
Name		
Social Security #		
Date of Birth		
Home Phone Number		
Cell Number		
Email Address		
<b>Present Address:</b>		
Street		
City, State & Zip		
Length of Occupancy	Housing Payment \$	Housing Payment \$
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
<b>Landlord Information</b>		
Name:		
Phone:		
Address:		
<b>if less than 2 years at present address please list previous address</b>		
<b>Previous Address:</b>		
Street		
City, State & Zip		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Housing Payment:		
<b>Demographics</b>		
	<b>Client</b>	<b>Co-Client</b>
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<b>Check All That Apply</b>	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Race</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
<b>Number of Dependents</b>	Ages:	Ages:



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<b>Citizenship</b>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident
<b>Highest Education Level</b>	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree
<b>Circle All That Apply</b>	Victim of discrimination    Yes    No Disabled                            Yes    No	Victim of discrimination    Yes    No Disabled                            Yes    No
<b>Employment Information</b>	<b>Client</b>	<b>Co-Client</b>
Current Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date		
<b>If employed at current job less than 2 years please list previous employment</b>		
Previous Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date	End Date:	End Date:
<b>Additional Monthly Sources of Income</b>	Bonuses/Commissions    \$	Bonuses/Commissions    \$
	Retirement/ Pension    \$	Retirement/ Pension    \$
	Alimony/Child Support    \$	Alimony/Child Support    \$
	Social Security            \$	Social Security            \$
	Disability                    \$	Disability                    \$
	Unemployment            \$	Unemployment            \$
<b>Assets</b>	<b>Name of Institution            Amount</b>	<b>Name of Institution            Amount</b>
Checking	\$	\$
Savings	\$	\$
Stocks/Bonds	\$	\$
Retirement Account	\$	\$
Certificate of Deposit	\$	\$
Auto	\$	\$
Home	\$	\$



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<u>Liabilities</u>		<u>Client</u>		<u>Co-Client</u>		
	<u>Creditor</u>	<u>Balance</u>	<u>Creditor</u>	<u>Balance</u>		
Auto Loan		\$		\$		
Auto Loan #		\$		\$		
Personal/Other Loan		\$		\$		
Credit Card		\$		\$		
Credit Card #2		\$		\$		
Other		\$		\$		
<u>Public Assistance</u>		<u>Years Received</u>	<u>Amount</u>	<u>Years Received</u>	<u>Amount</u>	
Food Stamps			\$		\$	
Section 8			\$		\$	
Cash Assistance			\$		\$	
			Total:	Total:		
<u>Declarations</u>			<u>Client</u>		<u>Co-Client</u>	
Have you ever filed for bankruptcy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any outstanding taxes, judgments, liens?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a co-signer for a loan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you owned real estate in the last 3 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><u>Authorization:</u> 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><u>Photo/Video Release:</u> 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><u>Case Management:</u> 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 homeownership.</p> <p><u>No Obligation:</u> The counseling services, and other forms of assistance that may be offered by Hawaiian Community Assets, 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>						
<u>Signatures</u>						
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			
<u>HCA Use Only</u>						
Identification Verified	Type:	Exp.	Type:	Exp.		
DHHL Lesees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?		



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### 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 financial service providers consist of employees or volunteers who are not licensed or certified by any governing body 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:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_



## Demographic Survey

Name (client and co-client):	
Address:	
Phone Number:	e-mail address:

<b>Ethnicity:</b>	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non- Hispanic
<b>Race of Client:</b>	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> American Indian or Alaska Native and White
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Black or African and White	<input type="checkbox"/> Other multiple race
	<input type="checkbox"/> I prefer not to provide this information

<b>Number of Household Members:</b>	
<b>Annual income:</b>	
<b>AMI:</b>	
<b>Referred by:</b>	
<b>First time homebuyer</b>	<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. 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



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### HUD HOUSING COUNSELING DISCLOSURE STATEMENT

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

1. Mortgage Delinquency and Default Resolution
2. Foreclosure Prevention
3. Pre-purchase
4. Homeless

HCA is a statewide service provider with four offices located on the islands of Hawaii, Kauai, Oahu, and Maui. Hawaiian Community Assets receives grant funding from government sources such as The Department of Housing and Urban Development through Rural Community Assistance Corporation (RCAC), and Kauai County Housing. HCA also receives funding from the Hawaii Housing Finance and Development Corporation, The National Coalition for Asian Pacific American Community Development, The Hawaii State Department of Hawaiian Home Lands, The Office of Hawaiian Affairs, The Administration for Native Americans, and The Council for Native Hawaiian Advancement.

HCA has working relationships with partner agencies such as the Hawaii Homeownership Center, Consumer Credit Counseling Services of Hawaii, Hale Mahaolu, and Legal Aid Society of Hawaii 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 Hawaiian Community Assets, 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 \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Print Name \_\_\_\_\_



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### You may Opt-out of disclosures

You have to 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.

\*If you choose to “opt-out”, 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 866-400-1116 and we will make the change.

**I choose to “Opt Out”**

*How We Use the Information We Collect from 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.
- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors where we have determined that it would be helpful to you or would aid us in counseling you.
- 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PRIVACY POLICY

Hawaiian Community Assets is committed to assuring the privacy of individuals and/or 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.
2. If you choose to “opt-out”, 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 (phone number) and do so.

### Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_