



A Hui Hou Fund Application for Assistance - Required Documents Checklist

Name: _____

- Copy of Driver's License or other Government issued ID
- Completed Application for Assistance
- Completed Monthly Budget
- Copy of household income (paystubs, unemployment, TANF, etc)

Rental / Safety Deposit Assistance

- Copy of Lease Agreement
- Security Deposit (only)**
Landlord Verification Form (to be completed by Landlord)
- Rent (only)**
Rent and Mortgage Verification Form (to be complete by Landlord)
- Copy of Section 8 form

Mortgage Assistance

- Copy of Mortgage Bill
- Rent and Mortgage Verification Form (to be completed by Mortgage Lender)

Utility Assistance

- Copy of Utility Bill
- Completed Consent for Release Form

Education Assistance

- Copy of Invoice
- Proof of Enrollment
- Scholarship Information

Notes:

I have reviewed the checklist above and acknowledge the items checked off on this list are included in my completed A Hui Hou Fund- Application for Assistance:

Applicant Signature: _____

Applicant Print Name: _____

Date: _____

Received by (MUW): _____

A Hui Hou -Financial Assistance Budget

(Current) Monthly Household Income

Applicant Income	
Applicant Spouse Income	
Child Support	
Unemployment	
Food Stamps (SNAP)	
Welfare	
Other Income	
Total Income	

Monthly Living Expenses

<i>Household Expenses</i>	
Rent	
Maintenance Fee	
Second Mortgage	
Renter/Home Owner Insurance	
Child Care	
Tax Installments (Not deducted)	
Child Support	
Electricity/Gas	
Water/Sewer/Garbage	
Telephone/Cell Phone/Pager	
Cable TV/Internet Service	
Total Household Expenses	

<i>Flexible Expenses</i>	
Groceries	
Meals Out	
School Lunches	
Work Lunches	
Clothing	
Dry Cleaning/Laundry	
Gasoline	
Bus Fare/Ride Share/Parking	
Diapers/Formula/Baby Supplies	
School/Tuition/Supplies/Fld Trips	
Allowances	
Barber/Beauty Shop	
Books/Newspapers/Magazines	
Movies/Sporting Events/Entertain.	
Gifts/Parties/Holidays	
Cigarettes/Alcohol	

Hobbies/Club Dues	
Medical	
Dental/Optical	
Drugs/Medication	
Church/Charities/Donations	
Bank Service Charges/ATM Charge	
Postage	
Pet Care	
Home Maintenance (Lawn/etc)	
Vacations/Travel	
Storage	
Other	
Total Flexible Expenses	

<i>Periodic Expenses</i>	
Property Tax	
Life Insurance	
Health & Accident Insurance	
Auto Insurance	
Auto Tags/Periodic Inspections	
Car Maintenance/Oil/Lube/Tires/etc	
Total Periodic Expenses	

<i>Monthly Liabilities</i>	
Car Payment	
Mortgage	
Credit Card Payments	
Secured/Student Loans	
Total Liabilities	

Current Assets

<i>Assets</i>	
Severance Package	
Checking Account	
Savings Account	
Retirement	
Investment	
Real Estate Value	
Other	
Total Assets	



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I. Authorization for Maui United Way to release information to another agency or entity:

I/we, authorize Maui United Way (MUW) and its employees to release confidential information regarding _____ (Print Name of Client) to _____ (Print Name of Person/Agency) _____ (Print Agency Address)

II. Authorization for other agency or person to release information to MUW

I/we authorize _____ (Print Name of Person/Agency) and its employees to release confidential information regarding _____ (Print Name of Client) to MUW.

III. Specific Information to be disclosed:

IV. Purpose(s) of the Disclosure:

Information to be disclosed is for: ___ All Dates of Services; **OR** ___ Dates of Service from ___ to ___

I understand that MUW needs this authorization to make the disclosure requested above. I understand that signing this authorization form is voluntary but may be necessary for me to be referred to other programs outside of MUW. I understand that if I refuse to sign this authorization, MUW will not disclose the information requested.

I understand that if MUW is releasing the above information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be kept confidential.

I understand that I may cancel this authorization at any time by notifying MUW in writing. I understand that the cancellation will not apply to any information that was already requested. If not cancelled earlier, the authorization will end one (1) year from the date of my signature or 90 days from the date of authorization for a one-time release of information. I will be given a copy of this signed form.

Client/Personal Representative Signature: _____ Effective Date: _____

Print Name: _____ Relationship to Client (if not signed by Client): _____

MUW staff/Witnessed by: _____ Date: _____



**Landlord / Mortgage Lender Verification of Client Need
for Financial Assistance and Guarantee for Minimum of
30 days Continued Stay**

PAST DUE RENT / MORTGAGE

(To be completed by the Landlord/Mortgage Lender)

Date: _____

This is to confirm that _____ is or will be behind on his/her rent/mortgage at a rate of \$ _____ /month. Actual amount due is \$ _____. Payment is for the residence at _____ (unit/house address).

Payment is due on _____.

Does client have Section 8? Yes No If yes, client's portion of the rent is _____.

By accepting any funds from Maui United Way, the owner/landlord will provide Maui United Way with: a copy of legal, written, and signed rental agreement between the owner/landlord and client; any notice to vacate the housing unit that was provided to the client, or any complaint used to under state or local law to commence an eviction action against the client.

By accepting any funds by Maui United Way, the rent has been determined by Maui United Way to not exceed the Fair Market Rent established by HUD, as provided under 24 CFR part 888, and complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507, as applicable to program client participates in.

By accepting any funds from Maui United Way, the client will be guaranteed a minimum of 30 additional days of stay at the above residence, as applicable to program client participates in.

Landlord Name / Mortgage Lender (please print) _____

Landlord's / Mortgage Lender's General Excise Tax License Number _____

TMK Number _____

Landlord's / Mortgage Lender's Federal ID Number _____

Landlord's / Mortgage Lender's Signature _____ Date: _____

Address: _____ Phone: _____

Note to the Landlord/Mortgage Lender: Completing this form does not guarantee that the client will receive Financial Assistance from Maui United Way. Client's application will be reviewed for eligibility and if approved, monies distributed will be dependent on available funds and guidelines set by the various funding sources.



**Landlord Verification
of Client Need for Financial Assistance and
Guarantee for Minimum of 30 days Service**

Security Deposit

(To be completed by the Landlord)

Date: _____

This is to confirm that _____ has/have arranged to rent an apartment/house from me at _____ (unit/house address), effective _____ (date). The amount one month's rent is \$ _____ /month. The pro-rated first month's rent is \$_____. The security deposit is \$_____ and payment is due on_____.

Does client have Section 8? Yes No If yes, client's portion of the rent is _____.

By accepting any funds from Maui United Way, the client will be guaranteed a minimum of 30 additional days of stay at the above residence.

Landlord Name (please print) _____

Landlord's General Excise Tax License Number _____

TMK Number _____

Landlord's Federal ID Number _____

Landlord's Signature _____ Date: _____

Address: _____ Phone: _____

Note to the Landlord/Mortgage Lender: Completing this form does not guarantee that the client will receive Financial Assistance from Maui United Way. Client's application will be reviewed for eligibility and if approved, monies distributed will be dependent on available funds and guidelines set by the various funding sources.



**CONSENT FOR RELEASE OF BILLING INFORMATION
FOR MAUI ELECTRIC COMPANY, LIMITED**

(Please fill this form out completely to insure your request can be processed)

I, _____, hereby give consent to Maui Electric Company,
(MECO Account Holder)

Limited to release information to _____
(Name of Agency Requesting Information)

regarding my residential electric energy usage. Information may include usage per

month(s), monthly bill amount(s), and average cost per kWh. This consent will be good

from _____ to _____ and will cover the data period
(Start date) (Stop date)

beginning on or around _____ to _____.
(Start date) (Stop date)

Account Information

Electric Account Number: _____

Service Address: _____

Contact number you may be reached at to acknowledge Maui Electric Company,

Limited has received this form: _____

PRINT NAME

SIGNATURE

DATE