



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 and financial goals (for Native Hawaiians only)
- 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 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:

Oahu (Including Maui, Molokai, Lanai) 200 North Vineyard Blvd, #B140 Honolulu, HI 96817 (P) 808.587.7886	
Hawaii Island 1315 Kalanianaʻole Ave. 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 www.HawaiianCommunity.net	

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: _____

- | Currently, do you: | Yes | No | Unsure |
|--|-----------------------|-----------------------|-----------------------|
| 1. Have a job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, do you have your paychecks direct deposited? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Want to start a business? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Need help obtaining rental housing or preventing rental eviction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Want to learn how to become a homebuyer? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Live on Hawaiian Home Lands and are facing lease cancellation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Discuss money management with your family, significant other,
friends, and/or other persons? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, how often? _____ | | | |
| Are the discussions positive or negative? _____ | | | |
| 7. Track what you spend your money on?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have a written budget or spending plan? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Find it difficult to pay any of your monthly expenses? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Have a checking account? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Have a savings account?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, do you have money automatically deposited into your
account regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Save money (Pay-Yourself-First) every month or every paycheck?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have enough money saved to afford first month's rent and rental
and utility deposit? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Have a savings goal? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Know how much debt owe to banks, lenders, and credit
card companies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Have a plan to pay your debts? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. View your credit report to check for errors? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Use prepaid or department store cards? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Know how to build and/or improve your credit? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | In the last month, how often have you... | 3+
times | 2
times | 1
time | Never |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 21. Used a check cashing store, payday loans,
pawn shop, or rent-to-own store?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Been denied for a loan or credit card? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Been late or missed a bill payment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Received a call from a bill collector? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Deposited money into savings?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Paid existing debt?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Had your wages garnished?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Been a victim of identify theft? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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

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



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



Declarations	Client			Co-Client		
Have you been a victim of discrimination or financial scams?	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						
<p>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.</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p>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.</p> <p>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.</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 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.</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		