

# Client Intake Form



General Information	Client (DHHL Wait List Applicant, Lessee or Undivided Interest Lessee)	Co-Client (Person On The Loan With Client, Does Not Need To Be native Hawaiian)
Name:		
Mailing Address:		
Phone Number(s):	Home:                      Cell: Work:	Cell:
Email:		
DHHL Current Status:	<input type="checkbox"/> Wait List <input type="checkbox"/> Undivided Lessee <input type="checkbox"/> Lessee	
Check Project You Have Been Awarded a Lease:	<input type="checkbox"/> None <input type="checkbox"/> EK 2/Ka'uluokaha'i <input type="checkbox"/> EK1/Kanehili <input type="checkbox"/> Waimanalo (Kakaina) <input type="checkbox"/> Other _____	
Number in Household:		
Check All That Apply:	<input type="checkbox"/> US Vet <input type="checkbox"/> Section 8	<b><u>Relationship to Client:</u></b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Grandchild <input type="checkbox"/> none
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age & Birth Date:		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Active Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Time Homebuyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Information:	Name: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other Address: Phone:                      # Years:    Housing Payment:	

Employment	Client	Co-Client
Current Employer/ Address: <i>If none, state situation (Retired, Self Employed, Laid Off, Unemployed, etc.)</i>	Phone: _____	Phone: _____
	Start Date: _____	Start Date: _____
	End Date: _____	End Date: _____
	Self-Employed: _____	Self-Employed: _____
	Years in Profession: _____	Years in Profession: _____
	Business Type: _____	Business Type: _____
	Title: _____	Title: _____
Gross Monthly Income: <i>(Pay before taxes)</i>	Pay Rate: \$ _____ /Per Hour Hours worked/week: _____ <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	Pay Rate: \$ _____ /Per Hour Hours worked/week: _____ <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
	Monthly Gross Income: \$ _____	Monthly Gross Income: \$ _____
Additional Income:	Alimony \$ _____	Alimony \$ _____
	Bonuses \$ _____	Bonuses \$ _____
	Child Support \$ _____	Child Support \$ _____
	Commission \$ _____	Commission \$ _____
	Disability/SSI \$ _____	Disability/SSI \$ _____
	Retirement/SSI \$ _____	Retirement/SSI \$ _____
	Unemployment \$ _____	Unemployment \$ _____
	Welfare \$ _____	Welfare \$ _____

**HOUSEHOLD MEMBERS** (List all household members include yourself and co-client-continue on last page if necessary) **Submit COPIES of all required documents for each household member 18 years and older. This information will be used to determine your eligibility for NAHASDA. Refer to Required Document Checklist.**

Name (First and Last)	Relationship to Client	Date of Birth/Age	Monthly Income	Employer or Source of Income*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Total Monthly Income:**

**Total Annual Income:**

**Total Household Members:**

\*Sources of income include, but not limited to, wages, retirement, social security, alimony, child support, public assistance, unemployment, disability, interest, dividends, capital gains etc.

**Liabilities (Mortgage, Credit Cards, Personal, Auto, Student Loans, Etc)**

Name of Creditor	Type of Account	Monthly Payment	Balance	Name on Account
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Assets**

What You Own	Location of Property/Institution	Name on Account	Market Value
Checking			\$
Savings			\$
Stocks/Bonds			\$
Retirement			\$
Auto			\$
Home			

Declarations	Client	Co-Client
Have you ever filed bankruptcy? If yes, what type and what year?		
Do you owe any outstanding taxes, judgments, liens?		
Are you obligated to pay alimony, child support or separate maintenance?		
Are you currently a co-signer for a loan?		
Have you owned real estate in the last 3 years?		
Have you had a foreclosure or short sale? Month & Year		
Additional Information		
Do you have debt or credit issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any repossession? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your payments been made on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any collection accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any Public Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps	\$	\$
Cash Assistance	\$	\$

**Disclaimer & No Obligation:** I/We understand that the role of Helen N. Wai, LLC (HNW) and its employees is to provide support, education, and resources to help me reach my goal, as well as encouragement and respect for my efforts to become a homeowner. HNW goal is to meet the needs of all clients whenever possible. However, I understand that HNW does not guarantee that I will be able to secure a mortgage, participate in any assistance programs, or purchase a home. This information does not constitute an application for mortgage financing or mortgage insurance. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by HNW its subsidiaries, affiliates, directors, officers, employees or agents may also be offered by other providers and that you are under **no obligation** to accept affiliate services.

**Commitment:** I/We understand the HNW counseling services are designed to help families budget and manage money more effectively in order to meet housing obligations. I understand that I will be required to enter into a Client Work Plan which represents my commitment to work toward achieving my housing goals. I will attend counseling session with my counselor to monitor progress and modify the plan as needed. I understand that this program is available to those families who are willing to make a commitment to control spending, reduce debt, and meet other housing obligations. My participation is on a volunteer basis and I do release HNW of any liability associated with the information and services provided. I/We further agree to notify HNW ***two days in advance*** of cancellation. If I/ we do not keep an appointment with HNW, ***we agree to pay a \$40.00 cancellation fee.***

**Authorization:**

I/We further authorize HELEN N. WAI, LLC, to transmit information about me/us to the Department of Hawaiian Home Lands, HALE Program for statistical reporting and to other HALE service providers for additional assistance to me/us.

**Photo/Video Release:** I/We hereby give my permission for images captured during the classes through video or photo to be used solely for the purpose of promotional material and publication and waive any rights of compensation or ownership thereto.

**Privacy Policy:** I/We have received a copy of Privacy Policy.

**Additional Information:**

**Client/Co-Client Certification:** I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and /or criminal liability under the provision of Title 18, United States Code, and Section 1001.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
Date

**HNW Use Only**

Received By:		Date:	
ID Verified:	Type:	Type:	
	Expired:	Expired:	



Department of Hawaiian Home  
Lands

91-5420 Kapolei Parkway  
Kapolei, HI 96707

**HALE Credit Authorization**

I/We have applied for a financial assessment. As part of the financial assessment process, HELEN N. WAI, LLC, may verify information contained in our financial assessment application and in any other documents required in connection with the financial assessment.

I/We authorize HELEN N. WAI, LLC, to re-verify any and all information and documentation contained in the application at anytime. Such information includes, and is not limited to, verification of employment, income, bank accounts, investment accounts, credit history, and copies of state and federal income tax returns. I/We further authorize HELEN N. WAI, LLC, to transmit information about me/us to the Department of Hawaiian Home Lands, HALE Program for statistical reporting and to other HALE service providers for additional assistance to me/us.

A photocopy of this signed authorization form maybe deemed to be equivalent of the original and shall be as effective as the original which I/we have signed. This authorization form expires twelve (12) months from the date signed.

XXX-XX-

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Applicant Name**

XXX-XX-

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Co-Applicant Name**

## Mandatory Document Checklist

It is **REQUIRED** by DHHL that you submit **COPIES** of the following documents listed below (for each household member **18 years or older**). This information will be used to assist DHHL with federal reporting requirements and to determine your NAHASDA\* eligibility. The other documents will be used to conduct a financial assessment of your homebuyer readiness. You may submit these documents at the Homebuyer Education Workshop. If you live on the neighbor island or the Continental United States you may mail these documents to the following address: Helen N. Wai, LLC P.O. Box 2524 Nanakuli, HI 96792. It is recommended that you mail these documents certified and request that it has a return receipt. Documents will not be returned please provide only **COPIES**.

- \*PAYSTUBS** Two months of most recent pay stubs
- \*EVIDENCE OF OTHER INCOME** As applicable: Most recent social security benefit letter, retirement statement, financial assistance statement, unemployment benefit statement, disability statement, and documentation verifying non-employment status (may require affidavit and/or verification of employment)
- \*FEDERAL TAX RETURNS** A signed and dated copy of the recent two years of Federal tax returns, including all forms, schedules, W-2 forms and 1099
- \*DIVORCE DECREE**, as applicable to document alimony or child support.
- BUDGET** Provide your monthly budget
- CREDIT REPORT** From Annual Credit Report either by internet at [www.annualcreditreport.com](http://www.annualcreditreport.com), phone at 877-322-8228 or mail at Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281. You'll need to provide a copy from all three credit bureaus: EQUIFAX, EXPERIAN & TRANSUNION.

\*The Native American Housing Assistance and Self-Determination Act (NAHASDA) was passed in 1996 and transformed the way American Indians and Alaska Natives provided affordable housing on rural Indian reservations and Alaska Native villages. In 2000, Congress amended NAHASDA by adding Title VIII, which provides similar funding for native Hawaiian families whose total household income is at or below 80 percent of the established area median income levels for their respective counties, and who are eligible to reside on Hawaiian Home Lands. The Department of Hawaiian Home Lands (DHHL) is the designated recipient for the Native Hawaiian Housing Block Grant (NHHBG). These funds benefited numerous families through infrastructure development, subsidies (down payment assistance and matched savings programs), direct loans, self-help home construction programs, and home rehabilitation.



## **Privacy Policy**

Helen N. Wai, LLC 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 and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purposes 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

Information we receive from a credit-reporting agency, such as your credit history

### **You may opt out of certain disclosures:**

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”**

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 808-479-2330 and do so.

### **Release of your information to third parties**

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 if 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.

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).

Within the organization, we restrict access to nonpublic personal information about you to the employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations in order to guard your nonpublic personal information.

*Please keep this copy for your records*