

Aloha Lessee,

As a third generation homestead lessee, who grew up on Hawaiian Home Lands in Nanakuli and a current homeowner. I understand the challenges that many of our families are facing with the recent tough economic times. Working as a consultant for the past fifteen years I am well versed in financial literacy, home buyer education, post purchase, lease cancellation and foreclosure prevention. You may visit my website at www.helenwai.com and read about the work that I have done with the beneficiaries of the Hawaiian Homes Commission act of 1920.

I've been contracted by the Department of Hawaiian Home Lands to provide lease cancellation and foreclosure prevention counseling. This requires you to contact me to set up a time to meet and go over your finances and create an action plan. In order to do this, I will need you to fill out the attached forms and provide copies of the following documents. I only ask for the information that is necessary. Still, it's a lot and much of it is private information. Please know that I'm required to keep all information confidential.

Our first appointment will last an hour and a half. I'm able to meet with you in your home or a mutual location. I ask that you please arrive on time. Many other families are in the same position as you and the demand for my services is high. I often have appointments back-to-back. If you arrive late, the appointment will end at the scheduled time. If you need to reschedule an appointment, please provide a 48-hour notice.

Here are the items that you NEED to complete, sign and date:

- Forms
 - Intake Form
 - Privacy Policy
 - Authorization to Release Information
 - Homeowner Information
 - Lease Cancellation and Foreclosure Prevention & Hold Harmless Agreement
 - Authorization Form
 - Budget

- Financial Documents
 - Income documentation (1 month of pay stubs, award letter, etc)
 - Last two months of all bank statements
 - Most recent utility bills, loans and credit cards
 - Last Federal tax return, W2 and all schedules

Mail this completed packet to Helen N. Wai, LLC P.O. Box 2524 Nanakuli, HI 96792. If you have any questions you can reach me at (808)479-2330. You have taken the first step to resolving your situation. I look forward to working with you.

Mahalo,



Client Intake Form



General Information	Client	Co-Client
Name:		
Mailing Address:		
Phone Number(s):	Home:	Home:
	Cell:	Cell:
	Work:	Work:
Email:		
Number in Household:		
Check all that apply:	<input type="checkbox"/> US Vet	<u>Relationship to Client:</u> <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:		
Education:	<input type="checkbox"/> College <input type="checkbox"/> None <input type="checkbox"/> Graduate School <input type="checkbox"/> Other <input type="checkbox"/> High School/GED <input type="checkbox"/> Primary <input type="checkbox"/> Junior College <input type="checkbox"/> Unknown <input type="checkbox"/> Junior High <input type="checkbox"/> Vocational	<input type="checkbox"/> College <input type="checkbox"/> None <input type="checkbox"/> Graduate School <input type="checkbox"/> Other <input type="checkbox"/> High School/GED <input type="checkbox"/> Primary <input type="checkbox"/> Junior College <input type="checkbox"/> Unknown <input type="checkbox"/> Junior High <input type="checkbox"/> Vocational
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	
Employment	Client	Co-Client
Current Employer/ Address & Phone:		

	Start Date: _____ End Date: _____ Self-Employed: _____ Years in profession: _____ Self employed: _____ Business type: _____ Title: _____	Start Date: _____ End Date: _____ Self-Employed: _____ Years in profession: _____ Self employed: _____ Business type: _____ Title: _____
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Gross Monthly Income: <i>(Pay before taxes)</i>	<input type="checkbox"/> Hourly Hours worked/week: _____ Pay Rate: \$ _____ /HR	<input type="checkbox"/> Hourly Hours worked/week: _____ Pay Rate: \$ _____ /HR
	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
	Amount: \$ _____	Amount: \$ _____

Past Employer/ Address & Phone: <i>(If employed at current job less than 2 years list previous employment)</i>	Start Date: _____	Start Date: _____
	End Date: _____	End Date: _____
	Self-Employed: _____	Self-Employed: _____
	Years in profession: _____	Years in profession: _____
	Self employed: _____	Self employed: _____
	Business type: _____	Business type: _____
	Title: _____	Title: _____
	Total monthly income: _____	Total monthly 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)

Name	Age	Full time Student Y/N	Disabled	Monthly Income (s)	Source of Income (Employer name, social security, alimony, child support etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Total Monthly Income:	
Total Annual Income:	
Total Household Members:	

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

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

Assets

What You Own	Location of Property/Institution	Account #	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 any pay day loan? Is yes, how much?	<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
Does anyone in the home help to pay for the bills? Is yes, whom and how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your utilities current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any food stamps or cash assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer & No Obligation: I 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.

Authorization: I/We acknowledge that I/we have read, understood, and agree to the terms of HNW privacy statement. I/we authorize HNW and its staff to speak with the Department of Hawaiian Homes Lands in regards to my mortgage account and collect personal information relevant to provide financial guidance. The information obtained on my credit report will be held confidentially. We further authorize HNW to transmit information about me to Department of Hawaiian Home Lands (DHHL) HALE Program for statistical reporting purposes and mortgage readiness. I/We authorize HNW to re-verify any and all information and documentation contained in the application at any time. Such information includes, and is not limited to, verification of employment, income, bank accounts, investment accounts, credit history, and copies of income tax returns. A photocopy of this signed authorization may be deemed to be the equivalent of the original and shall be as effective as the original, which we have signed.

Commitment: I 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.***

Case Management: Case management services may include financial assessments, service planning, and assistance with filling out an application for qualification for a mortgage, community resources, other supportive counseling. I consent to allow HNW to receive, exchange, or obtain information on my behalf for the purpose assisting with homeownership.

Photo/Video Release: I 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.

Client/Co-Client Certification: I/We understand that any intentional or negligent representation(s) of the information contained on this for 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

Date

		HNW Use Only	
Received by:		Date:	
ID Verified:	Type:	Exp:	Type: Exp:



HOMEOWNER INFORMATION

What caused your situation?	
Have you worked with a housing counseling agency before? If yes, who and when?	
Are you the original Lessee or Successor?	
Did you go before the Hawaiian Homes Commission? If yes, when?	
Do you have any assets or cash that you can use to towards the delinquency on your mortgage?	

Property Information

Any outstanding balance on your Homeowners association dues? Monthly Amount: \$ _____ Amount Delinquent \$ _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any outstanding balance on your property taxes? Annual Taxes: \$ _____ Amount Delinquent \$ _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is your Homeowners insurance current? (please provide copy) Annual Amount: \$ _____ Amount Delinquent \$ _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has home been refinanced? How many times? _____ Date of last refinance _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Any other concerns or comments:

All of the information that I/we provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with the necessary information or documents to assist us in a timely manner will result in a closing of our file.

Client Signature

Date

Co-Client

Date



LEASE CANCELLATION AND FORECLOSURE PREVENTION AGREEMENT

I understand that Helen N. Wai, LLC (HNW) has been contracted by the Department of Hawaiian Home Lands (DHHL) to assist lessees in, or near, a situation of lease cancellation or mortgage foreclosure on Hawaiian Home Lands. HNW shall provide services to financially assess and prepare lessees for the contested case hearing process. In addition, offer services as required by the Decision and Order of the Hawaiian Homes Commission and assist lessees as needed to prepare and appear before the Hawaiian Homes Commission (HHC) at adverse hearings. The information gathered will be shared with DHHL, the Hawaiian Home Commission and Commission Chairperson.

HNW will provide an initial counseling session of ninety (90) minutes, complete a financial assessment and budget and implement a twelve (12) month action plan signed by the lessee and HNW. HNW will contact the lessee for three (3) consecutive months after the initial counseling session as a reminder for the client to meet payment commitments, and an additional contact with lessee on the 6th and twelve 12th month for a total of five (5) contacts in a twelve (12) month period. HNW will communicate with me via email, telephone, and/or U.S. postal mail. HNW will be respectful, professional, and honest and keep all information confidential.

I/We understand that I/We are required to provide honest and complete information to HNW, whether verbally or in writing. Provide all necessary documentation and follow-up information within the time frame requested. Be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time. Call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment and contact HNW about any changes in our situation immediately. I/We acknowledge that I/We have received a copy of the HNW privacy policy.

I/We understand HNW will close my case file after three attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file. I/We understand I am not obligated to utilize any of the services offered to me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.

HNW may answer my questions and provide information, but will not give legal advice. If I want legal advice, the recommendation is that I seek legal assistance from the appropriate entities. I/We understand the HNW will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

I/We understand that Helen N. Wai is a licensed Realtor in the State of Hawaii however she will not be providing me any services as a realtor nor make referrals to specific agencies.

HOLD HARMLESS AGREEMENT

I give Helen N. Wai, LLC permission to review my financial documents, conduct financial assessments, and use my name in any current and future publications or reporting. Furthermore, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against HNW.

Client Signature

Date

Co-Client Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

To _____

Account Number _____

Name of Customer _____

Customer's Contact Number _____

Name of Co-Customer _____

I and/or we authorize you to provide **Helen N. Wai, LLC and its Agent's** all information concerning my or our employment, checking and/or savings accounts, credit obligations, and all other credit matters which they may require in connection to HNW providing housing counseling services. Specific agents may include, but not limited to, the following: **Helen N. Wai, Jerrean Kaikaina, Chastity Cox, David Kawika Nahoopii, Jan Makepa and Monique Ocampo.**

I and/or we also authorize the release of the information listed above by the credit bureau, employer, financial institution, government agencies, past and present landlord and all other grantors of credit as listed on my or our application for housing counseling services.

I understand that under the Right to Financial Privacy Act of 1978, 12 U. S. C. 3401, et seq., Helen N. Wai, LLC (HNW) 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 HNW without further notice or authorization and may be disclosed or released by HNW 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 HNW obtains is only to be used in the process of my request for assistance. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Helen N. Wai, LLC, its subsidiaries, affiliates, directors, officers, employees or against, 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 a mortgage.

This authorization expired four (4) years from the date I/we signed below.

A copy of this authorization may be accepted as an original

Customer Signature

Date

Co-Customer Signature

Date



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.

Applicant Signature

Social Security #

Date

Print Applicant Name

Co-Applicant Signature

Social Security #

Date

Print Co-Applicant Name



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