



The Institute for Human Services
Ending the Cycle of Homelessness



KAHAUIKI
V I L L A G E

Date Received (for KV staff only): _____

Caseworker Name: _____

Contact Number: _____

Referring Organization: _____

Please fax referrals to 808-425-5168 attention to Kahauiki Village IHS Staff.

GENERAL APPLICATION

Adult Information:

1. Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone Number: _____ Secondary Number: _____

• Female • Male • Other: _____ Requires ADA unit: • Yes • No

2. Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone Number: _____ Secondary Number: _____

• Female • Male • Other: _____ Requires ADA unit: • Yes • No

3. Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone Number: _____ Secondary Number: _____

• Female • Male • Other: _____ Requires ADA unit: • Yes • No

Adult Income Declaration: *Please do not include supplemental income (i.e. SNAP, Welfare)

Adult 1) Employer: _____ Monthly Gross Income (FT/PT): _____

Supervisor Phone Number(_____) _____ Length of Employment: _____ OK To contact? • Yes • No

Adult 2) Employer: _____ Monthly Gross Income (FT/PT): _____

Supervisor Phone Number(_____) _____ Length of Employment: _____ OK To contact? • Yes • No

Adult 3) Employer: _____ Monthly Gross Income (FT/PT): _____

Supervisor Phone Number(_____) _____ Length of Employment: _____ OK To contact? • Yes • No

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING



Children Information:

1. Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ School: _____
• Female • Male • Other: _____ Requires ADA unit: • Yes • No
2. Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ School: _____
• Female • Male • Other: _____ Requires ADA unit: • Yes • No
3. Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ School: _____
• Female • Male • Other: _____ Requires ADA unit: • Yes • No
4. Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ School: _____
• Female • Male • Other: _____ Requires ADA unit: • Yes • No

Additional Information:

1. Current address: _____
 - a. Length of stay: _____
 - b. Landlord/housing manager name: _____
 - c. Landlord/housing manager Phone number: _____
OK to contact? • Yes • No
2. Reasons for homelessness (Check all that apply)
 - Loss of employment
 - Domestic violence
 - Physical or mental disability
 - Being evicted (please explain): _____
 - Other: _____
3. Do you have a housing voucher or are you currently on the waitlist to receive one?(Circle One) Yes No
4. Do you have childcare?(Circle One) • Yes • No
 - a. If yes, with who? _____

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING



The Institute for Human Services
Ending the Cycle of Homelessness

5. Do you own a vehicle?(Circle One) • Yes • No
- a. If yes, are you paying auto loans on the vehicle? • Yes • No
- b. How many vehicles? *KV allows for 1 vehicle per household *
- i. _____
6. Do you have pets? (Circle One) • Yes • No
- a. If yes, is it a registered service animal? *KV does not allow for non-registered service animals * • Yes • No
7. Are you a Hawaii resident?(Circle One) • Yes • No
- a. If yes, how many years have you lived in Hawaii?

8. Ethnicity (Circle all that apply)

Caucasian (white)

Alaska Native

Hispanic or Latino

Native Hawaiian

Black or African American

Asian

Other Pacific Islander (Circle one: Micronesian, Polynesian, Melanesian, Other: _____)

9. Do you currently have funds to pay for first month rent and security deposit? Yes No

10. Do you currently have the following:

- Paystubs (2+ months)
- Social Security Card
- Medical Cards
- Birth Certificate
- State I.D./ Driver's License
- Checking / Saving Account
- Covid-19 Vaccination Card

11. Does anyone in your household have any medical issues or disability?(circle one) • Yes • No

a. If yes, explain _____

12. Do you have any pending legal issues?(circle one) • Yes • No

a. If yes, explain _____

13. Do you need an interpreter during services?(circle one) • Yes • No

a. What language?

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING