



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.

KUPUNA 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

Adult Income Declaration: *Please include other income. (SNAP, SSI, SSDI, Pension, etc)

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

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

SNAP Monthly: \$ _____ SSI Monthly: \$ _____

SSDI Monthly: \$ _____ Other: Monthly: \$ _____

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

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

SNAP Monthly: \$ _____ SSI Monthly: \$ _____

SSDI Monthly: \$ _____ Other: Monthly: \$ _____

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)

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING



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- 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 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. _____
5. 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 **
 - i. Explain: _____
6. Are you a Hawaii resident?(Circle One) • Yes • No
- a. If yes, how many years have you lived in Hawaii? _____
7. 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: _____)
8. Do you currently have funds to pay for first month rent and security deposit?(Circle one) Yes No
9. Do you currently have the following:
- Paystubs (2+ months) **If applicable**
 - Social Security Card
 - Medical Cards
 - Birth Certificate
 - State I.D./ Driver's License
 - Checking / Saving Account
 - Covid-19 Vaccination Card
10. Does anyone in your household have any medical issues or disability?(circle one) • Yes • No
- a. If yes, explain _____
11. Do you have any pending legal issues?(circle one) • Yes • No
- a. If yes, explain _____
12. Do you need an interpreter during services?(circle one) • Yes • No

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- a. What language?
-

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