CATHOLIC CHARITIES HAWAI'I

Rent Relief and Housing Assistance Program (RRHAP) Application Packet

Catholic Charities Hawaii (CCH) or a partner agency, need the following documents to accompany your application form. Please send COPIES of ALL documents listed below plus this application form at one time. We anticipate a high volume of applications and receiving documents piece by piece may delay your application process.

1. Valid Government ID for Main Applicant
2. Social Security Card for all adults (You must have Valid Gov ID if you do not have a Social Security Number)
3. Documentation of loss of income due to COVID-19 (employment lay off/furlough letter, closure, etc.)
4. For household members receiving income: 2 most current paystubs from application date, Unemployment/PUA benefit statement, TDI, interest, pension, Social Security, Disability, Welfare/TANF, etc. Food Stamps is NOT included
5. If applying for rent assistance, please submit a valid and current tenancy agreement
6. If applying for Home Owner Association (HOA) assistance, please submit HOA statement
    a. The following may be requested for certain situations: delinquency notice + trial or temporary loan modification offer letter
7. If applying for mortgage assistance, please submit mortgage statement
    a. The following may be requested for certain situations: delinquency notice + trial or temporary loan modification offer letter

If you have questions, please contact the appropriate office below.

Please submit COPIES of the documents on Page 1 + application ALL TOGETHER to ONE (1) of the options below:

1. **Email: COVID19help@catholiccharitieshawaii.org ----- Please include your ISLAND in the SUBJECT line**

2. **Phone, Airmail or Fax:**

Oahu Office
Catholic Charities Hawai'i
Clarence T.C. Ching Campus
1822 Ke'eaumoku Street
Honolulu, HI 96822

Oahu Help Line: (808) 521-4357
Oahu Fax: (808) 537-6325

Attention: COVID19 Help

Hilo Office
Catholic Charities Hawai'i
62 Kinoole Street
Hilo, HI 96720

HI Island Help Line: (808) 961-7050
HI Island Fax: (808) 961-7059

Attention: COVID19 Help

Maui Office
Catholic Charities Hawai'i
2050 Main Street, Suite 3A
Wailuku, HI 96793

Maui County Help Line: (808) 873-4673
Maui County Fax: (808) 872-6219

Attention: COVID19 Help

Kauai Office
Catholic Charities Hawai'i
4373 Rice Street, Suite 1
Lihue, HI 96766

Kauai Help Line: (808) 241-4673
Kauai Fax: (808) 632-6919

Attention: COVID19 Help

Catholic Charities Hawai'i

Rent Relief and Housing Assistance Program (RRHAP) Application Form

Do you need an interpreter? ☐ No ☐ Yes If YES, language? _____

Are you applying for your household? ☐ No ☐ Yes (if Yes, skip to #1)

Are you applying on someone's behalf and consent has been confirmed? ☐ No ☐ Yes

Consent was provided on this date and via: _____ ☐ Verbally ☐ Email Other: _____

Partner Agency you are from: _____ Other entity: _____

1. APPLICANT

Last Name	First Name	MI

SSN (last 4 digits)*	Email	Phone Number

2. PROPERTY

Property Address	City	Zip

County	Island

What is your monthly rent amount, as applicable?	What is your monthly mortgage amount, as applicable?	What is your monthly HOA amount, as applicable?

3. HOUSEHOLD COMPOSITION (If applying for rental assistance, please list household members in the order as they appear on the Lease/Rental Agreement)

Member Number	Last Name	First Name	MI	Relationship to Applicant	Date of Birth (MM/DD/YY)	Adult (Y/N)	SS# (Last 4 Digits)*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* For ADULTS only. Last 4 of Social Security Number. If No SSN, use the last 4 digits from Valid Government ID

Additional Adult Household Members (If more space is needed, please attach a separate sheet):

_____

4. PREVIOUS FINANCIAL ASSISTANCE

Has your household applied/received financial assistance related to COVID-19 from CCH or any other agencies prior to this request? We are unable to duplicate requests. Some other agencies are: any of the United Way agencies, Kalihi-Palama Health Center, Parents and Children Together, Salvation Army, Waianae Coast Comprehensive Health Center, Waimanalo Health Center, MEO, Family Life Center, KEO, HOPE Services Hawai'i, Council for Native Hawaiian Advancement, etc.	☐ No	☐ Yes
	If **YES**, from where (list dates + all agencies):	

5. COVID-19 RELATED

This is a COVID-19 related financial assistance program. How has COVID-19 affected you so you could not pay rent, your mortgage or HOA dues? Please explain:		
You must be able to provide documentation to support your situation. Examples: Employer layoff/furlough letter, notification of business closure, etc. **Do you have documentation?**	☐ No	☐ Yes
	If **YES**, what document will you be providing?:	

6. HOUSEHOLD INCOME - INCOME LIMIT CHART (100% AMI)

Household size	1	2	3	4	5	6	7	8	9	10
Honolulu (Oahu)	$88,200	$100,800	$113,400	$125,900	$136,000	$146,100	$156,200	$166,200	$176,300	$186,400
Hawai'i Island	$58,400	$66,700	$75,000	$83,300	$90,000	$96,700	$103,300	$110,000	$116,700	$123,300
Maui County	$71,800	$82,000	$92,300	$102,500	$110,700	$118,900	$127,100	$135,300	$143,500	$151,700
Kaua'i County	$68,000	$77,700	$87,400	$97,100	$104,900	$112,700	$120,500	$128,200	$136,000	$143,800

This program can only assist households who are at or below the 100% AMI gross income limit for their county (please see chart above). To figure out if your household meets this requirement, please ask for their:

1. Unemployment/PUA benefits statement
    a. If this benefit is still pending, the income is $0.00
2. If working, two (2) of the most current employment pay stubs
    a. You will have to look at the GROSS pay and **not** the "take home" pay
3. Any other income: social security, disability, welfare/TANF, etc.
4. Food stamps are **not** to be included in your Household Gross Income calculation
5. If you are having difficulties obtaining income documents, please notify a CCH office or partner agency.

INCOME QUALIFICATION (Provide income information for ALL household members)

Household Member Number	Total Gross Annual Income	Income Affected by COVID-19 (Y/N)	Types of Income Documentation Attached
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		← Total Current Household gross annual income	

~Please note that the above income documents will also have to be submitted along with your application~

7. TYPE OF ASSISTANCE REQUESTED

Maximum **rent/mortgage assistance** per household per month is $2,000.00 for Oahu and $1,500.00 for Neighbor Islands, or the amount owed per month, whichever is less. Maximum **HOA assistance** per household per month is $500.00.

Amount are you requesting? Please do not request an amount higher than maximum amounts listed above.

	Rent Amount Requested	HOA Amount Requested	Mortgage Amount Requested
March-20			
April-20			
May-20			
June-20			
July20			
August-20			
September-20			
October-20			
November-20			
December-20			
Total Amount(s)			

~Please note that you will have to provide your:
Valid and Current Tenancy Agreement, Mortgage Statement, or HOA Statement~

8. LANDLORD/PROPERTY MANAGER, HOA, MORTGAGE COMPANY, INFORMATION

Please note that the Vendor below will be contacted by CCH or a partner agency and will be sent a Vendor Verification Form to complete which asks to verify your situation and W9 information. CCH or a partner agency must receive this form to complete your application packet.

Landlord/Property Manager, HOA, or Mortgage Company Name:	
Phone Number:	
Email Address:	

9. OPTIONAL CCH DEMOGRAPHIC DATA

Household Member Number	Gender*	Race**	
1	Select One	Select One	* Gender: M, F, Other/Prefer not to say
2	Select One	Select One	
3	Select One	Select One	** Race: 1 - Asian 2 - Black/African American 3 - Native Hawaiian/Pacific Islander 4 - White/Caucasian 5 - Native American/Alaska Native 6 - Other/Prefer not to say
4	Select One	Select One	
5	Select One	Select One	
6	Select One	Select One	
7	Select One	Select One	
8	Select One	Select One	
9	Select One	Select One	
10	Select One	Select One	

10. MILITARY SERVICE

Have you or anyone in your household (HH) previously served in the United States military? ☐ No ☐ Yes

If **YES**, status of discharge:

11. Other RESOURCES

Are you interested in Financial/Budget counseling resources?	☐ No	☐ Yes
Are you interested in Loan Modification resources?	☐ No	☐ Yes
Are you interested Mediation resources?	☐ No	☐ Yes

12. Mental Health/Counseling RESOURCES

It seems that you are going through a stressful situation right now. Did you want to explore counseling resources? If Yes, please call **(808) 527-4470 = CCH Counseling Center**

CERTIFICATION

By submitting your application and documents to Catholic Charities Hawaii and partners, "I/We certify that the information given on this form is true and accurate to the best of my/our knowledge. I am/We are aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the documentation packet must be submitted in a timely manner. I understand that the information on this form is subject to verification."

STATEMENT OF CONSENT

Multiple organizations are providing emergency financial assistance grants throughout the State of Hawaii, thus, to avoid duplication of financial assistance, some information collected in this application will be shared with the Hawaii Housing Finance and Development Corporation, County agencies and its partners, Catholic Charities Hawaii and its providing partner agencies, and Aloha United Way and its providing partner agencies. We will only be sharing the following information with these agencies: adult household member names with last 4 digits of social security number or identification number, property address (street address, unit number if applicable, city, zip), amount of grant approved, vendor name, date approved.

I have read the Statement of Consent and by submitting my application and documents, I agree to share the items listed above.

_____	_____	_____
Print Name	Signature (signed or typed)	Date