

City & County of Honolulu: Household Hardship Relief Fund Application

PLEASE NOTE: This application does not autosave. Please do not close the browser before completion.

Please ensure that all questions are answered accurately and to the best of your knowledge.

The purpose of the City & County of Honolulu's Household Hardship Relief Fund (HHRF), operated by Aloha United Way, is to provide emergency monetary assistance to Households directly affected by the impact of the Coronavirus (COVID-19). Eligible applicants shall receive hardship relief payments for basic necessities, such as rent, mortgage, electric, gas, eldercare, childcare, or such other necessary expenses, provided that such Households can demonstrate that they are suffering economic hardship and inability to pay for such needs due to the impact of COVID-19.

Applicants must be Honolulu County residents and demonstrate hardship due to business closures, employment loss or decrease, and/or increase in expenses directly related to COVID-19. Current income may not exceed 100% AMI; no limits on income prior to the declaration of the COVID-19 public health emergency (that commenced on March 4, 2020), so long as current hardship can be demonstrated. Applicants may not have liquid assets of more than \$10,000.00 and income and/or support from other sources may not exceed pre-COVID income.

Eligibility must be documented, and may include: unemployment paperwork, bank statements, tax returns, paystubs, and other pertinent documents deemed appropriate to support the claim for hardship under the COVID-19 public health emergency.

Eligible applicants will receive a MAXIMUM of up to \$1,000 per month per Household and up to \$500 additional per month per Household for childcare providers recognized by the State Department of Human Services. Each Approved Household may reapply each month that the financial hardship continues for a maximum of six (6) months. For each application, the household must demonstrate economic hardship.

*** Required**

1. Email address *

2. Are you the Applicant? *

Mark only one oval.

☐ Yes - I am applying for my own household *Skip to question 8*

☐ No - I am assisting someone else with their application *Skip to question 3*

Partner Agency Assistant
Information

Please fill out this section if you are assisting someone else with their application.

Mahalo nui for your hard work!

3. Select your agency *

Mark only one oval.

- ☐ Aloha United Way
- ☐ Catholic Charities Hawaii
- ☐ Family Promise of Hawaii
- ☐ Honolulu Habitat for Humanity
- ☐ The Salvation Army
- ☐ Waianae Coast Comprehensive Health Center
- ☐ Not with an agency, just helping someone out.

4. Your First Name *

5. Your Last Name *

6. Your Phone Number *

7. Your Email Address *

Applicant
Information

Please submit this information as it pertains to the Primary Applicant.

We will collect additional information about all other household members at a later place in the application.

8. Applicant First Name *

9. Applicant Last Name *

10. Applicant Middle Initial

11. Applicant Phone Number *

Format: 0000000000 (no dashes, please)

12. Applicant Email Address *

13. Date of Birth *

Example: January 7, 2019

14. Social Security Number (last 4 digits) *

15. Gender: How do you identify? *

Mark only one oval.

- ☐ Man
- ☐ Woman
- ☐ Non-binary/Other
- ☐ Prefer not to say

16. Ethnicity: How would you describe yourself? *

Select all that apply.

Check all that apply.

- ☐ Native Hawaiian
- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Pacific Islander
- ☐ Prefer not to say

Other: ☐

17. Marital Status *

Mark only one oval.

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

18. Number of Dependents (minors and otherwise) *

19. Employment Status *

Check all that apply.

- ☐ Employed
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Partially unemployed

20. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

21. Source(s) of Income

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

22. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

23. Verify Reason for Need *

Check all that apply.

- ☐ Employment Layoff as a Result of COVID-19
- ☐ Reduction in Hours Worked as a Result of COVID-19
- ☐ Inactive Employment Status as a Result of COVID-19

Other: ☐ _____

24. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

- ☐ Certify

Household Information

Applicants must be Honolulu County residents and demonstrate hardship due to business closures, employment loss or decrease, and/or increase in expenses directly related to COVID-19. Current income may not exceed 100% AMI; no limits on income prior to the declaration of the COVID-19 public health emergency (that commenced on March 4, 2020), so long as current hardship can be demonstrated. Applicants may not have liquid assets of more than \$10,000.00 and income and/or support from other sources may not exceed pre-COVID income.

Eligibility must be documented, and may include: unemployment paperwork, bank statements, tax returns, paystubs, and other pertinent documents deemed appropriate to support the claim for hardship under the COVID-19 public health emergency.

APPLICANTS MAY ONLY RECEIVE FUNDS IF THEY CAN DEMONSTRATE FINANCIAL HARDSHIP.

In order to be eligible for Household Hardship Relief Funds, your current income **MUST NOT EXCEED** your pre-COVID income (prior to March 4).

25. Current Annual Household Income as of TODAY *

Record the annual income according to the day of application. This is the combined annual income of every Household Member. If this exceeds your income prior to March 4, you will be considered ineligible for this program.

26. Annual Household Income PRIOR TO MARCH 4 *

This is the combined annual income of every Household Member.

27. Household Size *

Total # of people living in Household.

28. Total Adults (18+) in Household *

29. Total Minors (under 18) in Household *

30. IF APPLICABLE: number of other adults and children living in the home (separate economic household from applicant)

31. Based on your household size and annual income, are you AT OR BELOW the Area Median Income (AMI) for the City and County of Honolulu? *

DEPARTMENT OF PLANNING AND PERMITTING										
CITY AND COUNTY OF HONOLULU										
INCOME GUIDELINES AND MAXIMUM RENTS - 100% OF MEDIAN INCOME										
Family Size	1	2	3	4	5	6	7	8	9	10
Annual Income	\$84,400	\$96,400	\$108,500	\$120,500	\$130,200	\$139,800	\$149,500	\$161,500	\$173,500	\$185,500

Mark only one oval.

☐

Yes - I am AT or BELOW the AMI listed

☐

No - My household annually earns MORE THAN the amount listed

32. Physical Address (residence) Street and Unit Number *

33. City *

34. Zip Code *

35. County *

NOTE: Selecting any county other than "City & County of Honolulu" will result in the conclusion of this application.

Mark only one oval.

- ☐ City & County of Honolulu
- ☐ Hawaii County (Hawaii Island)
- ☐ Maui County
- ☐ Kauai County

36. Mailing Address (if different than physical address) - OPTIONAL

Document
Verification
Upload

Please ensure that you have collected and uploaded all of the following documents to confirm and attest to program eligibility. Your information will not be saved if you close this form before submitting.

Eligible applicants will receive up to \$1,000 per month per Household and up to \$500 additional per month per Household for childcare providers recognized by the State Department of Human Services. Each Approved Household may reapply each month that the financial hardship continues, for a maximum of six (6) months. For each application, the household must demonstrate economic hardship.

37. Identity Verification: Please submit a government-issued identification card with photo. *

Files submitted:

38. Proof of Residency: ONE of the following: 1.) Hawai'i driver's license or state ID, 2.) Other official documents showing proof of Oahu residency, 3.) Two months utility bills, OR 4.) Bank or medical statements showing Hawai'i address *

Files submitted:

39. Income Verification: Please submit EITHER the most recent two months of pay stubs (if employed) OR Unemployment Certification with weekly benefit amount (if unemployed), or another acceptable method. *

Other applicable documentation sources: Most recent tax return, 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).

Files submitted:

40. If Applicable: Public benefits statements and/or pension/retirement benefits statements

Files submitted:

41. Liquid Asset Verification: Please submit two months of recent bank statements for all accounts. *

In order to qualify for the Household Hardship Relief Fund, your liquid assets must not exceed \$10,000.

Files submitted:

42. Hardship Verification: Please upload documents to show COVID-19 nexus for need (unemployment, loss of hours, close of business, furlough, increased expenses, etc.) *

Files submitted:

43. Please upload ALL invoices and receipts associated with the assistance you are requesting. You will provide additional information for each payment type on the following pages.

RENT ONLY: Copy of rental lease or screenshot of rental management agency's payment portal with rent amount
MORTGAGE ONLY: Copy of most recent mortgage statement
UTILITIES ONLY: Copy of Most recent utilities bills (electric and/or gas payments only)
CHILDCARE ONLY: Copy of most recent childcare invoice
ELDERCARE ONLY: Copy of most recent eldercare invoice

Files submitted:

44. Optional: Additional notes on documents & eligibility

Additional Household
Members?

All adult (18+) household applicants should be accounted for, with individual incomes included.

45. Are you the only adult living in this household? *

Mark only one oval.

☐ Yes *Skip to question 208*
☐ No

Household
Member 2

All adult (18+) household applicants should be accounted for, with individual incomes included.

46. First Name *

47. Last Name *

48. Middle Initial

49. Date of Birth *

Example: January 7, 2019

50. Social Security Number (last 4 digits) *

51. Relationship to applicant *

52. Contact Phone Number *

53. Contact Email Address *

54. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 55*
- ☐ Self-Employed *Skip to question 55*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 60*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 60*
- ☐ Unemployed, but not filed with the state *Skip to question 62*

Household Member 2: Employed/Self Employed

55. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

56. Phone Number associated with Source of Income

57. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

58. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

59. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 62

Household Member 2: Unemployed/Partially Unemployed

60. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

61. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 62

Household Member 2: Submit

62. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

63. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 64*

☐ No *Skip to question 208*

Skip to question 62

Household
Member 3

All adult (18+) household applicants should be accounted for, with individual incomes included.

64. First Name *

65. Last Name *

66. Middle Initial

67. Date of Birth *

Example: January 7, 2019

68. Social Security Number (last 4 digits) *

69. Relationship to applicant *

70. Contact Phone Number *

71. Contact Email Address *

72. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 73*
- ☐ Self-Employed *Skip to question 73*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 78*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 78*
- ☐ Unemployed, but not filed with the state *Skip to question 80*

Skip to question 80

Household Member 3: Employed/Self Employed

73. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

74. Phone Number associated with Source of Income

75. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

76. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

77. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 80

Household Member 3: Unemployed/Partially Unemployed

78. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

79. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 80

Household Member 3: Submit

80. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

81. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 82*

☐ No *Skip to question 208*

Skip to question 80

Household Member 4

All adult (18+) household applicants should be accounted for, with individual incomes included.

82. First Name *

83. Last Name *

84. Middle Initial

85. Date of Birth *

Example: January 7, 2019

86. Social Security Number (last 4 digits) *

87. Relationship to applicant *

88. Contact Phone Number *

89. Contact Email Address *

90. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 91*
- ☐ Self-Employed *Skip to question 91*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 96*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 96*
- ☐ Unemployed, but not filed with the state *Skip to question 98*

Skip to question 98

Household Member 4: Employed/Self Employed

91. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

92. Phone Number associated with Source of Income

93. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

94. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

95. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 98

Household Member 4: Unemployed/Partially Unemployed

96. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

97. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 98

Household Member 4: Submit

98. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

99. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 100*

☐ No *Skip to question 208*

Skip to question 100

Household
Member 5

All adult (18+) household applicants should be accounted for, with individual incomes included.

100. First Name *

101. Last Name *

102. Middle Initial

103. Date of Birth *

Example: January 7, 2019

104. Social Security Number (last 4 digits) *

105. Relationship to applicant *

106. Contact Phone Number *

107. Contact Email Address *

108. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 111*
- ☐ Self-Employed *Skip to question 111*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 109*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 109*
- ☐ Unemployed, but not filed with the state *Skip to question 116*

Skip to question 116

Household Member 5: Unemployed/Partially Unemployed

109. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

110. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 116

Household Member 5: Employed/Self Employed

111. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

112. Phone Number associated with Source of Income

113. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

114. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

115. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 116

Household Member 5: Submit

116. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

117. Are there any more adults currently living at this household? *

Mark only one oval.

- ☐ Yes *Skip to question 118*
- ☐ No *Skip to question 208*

Skip to question 118

Household
Member 6

All adult (18+) household applicants should be accounted for, with individual incomes included.

118. First Name *

119. Last Name *

120. Middle Initial

121. Date of Birth *

Example: January 7, 2019

122. Social Security Number (last 4 digits) *

123. Relationship to applicant *

124. Contact Phone Number *

125. Contact Email Address *

126. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 127*
- ☐ Self-Employed *Skip to question 127*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 132*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 132*
- ☐ Unemployed, but not filed with the state *Skip to question 134*

Skip to question 127

Household Member 6: Employed/Self Employed

127. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

128. Phone Number associated with Source of Income

129. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

130. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

131. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 134

Household Member 6: Unemployed/Partially Unemployed

132. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

133. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 134

Household Member 6: Submit

134. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

135. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 136*

☐ No *Skip to question 208*

Skip to question 136

Household
Member 7

All adult (18+) household applicants should be accounted for, with individual incomes included.

136. First Name *

137. Last Name *

138. Middle Initial

139. Date of Birth *

Example: January 7, 2019

140. Social Security Number (last 4 digits) *

141. Relationship to applicant *

142. Contact Phone Number *

143. Contact Email Address *

144. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 145*
- ☐ Self-Employed *Skip to question 145*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 150*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 150*
- ☐ Unemployed, but not filed with the state *Skip to question 152*

Skip to question 136

Household Member 7: Employed/Self Employed

145. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

146. Phone Number associated with Source of Income

147. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

148. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

149. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 152

Household Member 7: Unemployed/Partially Unemployed

150. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

151. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 152

Household Member 7: Submit

152. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

153. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 154*

☐ No *Skip to question 208*

Skip to question 152

Household
Member 8

All adult (18+) household applicants should be accounted for, with individual incomes included.

154. First Name *

155. Last Name *

156. Middle Initial

157. Date of Birth *

Example: January 7, 2019

158. Social Security Number (last 4 digits) *

159. Relationship to applicant *

160. Contact Phone Number *

161. Contact Email Address *

162. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 163*
- ☐ Self-Employed *Skip to question 163*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 168*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 168*
- ☐ Unemployed, but not filed with the state *Skip to question 170*

Skip to question 170

Household Member 8: Employed/Self Employed

163. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

164. Phone Number associated with Source of Income

165. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

166. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

167. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 170

Household Member 8: Unemployed/Partially Unemployed

168. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

169. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 170

Household Member 8: Submit

170. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

171. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes Skip to question 172

☐ No Skip to question 208

Skip to question 170

Household
Member 9

All adult (18+) household applicants should be accounted for, with individual incomes included.

172. First Name *

173. Last Name *

174. Middle Initial

175. Date of Birth *

Example: January 7, 2019

176. Social Security Number (last 4 digits) *

177. Relationship to applicant *

178. Contact Phone Number *

179. Contact Email Address *

180. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 181*
- ☐ Self-Employed *Skip to question 181*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 186*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 186*
- ☐ Unemployed, but not filed with the state *Skip to question 188*

Skip to question 170

Household Member 9: Employed/Self Employed

181. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space [", "]

182. Phone Number associated with Source of Income

183. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

184. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

185. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 188

Household Member 9: Unemployed/Partially Unemployed

186. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

187. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 188

Household Member 9: Submit

188. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

189. Are there any more adults currently living at this household? *

Mark only one oval.

☐ Yes *Skip to question 190*

☐ No *Skip to question 208*

Skip to question 188

Household
Member 10

All adult (18+) household applicants should be accounted for, with individual incomes included.

190. First Name *

191. Last Name *

192. Middle Initial

193. Date of Birth *

Example: January 7, 2019

194. Social Security Number (last 4 digits) *

195. Relationship to applicant *

196. Contact Phone Number *

197. Contact Email Address *

198. Employment Status *

Mark only one oval.

- ☐ Employed *Skip to question 199*
- ☐ Self-Employed *Skip to question 199*
- ☐ Unemployed, as filed with the state of Hawaii *Skip to question 204*
- ☐ Partially unemployed, as filed with the state of Hawaii *Skip to question 204*
- ☐ Unemployed, but not filed with the state *Skip to question 206*

Household Member 10: Employed/Self Employed

199. Source(s) of Income *

e.g.: Employment, alimony, SSI/SSDI, etc. Please separate each income source with a comma and space
[" "]

200. Phone Number associated with Source of Income

201. Annual Income for Individual at date of application. *

NOTE: This is the income of the individual, not the total household.

202. Interval of Pay *

Mark only one oval.

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Bimonthly
- ☐ Annually
- ☐ Other

203. Please submit either the most recent two months of pay stubs, Leave and Earnings Statements, or another acceptable method. *

Files submitted:

Skip to question 206

Household Member 10: Unemployed/Partially Unemployed

204. Please submit proof that unemployment was caused by COVID-19 pandemic (e.g. layoff letter). *

Files submitted:

205. Please submit weekly Unemployment Certification with total amount included. *

Files submitted:

Skip to question 206

Household Member 10: Submit

206. By checking the box below, the person submitting this form declares under penalty of law that the foregoing information, and required documents, are accurate, true and correct to the best of their ability. The applicant also certifies that this is the only Household Hardship Relief Fund application that has been submitted this month on behalf of this household member and understands that any duplicate applications will be rejected. *

Check all that apply.

☐ Certify

207. Are there any more people currently living at this household? *

If there are more than 10 (ten) members of this household, please email Jessica Dalrymple at JDalrymple@auw.org with the number of outstanding household members.

Mark only one oval.

- ☐ Yes - I will email Jessica Dalrymple to inform *Skip to question 208*
- ☐ No *Skip to question 208*

Assistance
Type

You will have the opportunity to select multiple categories of assistance for rent or mortgage assistance, utility payments and/or eldercare.

The total sum of these payments must NOT exceed a combined TOTAL of \$1000 per household.

If you are selecting assistance with child care, a maximum of an additional \$500 per household is available.

208. First Category of Assistance *

Mark only one oval.

- ☐ Rent Payment *Skip to question 209*
- ☐ Mortgage Payment *Skip to question 228*
- ☐ Utility Service Payment: Electric *Skip to question 246*
- ☐ Utility Service Payment: Gas *Skip to question 265*
- ☐ Licensed Elder Care *Skip to question 284*
- ☐ ONLY Licensed Child Care - I am not requesting any other assistance
Skip to question 302

Skip to question 302

Rent
Payment
Assistance

Hardship relief payments will be made to Approved Households for basic necessities, such as rent, mortgage, electric, gas, childcare, or such other necessary expenses, provided that such Households can demonstrate that they are suffering economic hardship and inability to pay for such needs due to the impact of COVID-19.

****NOTE:** Please be sure that you have uploaded a copy of the rental lease or screenshot of rental management agency's payment portal with rent amount.**

209. If applicable, select your Property Management Company *

Mark only one oval.

- ☐ Private Landlord/Not Listed *Skip to question 213*

210. Address and unit number *

Must be the same as that submitted earlier.

211. Total Monthly Rent Amount *

Your TOTAL rent, not just the amount of assistance requested.

Important Reminder!

If the total of your requests exceed \$1000, your application will not be accepted.

212. Total Amount Requested for Rent Payment Assistance *

You may receive up to a combined maximum total of \$1000/household per month. This \$1000 can include all expenses aside from childcare (up to \$500 for childcare on top of all other expenses).

Rent Payment:
More
Information

Please provide the landlord or property management company information below.

****NOTE:** Please be sure that you have uploaded a copy of the rental lease or screenshot of rental management agency's payment portal with rent amount.**

213. Landlord/Property Management Company Name *

214. Landlord/Property Management Company Email Address to notify when payment has been made *

If landlord does not have an email address, please enter "x@noemail.com"

215. Landlord/Property Management Company Phone Number to notify when payment has been made *

216. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

- ☐ EFT *Skip to question 217*
- ☐ Check *Skip to question 222*

Skip to question 226

EFT
Request

Please submit all the below information to ensure that your Landlord/Property Management Company will be paid by EFT.

217. Name of Bank/Repository that will receive funds *

218. Official Name on Bank/Repository Account *

219. Type of Account *

Mark only one oval.

- ☐ Checking
- ☐ Savings
- ☐ Other

220. Bank/Repository Account Number *

221. Bank/Repository Routing Number *

Skip to question 226

Check Request

Please submit all the below information to ensure that your Landlord/Property Management Company will be paid by check.

Payment Mailing Address

This is the mailing address for your Landlord/ Property Management Company. We will NOT make payments directly to the client.

222. Street and Unit # *

223. City *

224. State *

225. Zip Code *

Skip to question 226

Additional Hardship Assistance Needed

Thank you for completing the previous information. If you have other financial assistance needs, please indicate below.

226. Are you requesting additional types of financial hardship assistance? *

Mark only one oval.

☐ Yes *Skip to question 227*

☐ No *Skip to question 302*

Next Type of Assistance

The total sum of all payments may not exceed a combined total of \$1000/household per month.

227. Select the Category of Assistance *

Mark only one oval.

- ☐ Mortgage Payment *Skip to question 228*
- ☐ Utility Service Payment: Electric *Skip to question 246*
- ☐ Utility Service Payment: Gas *Skip to question 265*
- ☐ Licensed Elder Care *Skip to question 284*

Skip to question 302

Mortgage Payment Assistance

Hardship relief payments will be made to Approved Households for basic necessities, such as rent, mortgage, electric, gas, childcare, or such other necessary expenses, provided that such Households can demonstrate that they are suffering economic hardship and inability to pay for such needs due to the impact of COVID-19.

****NOTE:** Please be sure that you have uploaded a copy of the most recent mortgage statement.**

228. Mortgage Lender Name *

229. Account Number *

230. Total Monthly Mortgage Amount *

Important Reminder!

If the total of your requests exceed \$1000, your application will not be accepted.

231. Total Amount Requested for Mortgage Payment *

You may receive up to a combined maximum total of \$1000/household per month. This \$1000 can include all expenses aside from childcare (up to \$500 for childcare on top of all other expenses).

232. Mortgage Provider Email Address to notify when payment has been made *

233. Mortgage Provider Phone Number to notify when payment has been made

234. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

- ☐ EFT *Skip to question 235*
- ☐ Check *Skip to question 240*

Skip to question 244

EFT
Request

Please submit all the below information to ensure that your Mortgage Lender will be paid by EFT.

235. Name of Bank/Repository that will receive funds *

236. Official Name on Bank/Repository Account *

237. Type of Account *

Mark only one oval.

☐ Checking

☐ Savings

☐ Other

238. Bank/Repository Account Number *

239. Bank/Repository Routing Number *

Skip to question 244

Check
Request

Please submit all the below information to ensure that your Mortgage Lender will be paid by check.

Payment Mailing Address

This is the address for your Mortgage Provider. We will NOT make payments directly to the client.

240. Street and Unit # *

241. City *

242. State *

243. Zip Code *

*Skip to question 244***Additional Hardship
Assistance Needed**

Thank you for completing the previous information. If you have other financial assistance needs, please indicate below.

244. Are you requesting additional types of financial hardship assistance? *

Mark only one oval.☐ Yes *Skip to question 245*☐ No *Skip to question 302***Next Type of
Assistance**

The total sum of all payments may not exceed a combined total of \$1000/household per month.

245. Select the Category of Assistance *

Mark only one oval.☐ Rent Payment *Skip to question 209*☐ Utility Service Payment: Electric *Skip to question 246*☐ Utility Service Payment: Gas *Skip to question 265*☐ Licensed Elder Care *Skip to question 284**Skip to question 208***Utility Service Payment Assistance: Electric**

246. Select your Electric Utility Service Provider *

Mark only one oval.

- ☐ Hawaiian Electric Company (HECO) *Skip to question 263*
- ☐ Other *Skip to question 249*

247. Your Account Number *

Important Reminder!

If the total of your requests exceed \$1000, your application will not be accepted.

248. Total Amount requested for Electric Utility Payment *

You may receive up to a combined maximum total of \$1000/household per month. This \$1000 can include all expenses aside from childcare (up to \$500 for childcare on top of all other expenses).

Skip to question 263

Utility Electric Payment: More Information

249. Electric Service Provider Name *

250. Electric Service Provider W9 or Federal EIN Number *

251. Electric Service Provider Email Address to notify when payment has been made

252. Electric Service Provider Phone Number to notify when payment has been made

253. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

☐ EFT *Skip to question 254*

☐ Check *Skip to question 259*

Skip to question 263

EFT
Request

Please submit all the below information to ensure that your Electric Provider will be paid by EFT.

254. Name of Bank/Repository that will receive funds *

255. Official Name on Bank/Repository Account *

256. Type of Account *

Mark only one oval.

☐ Checking

☐ Savings

☐ Other

257. Bank/Repository Account Number *

258. Bank/Repository Routing Number *

Skip to question 263

Check
Request

Please submit all the below information to ensure that your Electric Provider will be paid by check.

Payment Mailing Address

259. Street and Unit # *

260. City *

261. State *

262. Zip Code *

Skip to question 263

Additional Hardship
Assistance Needed

Thank you for completing the previous information. If you have other financial assistance needs, please indicate below.

263. Are you requesting additional types of financial hardship assistance? *

Mark only one oval.

☐ Yes Skip to question 264

☐ No Skip to question 302

Skip to question 264

Next Type of
Assistance

The total sum of all payments may not exceed a combined total of \$1000/household per month.

264. Select the Category of Assistance *

Mark only one oval.

☐ Rent Payment Skip to question 209

☐ Mortgage Payment Skip to question 228

☐ Utility Service Payment: Gas Skip to question 265

☐ Licensed Elder Care Skip to question 284

Skip to question 208

Utility Service Payment Assistance: Gas

265. Select your Gas Utility Service Provider *

Mark only one oval.

☐ Hawaii Gas Skip to question 282

☐ Other Skip to question 268

266. Your Account Number *

Important Reminder!

If the total of your requests exceed \$1000, your application will not be accepted.

267. Total Amount requested for Gas Utility Payment *

You may receive up to a combined maximum total of \$1000/household per month. This \$1000 can include all expenses aside from childcare (up to \$500 for childcare on top of all other expenses).

Skip to question 282

Gas Utility Payment: More Information

If we DO NOT have this information on file.

268. Gas Service Provider Name *

269. Gas Service Provider Federal EIN/W9 Number *

270. Gas Service Provider Email Address to notify when payment has been made *

271. Gas Service Provider Phone Number to notify when payment has been made *

272. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

☐ EFT *Skip to question 273*

☐ Check *Skip to question 278*

Skip to question 282

**EFT
Request**

Please submit all the below information to ensure that your Gas Provider will be paid by EFT.

273. Name of Bank/Repository that will receive funds *

274. Official Name on Bank/Repository Account *

275. Type of Account *

Mark only one oval.

☐ Checking

☐ Savings

☐ Other

276. Bank/Repository Account Number *

277. Bank/Repository Routing Number *

Skip to question 282

**Check
Request**

Please submit all the below information to ensure that your Gas Provider will be paid by check.

Payment Mailing Address

278. Street and Unit # *

279. City *

280. State *

281. Zip Code *

*Skip to question 282***Additional Hardship
Assistance Needed**

Thank you for completing the previous information. If you have other financial assistance needs, please indicate below.

282. Are you requesting additional types of financial hardship assistance? *

Mark only one oval.☐ Yes *Skip to question 283*☐ No *Skip to question 302***Next Type of
Assistance**

The total sum of all payments may not exceed a combined total of \$1000/household per month.

283. Select the Category of Assistance *

Mark only one oval.

- ☐ Rent Payment *Skip to question 209*
- ☐ Mortgage Payment *Skip to question 228*
- ☐ Utility Service Payment: Electric *Skip to question 246*
- ☐ Licensed Elder Care *Skip to question 284*

Skip to question 302

Elder Care Provider
Information

Elder care must be a licensed provider recognized by the State Department of Human Services.

284. Name of Elder Care Provider *

Important Reminder!

If the total of your requests exceed \$1000, your application will not be accepted.

285. Total Amount Requested for Elder Care *

You may receive up to a combined maximum total of \$1000/household per month. This \$1000 can include all expenses aside from childcare (up to \$500 for childcare on top of all other expenses).

286. Name of beneficiary of Elder Care services/ Name on Account *

287. Proof of licensed Elder Care provider (W-9 or Federal EIN) *

288. Provider Email Address to notify when payment has been made *

289. Provider Phone Number to notify when payment has been made *

290. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

☐ EFT *Skip to question 291*

☐ Check *Skip to question 296*

Skip to question 300

EFT
Request

Please submit all the below information to ensure that your Elder Care Provider will be paid by EFT.

291. Name of Bank/Repository that will receive funds *

292. Official Name on Bank/Repository Account *

293. Type of Account *

Mark only one oval.

☐ Checking

☐ Savings

☐ Other

294. Bank/Repository Account Number *

295. Bank/Repository Routing Number *

Skip to question 300

Check
Request

Please submit all the below information to ensure that your Elder Care Provider will be paid by check.

Payment Mailing Address

296. Street and Unit # *

297. City *

298. State *

299. Zip Code *

Skip to question 300

**Additional Hardship
Assistance Needed**

Thank you for completing the previous information. If you have other financial assistance needs, please indicate below.

300. Are you requesting additional types of financial hardship assistance? *

Mark only one oval.

☐ Yes *Skip to question 301*

☐ No *Skip to question 302*

Skip to question 301

**Next Type of
Assistance**

The total sum of these payments may not exceed a combined maximum of \$1000/household per month.

301. Select the Category of Assistance *

Mark only one oval.

☐ Rent Payment *Skip to question 209*

☐ Mortgage Payment Assistance *Skip to question 228*

☐ Utility Service Payment: Electric *Skip to question 246*

☐ Utility Service Payment: Gas *Skip to question 265*

Skip to question 227

**Child Care
Assistance**

Up to \$500 additional per month per Household will be offered for childcare providers recognized by the State Department of Human Services. You will be asked to present a monthly invoice or other proof of billing information and proof of business licensing.

302. Are you requesting reimbursement for Child Care? *

Mark only one oval.

☐ Yes Skip to question 303

☐ No Skip to question 320

**Childcare
Reimbursement
Information**

Relief funds may be used to pay for basic necessities, including rent, electricity, gas, childcare, and other necessary or emergency expenses. Childcare payments will be made to licensed providers for \$500.00 or the actual amount of the expenses, whichever is less.

303. Name of Childcare Provider *

304. Name of Child receiving this Child Care *

This will be used to attach the payment to your account with the provider.

305. Childcare Provider W-9 or Federal Employer Identification Number *

Childcare providers must be recognized by the State Department of Human Services

306. Please upload invoice showing the full amount owed. *

Files submitted:

307. Total Amount Requested for Child Care Payment Assistance *

Reimbursement for child care cannot exceed \$500.

308. Child Care Provider Email Address to notify when the payment is made *

309. Child Care Provider Phone Number to notify when the payment is made

310. Payment Type - please encourage the provider to select EFT if possible *

Mark only one oval.

☐ EFT *Skip to question 311*

☐ Check *Skip to question 316*

EFT
Request

Please submit all the below information to ensure that your Child Care Provider will be paid by EFT.

311. Name of Bank/Repository that will receive funds *

312. Official Name on Bank/Repository Account *

313. Type of Account *

Mark only one oval.

☐ Checking

☐ Savings

☐ Other

314. Bank/Repository Account Number *

315. Bank/Repository Routing Number *

Skip to question 320

Check
Request

Please submit all the below information to ensure that your Child Care Provider will be paid by check.

Payment Mailing Address

316. Street and Unit # *

317. City *

318. State *

319. Zip Code *

Skip to question 320

Submission

You have successfully entered all relevant information and your application may now be submitted for review. Please note that you may only receive a MAXIMUM of \$1000 in financial assistance per month, along with an additional maximum of \$500 in childcare assistance. Any additional funds will be automatically denied.

NOTE: Your current income cannot exceed your income prior to March 4. Applicants must be able to demonstrate financial hardship resulting from the COVID-19 crisis to be eligible for this program.

320. **OPTIONAL: Comments, questions, or notes about your application.**

Aloha United Way will contact you if there are any issues with your application.

PLEASE BE AWARE THAT APPLICATION VOLUME IS EXTREMELY HIGH AND YOU WILL BE CONTACTED FOR ANY QUESTIONS ABOUT YOUR APPLICATION.

If approved for payout:

Aloha United Way will send the amounts directly to the vendor (e.g. Rent Payment is paid directly to landlord, Mortgage Payment is paid directly to the bank/mortgage lender, etc.). Once the amounts requested have been paid, Aloha United Way will send a Payout Notification to the vendor receiving the funds, indicating the payment amount associated with your account number. Please be aware that application volume is extremely high and your application will be processed in the order received. You will be contacted with any questions about your application.

If not approved for payout:

Aloha United Way, or an associated Partner Agency, will contact you with information about your application's rejection. You may be asked to correct some information, or submit a new application. Otherwise, feel free to contact 2-1-1 and inquire about alternative Financial Assistance Programs.

321. **I give explicit permission to Aloha United Way, or an associated Partner Agency, to contact me on behalf of this application. ***

Check all that apply.

☐ Certify

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