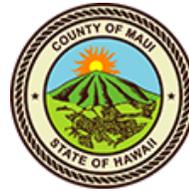




CATHOLIC CHARITIES HAWAII



County of Maui
Emergency Rental Assistance Program (MERA)
Prescreen

Do you need an interpreter? Yes No

If Yes, what language: _____

Who is applying? I am a Renter/Tenant I am a Landlord/Property Manager

Which Island do you live on? Maui Molokai Lanai

What type of assistance do you need? Select all that apply

- Rent only
- Rent and Utilities
- Utilities only (Renters only, no home owners)
- Mortgage only (Not able to apply)
- Mortgage and Utilities (Not able to apply)

Are you 18 years of age or older? Yes No

Is your primary residence in Hawaii? Yes No

| | |
|---|--|
| First Name as it appears on your Government ID | Last Name as it appears on your Government ID |
| | |

| | | | |
|---|--------------------|-------------|-----------------|
| Street Address This is the address for which rent is due. Please DO NOT enter a P.O. Box | Unit Number | City | Zip Code |
| | | | |

| | |
|--|---|
| Email Address (if someone is helping you, that person's email should be entered here) | Phone Number (808) XXX-XXXX (if someone is helping you, that person's number should be entered here) |
| | |

| | |
|---|--|
| <p>This is a COVID-19 related financial assistance program.</p> <p><u>Are you able to demonstrate how COVID-19 has impacted your household?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><u>What type of COVID-19 impact documentation do you have?</u></p> <p><input type="checkbox"/> Employer layoff/furlough letter</p> <p><input type="checkbox"/> Notification of business closure</p> <p><input type="checkbox"/> Self-employed income (you may provide 2 bank statements pre-COVID19 and 2 most recent bank statements to show loss of income)</p> <p><input type="checkbox"/> Other: _____</p> |
|---|--|

| | |
|---|--|
| <p>Have one or more individuals within the household experienced at least one of the following? Examples:</p> <p>1. Unpaid rent, Past Due Rent or eviction notice, Unpaid utility, Past due utility bill, Unsafe or unhealthy living conditions, or Any other situation of Housing Instability</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|---|--|

| | | |
|---|---|---|
| <p><u>How many Adults in the household?</u> Please <u>include</u> the Head of Household <u>Amount:</u></p> | <p><u>How many Children in the household?</u> Children are under 18 years of age. If 18 or older, count as an Adult <u>Amount:</u></p> | <p><u>Total Amount of People in the Household</u> <u>Amount:</u></p> |
|---|---|---|

| | |
|---|---|
| <p><u>Is anyone in your household currently unemployed?</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><u>Has that person been unemployed for the 90-day period preceding this prescreen?</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|---|---|

Based off of your total household income, the following is the 80% AMI for your county by household size. If your annual total household income is higher than below, your income is too high and you may not qualify for the program.

Maui County 80% AMI by Household Size

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| \$57,440 | \$65,600 | \$73,840 | \$82,000 | \$88,560 |
| 6 | 7 | 8 | 9 | 10 |
| \$95,120 | \$101,680 | \$108,240 | \$114,800 | \$121,360 |
| 11 | 12 | 13 | 14 | 15 |
| \$127,920 | \$134,480 | \$141,040 | \$147,600 | \$154,160 |

This section is very important. Please read and follow the instructions

Enter your TOTAL HOUSEHOLD INCOME for the most recent full month. Make sure to include ALL of the income for ALL members of the household regardless of age. Note that we recognize that your income might change from month to month.

Do not include: SNAP, UI's "special federal payment", any one-time payments

Include Income from government sources:

1. Unemployment (UI) or PUA
 - a. (Note that if UI or PUA is pending and you did not receive any payments, then count it as \$0.00.)
2. Social Security
3. VA
4. Disability
5. TANF
6. Income earned from working
 - a. Count the "Gross" amounts that show on your pay stub (NOT "Net" or "Take Home").
7. Any other regular income received – Child Support, etc.

Example: In the most recent full month all income was received, Mr. received 3 UI payments of \$628 each.

Mrs. had two paychecks from her part-time jobs - \$320 and \$400 (gross).

Their elderly parent who lives with them receives \$1,100 Social Security retirement once a month.

The TOTAL HOUSEHOLD INCOME for that month is: $\$628 + \$628 + \$628 + \$320 + \$400 + \$1,100 = \$3,704$

Enter your TOTAL HOUSEHOLD INCOME for the most recent full month

Add income for ALL Members in the household regardless of age. Please take your time to calculate your monthly household gross income.

Falsifying or inaccurate calculations may result in your application being discarded and you will need to go through the application process again.

CERTIFICATION

By submitting and signing this form, "I/We certify that the information given on this form is true and accurate to the best of my/our knowledge. I/We have included all household members. 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. And I authorize my landlord/property manager to release requested information on Vendor Verification Form to Catholic Charities Hawaii or partner agency."

Print Name

Signature (signed or typed)

Date