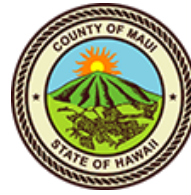




CATHOLIC CHARITIES HAWAII



**County of Maui**  
**Emergency Rental Assistance Program (MERA)**  
**Application**

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. Picture ID for Head of Household (FRONT and BACK)
2. Social Security Cards for all adults (18 years of age and older)
3. Income statements for ALL members of the household currently receiving income (2 most current paystubs from application date, Social Security, SSI, TDI, pension, interest, disability, welfare/TANF, unemployment, PUA, etc.)
4. Documentation of COVID-19 impact (letter of layoff/furlough/reduced hours, company closure sign, etc.)
5. Lease/Rental Agreement for rent assistance
6. Past due rent notice
7. Utility Bills for each utility request

**If you have questions, please see contact information below.**

**Please submit COPIES of the documents on Page 1 + application ALL TOGETHER**

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

**Maui Office**

Catholic Charities Hawai'i  
2050 Main Street, Suite 3A  
Wailuku, HI 96753

Maui County Help Line: (808) 873-4673

Maui County Fax: (808) 872-6219

Attention: MERA

**County of Maui Emergency Rental Assistance Program (MERA) Application**

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

**Skip if you are applying for yourself. If you are a Landlord/Property Manager, Did you receive consent from the tenant to apply on their behalf?**

Yes                       No

**Consent Type:**       Verbally                       Email                       Other: \_\_\_\_\_

**Consent Date:** \_\_\_\_\_

**Has anyone in the household served in the US Military?**     Yes                       No

**PREVIOUS FINANCIAL ASSISTANCE**

<p><b><u>Have you Applied or Received financial assistance related to COVID-19 from CCH or any other agencies prior to this request?</u></b> We are unable to duplicate requests.</p> <p>Other agencies are: any of the United Way agencies, Council for Native Hawaiian Advancement, 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, etc.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<p>If <b><u>YES</u></b>, from where <b><u>(list dates + all agencies)</u></b>:</p>	<p><b>What type of assistance did you receive?</b></p> <input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Phone <input type="checkbox"/> Food <input type="checkbox"/> Other:

**COVID-19 RELATED**

<p><b><u>This is a COVID-19 related financial assistance program. How has COVID-19 affected you so you could not pay rent or utilities?</u></b></p>	<input type="checkbox"/> Laid Off <input type="checkbox"/> Furloughed <input type="checkbox"/> Loss of Hours <input type="checkbox"/> Other:	
<p>You must be able to provide documentation to support your situation. Examples: Employer layoff/furlough letter, notification of business closure, etc.</p> <p><b><u>Do you have documentation?</u></b></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<p>If <b><u>YES</u></b>, what document will you be providing?:</p>	

### HOUSEHOLD INFORMATION

<b><u>How many Adults in the household?</u></b> Please include the Head of Household  Amount:	<b><u>How many Children in the household?</u></b> Children are under 18 years of age. If 18 or older, count as an Adult  Amount:	<b><u>Total Amount of People in the Household</u></b>  Amount:
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Member Number	Last Name	First Name	MI	Relationship to Applicant	Date of Birth (MM/DD/YY)	Age	Full Social Security Number XXX-XX-XXXX
1							
2							
3							
4							
5							
6							
7							

**If you have more than 7 household members, please write on the back side.**

Member Number	CURRENT Gross Annual Income This is the amount before taxes and is not your "take home" pay	Primary Race/Race Most Identified With	Ethnicity	Gender
1		<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say
2		<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say
3		<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say

4	<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say
5	<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say
6	<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say
7	<input type="checkbox"/> Asian (Chinese, Filipino, Japanese Korean, etc.) <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander (Samoan, Tongan, Chamorro, Marshallese, FSM, etc.) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / Alaska Native	<input type="checkbox"/> Hispanic  <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer Not to Say

**If you have more than 7 household members, please write on the back side.**

Street Address	Unit Number	City	Zip Code

Email Address	Phone Number (808) XXX-XXXX

**ASSISTANCE INFORMATION**

~IMPORTANT: This program cannot pay your rent nor your utilities, if it was already paid

<b>What is the base rent you pay every month?</b> Please do not include utilities, tax, late fees, parking, etc.	
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**Please select the type(s) of assistance per month**

<u>Year: 2020</u>		<u>Year: 2021</u>	
<u>March 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<u>January 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<u>April 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<u>February 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<u>May 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<u>March 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<u>June 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<u>April 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<u>July 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<u>May 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<u>August 2020</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash	<u>June 2021</u>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash

	<input type="checkbox"/> Internet		<input type="checkbox"/> Internet
<b><u>September 2020</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<b><u>July 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<b><u>October 2020</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<b><u>August 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<b><u>November 2020</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<b><u>September 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
<b><u>December 2020</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet	<b><u>October 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
		<b><u>November 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet
		<b><u>December 2021</u></b>	<input type="checkbox"/> Rent (unpaid or current/future) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Internet

### **LANDLORD/PROPERTY MANAGER INFORMATION**

Please let your Landlord/Property Manager know that they will be contacted by CCH or a partner agency for the purpose of this program. They must complete a Vendor Verification Form which asks to confirm your situation and their W9 information.

<b>Landlord/Property Manager Name (first, last):</b>	
<b>Landlord/Property Manager Address (street or mailing):</b>	
<b>Landlord/Property Manager City, State:</b>	
<b>Landlord/Property Manager Zip Code:</b>	
<b>Landlord/Property Manager Phone Number: (XXX) XXX-XXX</b>	
<b>Landlord/Property Manager Email Address:</b>	

### **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 clicking submit or signing this form, I:**

1. Certify that this form I am submitting has truthful, correct, and complete information.
2. Certify that the documents attached to my application are valid and not altered.
3. Certify that the information I provided includes all household members residing at the residence listed on my application.
4. Certify that I or a household member have either qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced financial hardship due, directly or indirectly, to the COVID-19 pandemic.
5. Certify that, to the best of my knowledge, the income provided is a full and detailed showcase of my household income.
6. Certify that the assistance I am requesting is not duplicative of costs covered by any other financial assistance.
7. Certify that the assistance I am requesting is outstanding and has not been paid.
8. Certify that I will not be receiving a reimbursement nor credit from my landlord or utility company.
9. Attest that any assistance provided will be used only for rent and utility arrears or prospective/future rent payments allowed by this program.
10. Authorize Maui County, Catholic Charities Hawaii (CCH), and their partners, to obtain information on prior assistance received by or on behalf of my household that is subject of the application.
11. Authorize Maui County, Catholic Charities Hawaii, and their partners, to release my application information, which includes all household members' information, to Federal, State, and County agencies.
12. Authorize my landlord/property manager and/or utility provider(s) to release requested information to Catholic Charities Hawaii or partner agency.
13. Authorize CCH and its partners, to share information about my application and eligibility for benefits with the Utility Company(ies); provided, however, that all entities with whom my information is shared have agreed to protect it from unauthorized access or disclosure by commercially reasonable means.

14. Understand that my application is not considered complete until I have submitted all required proof of documentation and provided any other requests for information.
15. Understand that the information in my application is subject to verification.
16. Understand that approval is contingent on meeting all eligibility and application requirements (as determined by CCH, its partners, and funders), submitting all requested documentation and information, and the availability of Emergency Financial Assistance funds.
17. Understand that forms will also be sent to my landlord and/or utility company to verify my situation.
18. Understand that if CCH and its partners cannot contact my landlord/property manager or my landlord/property manager is unwilling to participate, I will accept a direct payment from the program and it will be used solely as designated by CCH and its partners for purposes of unpaid rent. I will obtain a copy of the receipt from my landlord/property manager for the paid rent and submit it to my worker.
19. Understand that if it is determined that any payments were improperly disbursed to or for my household, such amounts shall be repaid on demand.
20. Understand that there are penalties for willfully and knowingly giving false information on an application for Federal, State, or County funds. Penalties for falsifying information may include, but are not limited to: immediate repayment of all Federal, State, or County funds received and/or prosecution under the law.
21. Hereby indemnify and hold harmless, Catholic Charities Hawaii and its partners, Maui County, and other partners affiliated and servicing this program from and against any and all claims, demands, or cause of action of any kind or nature resulting from or in connection to any and all hardship, delinquencies, or consequences due to late, partial, or non-payment of the Emergency Financial Assistance.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (signed or typed)

\_\_\_\_\_  
Date