



**STATE OF HAWAII**  
DEPARTMENT OF HUMAN SERVICES  
BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION

**IMPORTANT INFORMATION WHEN APPLYING**  
**FOR FINANCIAL ASSISTANCE AND SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

**Information provided by the applicant in connection with the application will be subject to verification by federal, state, or local officials to determine if the information is factual; that if any information is incorrect, SNAP may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information.**

If any member of your household receives SNAP or Temporary Assistance for Needy Families (TANF) benefits, then all children in your household are eligible for free school meals if their school participates in the United States Department of Agriculture (USDA) meal program.

Please call your child's school if you have questions regarding the School Breakfast and Lunch Program. They will be able to provide you information when:

- You think your child should get free meals but does not receive them,
- You do not want your child to get free school meals, or
- You have questions about the USDA meal programs.

Information about TANF and other programs available under the Department of Human Services can be found at the following website: <http://humanservices.hawaii.gov/bessd/>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form*, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail: Food and Nutrition Service, USDA  
1320 Braddock Place Room 334  
Alexandria, VA 22314

Fax: (833) 256-1665 or  
(202) 690-7442

Email: [FNCSIVILRIGHTSCOMPLAINTS@USDA.GOV](mailto:FNCSIVILRIGHTSCOMPLAINTS@USDA.GOV)

This institution is an equal opportunity provider.

**Apply faster online at: <https://pais-benefits.dhs.hawaii.gov>**

Do you need help in another language? We will get you a free interpreter. Call <b>(1-888-975-7328)</b> to tell us which language you speak.	English
您需要其它語言的幫助嗎？如有需要，請致電 <b>(1-888-975-7328)</b> ，我們會提供免費翻譯服務。 您需要其它语言的帮助吗？如有需要，请致电 <b>(1-888-975-7328)</b> ，我们会提供免费翻译服务。	廣東話/广东话 (Chinese - Cantonese)
您需要其它語言的幫助嗎？如有需要，請致電 <b>(1-888-975-7328)</b> ，我們會提供免費翻譯服務。 您需要其它语言的帮助吗？如有需要，请致电 <b>(1-888-975-7328)</b> ，我们会提供免费翻译服务。	國語/普通话 (Chinese - Mandarin)
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori <b>(1-888-975-7328)</b> omw kopwe ureni kich meni kapas ka ani.	Kapasen Chuuk (Chuukese)
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona <b>(1-888-975-7328)</b> `oe ia la kua a e ha`ina `oe ia la maua mea `olelo o na `aina `e.	‘Ōlelo Hawai‘i (Hawaiian)
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>(1-888-975-7328)</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo.	Ilokano (Ilocano)
貴方は、他の言語に、助けを必要としていますか？私たちは、貴方のために、無料で通訳を用意できます。電話番号の、 <b>(1-888-975-7328)</b> に、電話して、私たちに貴方の話されている言語を申し出てください。	日本語 (Japanese)
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>(1-888-975-7328)</b> 로 전화해서 사용하는 언어를 알려주십시오	한국어 (Korean)
E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea <b>(1-888-975-7328)</b> pea e mana'o mia se fesosoani mo se faaliliu upu.	Gagana Samoa (Samoan)
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>(1-888-975-7328)</b> y díganos que idioma habla.	Español (Spanish)
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>(1-888-975-7328)</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin.	Tagalog (Tagalog)
คุณต้องการความช่วยเหลือทางด้านภาษาหรือไม่ ทางเราจะจัดหาล่ามฟรีให้คุณ โทรที่เบอร์ <b>(1-888-975-7328)</b> และบอกเราว่าคุณพูดภาษาอะไร	ภาษาไทย (Thai)
Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi <b>(1-888-975-7328)</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào.	Tiếng Việt (Vietnamese)
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>(1-888-975-7328)</b> aron magpahibalo kung unsa ang imong sinulti-han.	Visayan (Cebuano)

**STATE OF HAWAII**  
 Department of Human Services  
 Benefits, Employment, and Support Services Division  
**APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE**

<b>FOR OFFICIAL USE ONLY</b>	
CASE NAME	
CASE NUMBER	
DATE SIGNED FORM RETURNED	

**APPLICATION FILING:** The day your application is received is the date from which your eligibility for benefits will be determined. Benefits will be paid from that filing date if you are eligible. **If you are unable to fill out the application now, just complete your name, address, and sign below and turn it in.** You must still answer the rest of the questions on the application form before benefits are issued. If you cannot complete the application the eligibility worker will help you. If you are currently living in a public institution and will be released within 30 days, you may file your application today, but the date of application will be the day of release from the institution.

**PLEASE PRINT CLEARLY**

I am not currently receiving one or both of these benefits and would like to apply for:		<input type="checkbox"/> SNAP Benefits	<input type="checkbox"/> Financial Assistance
I am currently receiving benefits and would like to renew my:		<input type="checkbox"/> SNAP Benefits	<input type="checkbox"/> Financial Assistance
YOUR NAME (Last, First, M.I.)	YOUR SOCIAL SECURITY NO.	BIRTHDATE	PHONE NO.
SPOUSE'S NAME (Last, First, M.I.)	SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S BIRTHDATE	MESSAGE PHONE NO.
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)	APT/SPACE NO.	CITY & STATE	ZIP CODE
MILITARY BASE (IF RESIDING IN BASE HOUSING)			
YOUR MAILING ADDRESS (IF DIFFERENT FROM THE ABOVE NUMBER AND STREET)	APT/SPACE NO.	CITY & STATE	ZIP CODE
HOW MANY PERSONS PURCHASE FOOD AND PREPARE MEALS WITH YOU? (INCLUDE YOURSELF)	HOW MANY PERSONS DO NOT PURCHASE FOOD AND PREPARE MEALS WITH YOU?	ARE THEY RELATED TO ANYONE IN YOUR HOUSEHOLD?	HOW MANY CHILDREN LIVE WITH YOU?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANYONE IN YOUR HOME PREGNANT?	IF YES, INDICATE WHO NAME:	WHEN IS THE BABY DUE? DATE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

**CHECK THE BOX FOR EACH TYPE OF EMERGENCY ASSISTANCE YOU ARE APPLYING FOR:**  Financial  SNAP  
**Answer the EMERGENCY ASSISTANCE questions below only if you need help right away. If you meet the EMERGENCY ASSISTANCE requirements, you will be interviewed and may be provided SNAP benefits within seven (7) days and your financial eligibility will be determined within two (2) working days.**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your home a seasonal farm worker whose only source of income for the month terminated before applying and income of less than \$25 is expected within the next 10 days?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your home have cash or savings or bank accounts? Is yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your home received or expects to receive money this month? If yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently working and being paid? If yes, how much do you earn monthly? _____ When was your last pay (either cash or direct deposit) received? (Date) _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently paying for any of the following shelter expenses? If yes, list the amounts: <b>Rent/Mortgage</b> _____ <b>Electric</b> _____ <b>Gas</b> _____ <b>Water</b> _____ <b>Phone</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been served court papers to get out of your present living arrangements? (Attach papers)
<input type="checkbox"/>	<input type="checkbox"/>	Are you living in a temporary facility and have to get out in five days? If yes, name of facility? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently without a place to live?

**APPOINTMENT NOTICE:** When your application is received, an appointment notice for your interview will be sent or given to you. You must be interviewed before you can receive benefits. A telephone interview may be conducted in lieu of an office interview. To shorten the processing time, you should submit proof of information and verification as noted on your appointment letter. You may be asked at the interview to submit more information. If you miss your appointment, or need to change it, you must call the local office to reschedule. The following action will be taken if you miss your appointment:

- For SNAP, if you do not reschedule by the 30th day from the day you filed your application or the last day of your certification, your application will be denied. If your application is denied, you may be required to reapply to receive benefits. You may lose benefits for failing to appear at your interview.
- For financial assistance, if you do not reschedule your appointment date, your application will be denied within the time limits specified by our policies. If you are currently receiving benefits, they may be stopped if you do not reschedule the missed appointment. If benefits are denied or stopped, you may reapply if you still want benefits.

**AFTER YOUR INITIAL INTERVIEW WE ENCOURAGE YOU TO REPORT CHANGES AS SOON AS THEY HAPPEN, THIS MAY PREVENT ANY DELAYS IN BENEFITS TO YOU.**

**INTERVIEW INFORMATION:** An interview must be completed before you can receive help. Applicants will be scheduled for the first available appointment. You will be notified of the date and time of your appointment.

**YOU MAY BE APPROVED FOR SNAP WITHIN SEVEN (7) CALENDAR DAYS IF YOUR HOUSEHOLD MEETS ONE OF THE FOLLOWING:**

- Monthly rent/mortgage and utilities are more than your household's gross monthly income and liquid resources; or
- Gross monthly income is less than \$150 and your household's liquid resources, such as cash or checking/savings accounts, are \$100 or less; or
- Is a seasonal farmworker household whose income terminated prior to applying, is not expecting income of \$25 or more within the next 10 days and has liquid assets of less than \$100.

A single interview is sufficient when applying for both SNAP and financial assistance. Appointments are scheduled based on the date you apply.

SIGNATURE OR MARK OF ADULT APPLICANT	DATE	SIGNATURE OR MARK OF SPOUSE OF OTHER ADULT APPLICANT <i>(This signature is required for financial assistance only)</i>	DATE
WITNESS IF SIGNATURES ARE "X"	DATE		

**Refer to codes below for responses to questions marked with the corresponding asterisk symbols (\*)**

<b>1. HOUSEHOLD MEMBERS</b>	SEX	R E L A T I O N S H I P # 1 (*)	BIRTHDATE	SOCIAL SECURITY NUMBER	ETHNIC (**)	RACE (***)	MARRITAL STATUS (****)	YES or NO	H I G H E S T G R A D E	NAME OF CHILD'S PARENT(S) IF NOT IN THE HOME (SKIP IF APPLYING ONLY FOR SNAP)	Was child's mother married to child's father at time of birth? (Check one)	
On line #1, enter the name of the primary person who will receive the financial and/or SNAP benefits for your household. If spouse is in the household, list spouse on line #2. Then list the other household members who are applying for assistance. For financial assistance applicants, if anyone in the home is pregnant, list "unborn child" as a household member. All other household members <u>not applying</u> for assistance shall be listed under section #2.	M/F		MO/DAY/YR	(42 USC 1320b-7 requires that SSNs be provided for each household member applying for assistance.)							Yes	No
Last Name, First, M.I.												
1.												
OTHER NAMES USED			AGE:									
2.												
OTHER NAMES USED			AGE:									
3.												
OTHER NAMES USED			AGE:									
4.												
OTHER NAMES USED			AGE:									
5.												
OTHER NAMES USED			AGE:									
6.												
OTHER NAMES USED			AGE:									
7.												
OTHER NAMES USED			AGE:									
8.												
OTHER NAMES USED			AGE:									

**2. HOUSEHOLD MEMBERS WHO DO NOT WANT HELP**

Write in the names of others in your home who do not want assistance. These people do not need to give us information about their citizenship, immigration status or social security number. However, they may need to tell us about their income and answer the other questions on this form.

1.												
			AGE:									
2.												
			AGE:									
3.												
			AGE:									
4.												
			AGE:									

**3. Is anyone temporarily out of the home?**       Yes       No

Name	Date Left	Date to Return	Where Person Went

(*) Relationship Codes to Person #1:	(**) Ethnic Codes - Select only one code	(***) Marital Status Codes:
SP - Spouse      GR - Grandparent      EX - Ex-Spouse PA - Parent      GC - Grandchild      SS - Step Sibling CH - Child      NR - Not Related      ST - Step Parents SI - Sibling      OR - Other Related      CL - Common Law AU - Aunt/Uncle      UB - Unborn      CO - Cousin NN - Niece/Nephew      FC - Foster Child      SC - Step Child	HI - Hispanic NH - Not Hispanic  (***) Race Codes - Select one or more codes below WH - White      JA - Japanese BL - Black      KO - Korean AI - American Indian      CH - Chinese or Alaskan Native      FI - Filipino HA - Hawaiian      OA - Other Asian SA - Samoan      OP - Other Pacific Islanders <small>(This question is optional to answer. Failure to answer will not affect eligibility)</small>	NM - Never Married ML - Married, Living with Spouse DI - Divorced LS - Legally Separated MS - Separated MI - Married, Involuntary Separation WI - Widowed CL - Common Law



10. What is the primary language spoken in your home? \_\_\_\_\_

How well is English spoken in the home? (Check only one box)

- Does not speak or understand English
- Limited understanding
- Speaks well, does not read or write English
- Speaks well, limited reading and writing skills
- Speaks well, adequate reading and writing skills

Do you need an interpreter? If needed, an interpreter will be provided free of charge.

- Yes. What language: \_\_\_\_\_
- No. I will provide my own interpreter or have a family member or friend who can interpret for me.

11. Has anyone ever received financial or SNAP assistance?  Yes  No

NAME	TYPE OF ASSISTANCE	DATE LAST RECEIVED	COUNTY/STATE LAST RECEIVED

12. Has any household member been disqualified from SNAP or financial assistance programs?

- Yes  No If yes, list name, program, disqualification period, county, and state.

NAME	PROGRAM	DISQUALIFICATION PERIOD	COUNTY/STATE

13. For SNAP applicants/recipients only: if you are ages 18 through 54 and are an able-bodied adult without dependents (ABAWD), you will only be eligible for three (3) months of assistance in a 36-month period unless you meet additional work/training requirements. You must be employed or participating in an eligible work/training program for 20 hours per week. Have you participated in a work/training program under the Employment and Training (E&T) program, Workforce Innovation and Opportunity Act (WIOA), or Trade Adjustment Assistance (TAA) Act?  Yes  No

NAME	WORK OR TRAINING PROGRAM	PARTICIPATION DATES

14. Is anyone on strike?  Yes  No If yes, name? \_\_\_\_\_

15. List the person(s) who is needed in the home to care for a disabled person. \_\_\_\_\_

16. Does anyone have any of the items listed below? Include assets owned as of the first of the month and assets which are co-owned with anyone who does not live with you. Check "Yes" or "No" for each item below. Include other assets not listed in blank spaces provided below.

**FINANCIAL ACCOUNTS**

YES	NO	ASSETS	NAME OF PERSON(S) ON ACCOUNT	NAME OF FINANCIAL INSTITUTION & BRANCH	ACCOUNT NO.	AMOUNT
		Checking Accounts: Personal/Business				\$
		Savings Accounts				\$
		Credit Union Accounts				\$
		Christmas Savings				\$

**LIQUID ASSETS**

YES	NO	ASSETS	NAME OF PERSON(S) ON ACCOUNT	NAME OF FINANCIAL INSTITUTION & BRANCH	ACCOUNT NO.	AMOUNT
		Cash on Hand				\$
		Tax Refund/Tax Credit				\$
		Stocks/Bonds (savings bonds)				\$
		Money Market/ Time Certificate				\$
		IRA/KEOGH Deferred Comp.				\$
						\$
						\$

**OTHER ASSETS**

YES	NO	ASSETS	PERSON(S) LISTED AS OWNERS	LOCATION/ADDRESS OF ITEM	MARKET VALUE	AMOUNT OWED	EQUITY
		Your Home/Mobile Home			\$	\$	\$
		Other Houses/Land/ Buildings			\$	\$	\$
		Agreement of Sale of Real Property			\$	\$	\$
		Burial Plans/Cemetery Plot			\$	\$	\$
		Life Insurance-List all Policies			\$	\$	\$
		Other (Specify, i.e. Jewelry, TV, Radio, Stereo, Musical Instruments, Hobby Items, Etc.)			\$	\$	\$

**TRANSFER OF PROPERTY**

17. Has anyone sold, traded, transferred, or given away money, vehicles, property, or other resources/assets in the last 3 months (if applying for SNAP only), or in the last 24 months (if applying for financial assistance)?  
 Yes     No    If yes, complete below:

ITEM SOLD, TRADED, ETC.	DATE	REASON FOR SELLING, TRANSFERRING, ETC.	ACTUAL VALUE OF ITEM	AMOUNT OWED	AMOUNT RECEIVED
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**STUDENT INFORMATION**

18. Is anyone aged 16 years and older a student?     Yes     No    If yes, complete below:

NAME OF STUDENT	NAME OF SCHOOL	FULL TIME?	PART TIME?	START DATE MO/DAY/YR	END DATE MO/DAY/YR

19. Has anyone applied for admission to a college, training, or vocational school?     Yes     No    Name: \_\_\_\_\_

**UNEARNED INCOME**

20. Is anyone receiving, expect to receive, or applied for any type of income listed below? Check "Yes", "No" or "Pending" (if awaiting approval) for each source of income. If "Yes" is checked, complete the information about the income source.

YES	NO	PENDING	SOURCE OF INCOME	PERSON WHO RECEIVES INCOME	MONTHLY AMOUNT	HOW OFTEN RECEIVED? (MONTHLY/WEEKLY)
			Social Security		\$	
			Supplemental Security Income (SSI)		\$	
			Assistance Payments from Another State		\$	
			Unemployment Benefits		\$	
			Housing Authority (HUD, Section 8), Energy Assistance		\$	
			Child Support, Alimony		\$	
			Money from friends, relatives, charities, contributions, gifts, etc.		\$	
			Blood/Plasma income		\$	
			Interest/Dividends/Royalties		\$	
			Veteran's Benefits, Railroad Retirement, other Governmental Benefits		\$	
			Retirement/Pension, Profit Sharing, Annuity Pmts.		\$	
			Temporary Disability Insurance/Worker's Compensation		\$	
			Training Allowance, Vocational Rehabilitation, JTPA		\$	
			Foster Care Payments		\$	
			Strike Pay		\$	
			Military Enlistment Bonus		\$	
			Military Allotment		\$	
			Money from land/building sales, rentals or leases (to include agreement of sales)		\$	
			Prizes, Cash, Gifts, Awards		\$	
			Lottery and/or Gaming Winnings		\$	
			Insurance Settlements		\$	
			Reapplication or Appeal of a Denied Benefit (such as SSI or Unemployment benefits, etc.)		\$	
			Other (Specify)		\$	



## EARNED INCOME

21. Give record of all places where you have worked. (Begin with most recent job)

Name, Address, and Phone Number of Employer	From: Mo/Day/Yr	to: Mo/Day/Yr	Reason for Leaving	Date(s) Last Paid
<b>Applicant:</b>				
1.				
2.				
3.				
<b>Spouse:</b>				
1.				
2.				
3.				

22. Is anyone working?  Yes  No If Yes, complete and bring verification to the interview.

PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	

23. Is anyone self-employed, earning money from a business, baby-sitting, out of home sales, repairing cars, swap meets, garage sales, arts, crafts, etc.?  Yes  No If Yes, complete the following and provide verification.

SELF-EMPLOYED PERSON	TYPE OF BUSINESS	HOURS WORKED PER WEEK	MONTHLY GROSS	MONTHLY EXPENSES
			\$	\$
			\$	\$

24. Does anyone receive money from roomers or boarders?  Yes  No If Yes, complete the following:

NAME OF ROOMER OR BOARDER	MONTHLY AMOUNT RECEIVED	
	ROOM	BOARD
	\$	\$
	\$	\$
	\$	\$

25. Does anyone expect a change in income (such as a new job, a change in wages, etc.)?  Yes  No  
If Yes, complete the following:

NAME OF PERSON	EXPLAIN	DATE OF CHANGE

## COMPLETE FOR SNAP ONLY DEDUCTIBLE EXPENSES

Shelter expenses are used as a deduction from your household's countable income to determine the amount of SNAP benefits your household may be entitled to receive. Expenses that are not reported and verified will not be allowed as a deduction from your countable income in determining your SNAP benefit amount. To claim expenses in the future, your household will need to report and verify expenses in which adjustments to your benefits, if any, will take effect the month after the verification is received by DHS.

### SHELTER EXPENSES

26. Does any person or agency outside of your household help pay for or provide, at no cost to you, any of the expenses listed below?  
 Yes  No If Yes, ( ✓ ) the expense(s):  
 Rent  Utilities  Taxes  Mortgages  Personal Supplies  Food  Household Supplies  
 Medical Care  Clothing  Other \_\_\_\_\_  
 If Yes, what person or agency helps you pay for or provides the expense(s)? \_\_\_\_\_  
 Do you need to pay them back?  Yes  No

27. Is anyone in your household working off any part of the rent?  Yes  No If Yes, indicate amount \$ \_\_\_\_\_  
 28. Do you live in Public Housing?  Yes  No  
 29. Does your household pay any shelter and/or utility expenses (such as rent, electricity, property tax)? Check "Yes" or "No". If "Yes" is checked, complete the information for each item below:

YES	NO	ITEM	HOW OFTEN BILLED (Monthly, Weekly)	CURRENT BILLED AMOUNT	YES	NO	ITEM	HOW OFTEN BILLED (Monthly, Weekly)	CURRENT BILLED AMOUNT
		Rent					Gas		
		Boat Slip					Propane, Kerosene, Coal, Wood		
		Mortgage/2nd Mortgage					Telephone		
		Sales/Local Property Tax/ Assessments					Utility Installation Fees		
		Homeowner's Insurance					Unoccupied Home Expenses		
		Water					Car Payment (If car is used as a home)		
		Garbage, Sewer, Trash Collection					Car Insurance (If car is used as a home)		
		Electricity					Other (Specify)		

LIST YOUR LANDLORD'S NAME, ADDRESS AND PHONE NUMBER

30. Are you billed separately for utility cost?  Yes  No If Yes, ( ✓ ) check the utilities:  
 Electric/Gas  Water  Sewer/Trash  Telephone  
 If yes, choose one of the following options "A" or "B" for each utility billed separately:  
 Electricity/Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer/Trash \_\_\_\_\_ Telephone \_\_\_\_\_  
**A. Standard Utility Allowance (SUA)**  
 The SUA is an amount which reflects the average statewide amount spent for specific utilities and other mandatory fees. You may choose to have **either** the actual cost **or** the SUA for each utility cost used in determining the SNAP shelter cost deduction amount.  
**B. Actual Utility Costs**  
 If you choose to use ACTUAL COSTS, you will need to verify these costs with copies of utility bills.

ANY QUESTIONS REGARDING THESE OPTIONS CAN BE DISCUSSED DURING YOUR INTERVIEW. ONCE YOU SELECT AN OPTION, YOU CAN CHANGE IT ONLY ONE TIME IN 12 MONTHS.

31. Does your room or rent payment include meals?  Yes  No If Yes, complete the following:

PAYMENT ROOM/MEALS	NO. OF MEALS PROVIDED PER DAY	MONTHLY AMOUNT
\$ _____	_____	\$ _____

**ALIMONY/CHILD SUPPORT EXPENSES**

32. Does anyone pay alimony, child support, or make payments for those whom you claim as tax dependents and do not live in your home?  
 Yes     No    If Yes, complete the following:

TYPE OF PAYMENT	AMOUNT	HOW OFTEN PAID	NAME OF PERSON PAID
	\$		
	\$		

**DEPENDENT CARE EXPENSES**

33. Does anyone pay or is anyone billed for the care of a child or disabled adult so someone can work, attend school or training, or look for work?  
 Yes     No    If Yes, complete the following:

NAME OF PERSON RECEIVING CARE	NAME OF PERSON PAYING CARE	BILLING		NAME AND ADDRESS OF PERSON PROVIDING CARE
		YOUR SHARE MONTHLY	TOTAL DUE MONTHLY	

**MEDICAL EXPENSES**

34. MEDICAL EXPENSES. List current medical bills. Also, list estimates for anticipated medical expenses for the next 12 months for members of your household who are:

- (1) Aged 60 years or older.
- (2) Receiving Supplemental Security Income (SSI), Social Security Disability or Blindness payments, Railroad Retirement or other government disability payments.
- (3) Entitled to, but not receiving SSI or Social Security Disability or Blindness Benefits.
- (4) A disabled veteran; or
- (5) A disabled spouse or a child of a deceased Veteran.

Medical bills/expenses include Medicare premiums, health and hospitalization insurance premiums, prescription drugs, doctor and dental bills, medical transportation costs, glasses, dentures, hearing aids, service of a nurse, or attendant, etc.

NAME OF PERSON THE EXPENSE IS FOR	ACTUAL AMT. BILLED	ESTIMATED EXPENSE	HOW OFTEN BILLED (MONTHLY, WEEKLY)	NAME OF DOCTOR, HOSPITAL PHARMACY, INSURANCE COMPANY
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

**(1) SOCIAL SECURITY NUMBER (SSN):**

Pursuant to 42 USC 1320b-7, the SSNs of persons applying for and receiving financial assistance and/or SNAP benefits will be used to check identities of household members to prevent duplicate participation, verify income/asset amounts, and to do mass changes. SSNs will also be used in program reviews or audits and in computer matching with the Internal Revenue Service, State Department of Labor, and Social Security Administration to make sure your household is eligible. This may result in criminal or civil action of administrative claims against persons fraudulently receiving financial assistance and/or SNAP benefits.

**(2) YOU HAVE THE RIGHT:**

- **To discuss any action** regarding your case with your worker or the supervisor if you are dissatisfied.
- **To be notified in advance** before your benefits are reduced or discontinued.
- To ask for a hearing in writing, or orally for SNAP, if you are dissatisfied with any action taken by DHS, and may ask the Legal Aid Society of Hawai'i, or anyone you want, to help you get a hearing. Your case may be presented at the hearing by any person you choose.
- **To have your record kept confidential.**
- **To have a bilingual or sign-language interpreter.** All of our oral and written communication to you will be in English. If you do not understand what you hear or read, please inform DHS right away.
- In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also based on religion or political beliefs. To file a complaint of discrimination, you may contact the DHS Civil Rights Compliance Office, the U.S. Department of Agriculture (USDA), or the U.S. Department of Health and Human Services.

Department of Human Services  
Civil Rights Compliance Office  
1390 Miller Street, Room 214  
Honolulu, Hawai'i 96813  
Phone: (808) 586-4955

USDA Food and Nutrition Services  
Assistant Secretary for Civil Rights (ASCR)  
1320 Braddock Place, Room 334  
Alexandria, VI 22314  
Phone: (866) 632-9992 (voice and TDD)

U.S. Department of Health and Human Services  
Office for Civil Rights, Centralized Case Management Operations  
200 Independence Ave., S.W. Suite 515F, HHH Building  
Washington, D.C. 20201  
Customer Response Center: 1-800-368-1019 or 1-800-537-7697 (TDD)

USDA and HHS are equal opportunity providers and employers.

**(3) APPLICANT RESPONSIBILITIES:**

- For SNAP and financial assistance, complete and sign the application.
- Complete an eligibility interview.
- Provide required information, documentation, and verification, such as birth certificates, government issued IDs, paystubs, bank statements, utility bills, etc.
- For the financial assistance programs: Apply for and develop potential sources of income and/or assets.

Applicants for SNAP and financial assistance who fail to meet all of the eligibility factors; fail to cooperate with DHS by providing the information and verification necessary to determine eligibility by DHS deadlines; fail to apply for and develop potential sources of income and/or assets when known; or refuses to inform DHS of the amount of the unapplied for and undeveloped potential source of income and assets when known, shall be ineligible.

**(4) ELECTRONIC BENEFITS TRANSFER (EBT)**

You are responsible to report lost, stolen, or misused EBT cards immediately by calling the EBT toll-free customer service number, or by accessing the EBT website at [www.ebtEDGE.com](http://www.ebtEDGE.com). There will be no replacement of any benefits accessed with an EBT card prior to the card being reported lost, stolen or misused. You are responsible to report immediately any changes in the status of your alternate payee. There will be no replacement of any benefits accessed by alternate payees or any other individuals using an EBT card and a valid PIN. Benefits not withdrawn for 112 days for financial assistance accounts and 274 days for SNAP accounts will be returned to DHS.

**(5) PENALTY WARNING:**

- **Do not make any false statements or hide any information. Sanctions and court prosecution may be pursued under applicable state and federal laws.**
- **Do not do anything dishonest to get financial assistance and SNAP benefits which you are not supposed to get.**
- **Do not give, trade, or sell your SNAP benefits or EBT card to anyone else.**
- **Do not alter or use someone else's SNAP or EBT card for your household.**
- **Do not use your SNAP benefits or EBT card to buy ineligible items such as alcoholic drinks and tobacco.**
- **For the financial assistance programs, an intentional program violation disqualification penalty is twelve months for the first violation, twenty-four months for the second violation and permanently for the third or more violations.**
- **For SNAP, any household or family member who intentionally breaks SNAP rules, can be fined up to \$250,000, imprisoned up to 20 years or both. A member of your household can be barred from SNAP for one year for the first violation; two years for a second violation and permanently for the third or any subsequent violation and an additional 18 months if court ordered. The individual may also be subject to further prosecution under other applicable federal laws. A member convicted of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives is permanently ineligible to participate in SNAP. Individuals convicted of trafficking SNAP benefits of \$500 or more are permanently ineligible. Individuals found guilty to have used or received SNAP benefits in a transaction involving the sale of controlled substance are ineligible to participate for two years for first violation and permanently for the second violation. Individuals who have committed and been convicted of federal or state felonies after 8/22/96 for possession, use or distribution of illegal drugs and who refused to comply with treatment or with a treatment program are ineligible for the program. An individual is ineligible to receive financial assistance and SNAP benefits for 10 years if found to have filed more than one application at the same time and have given false identification or residence information. Fleeing felons and probation/parole violators are ineligible for financial assistance and SNAP benefits.**

**(6) YOUR AUTHORIZATION:**

- I agree that the information I provide to the Department will be subject to verification by Federal, State and local officials to determine if such information is factual; and if any information is incorrect, SNAP benefits may be denied; and I may be subject to criminal prosecution for knowingly providing incorrect information.
- I authorize the Department to check with any financial institution, including, but not limited to, banks, savings and loan associations, thrift companies and credit unions, to verify that I am eligible for help. I authorize any financial institution to provide the Department information, including information on the existence and nature of and amount in any account I may have with the financial institution.
- I agree to provide the necessary documents to verify the statements I have made. If documents are not available, I agree to give the name(s) of the person(s) (such as medical professionals, employers, and applicable state or federal agencies) whom the Department may contact for information about me which may be needed to show that I am eligible for help.
- I agree to cooperate with all DHS staff, Quality Control reviewers, and/or auditors if my case is selected for a review.
- I understand that the Department may need to release information about me for purposes connected with the administration of the Department's assistance program, or the administration of federally assisted programs which provides assistance on the basis of need.
- I understand that the Department will obtain and exchange information about me to verify my income and eligibility from the Internal Revenue Service and exchange information about me with the Social Security Administration, Department of Labor for wages and unemployment compensation, and agencies in all states administering the Income Eligibility Verification System.
- I understand that if SNAP benefits are issued before a determination of financial eligibility is made, that the amount of SNAP benefits may be reduced without further notice as long as I am notified of this possibility on the notice approving SNAP benefits.
- I understand that my residence and business address may be released to law enforcement officers if needed for an official administrative, civil, or criminal law enforcement purpose, or to identify a recipient as a fugitive felon or a parole violator.
- I understand that if my EBT account becomes inactive because I failed to access my benefits, the balance in my EBT account may be used to offset any outstanding overpayments that my household owes DHS.
- I authorize DHS to release information from my case to the Social Security (SS) advocate contracted by DHS. This information will be used to help get SS benefits for me. The types of information which may be released shall include medical, income and asset information and work history. I also authorize the advocate to release information to DHS regarding the status of my claim for SS and any failure to comply with appointments and requests for information.
- I understand that release of this information may affect my public assistance benefits. This consent is good until a final determination of eligibility for SS has been reached or the consent is withdrawn in writing.
- I agree that I will not access my Temporary Assistance for Needy Families (TANF) financial assistance benefits through any electronic benefit transfer transaction in any liquor store; any casino; gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

**(7) ASSIGNMENTS AND AGREEMENT:**

- **ASSIGNMENT OF RIGHTS:** I understand that as a condition of eligibility for financial assistance, I am assigning to the State of Hawai'i any rights to child and spousal support that I may receive from another person, for myself and/or any family member(s) for whom I am applying for or receiving financial assistance. This assignment includes rights to support from previous as well as present and future financial support. Such payments will be used to reimburse the State up to the amount of assistance granted. You may be exempt from this requirement if you fear physical or mental harm to yourself or your children. I also understand that when I assign child and spousal support to the State, I must have the State's permission to negotiate or seek a new court order or otherwise change the existing status of my child or spousal support agreement. I agree to cooperate with the State in establishing paternity for the minor children in my application.
- **REAL PROPERTY AGREEMENT:** I give the Department permission to verify information on my property. I also agree to report to the Department within five days any money received from the sale, lease, exchange or transfer of such property. If I assign or transfer any property for less money than what I get in the open market, my dependents and I will become ineligible for further assistance.

**(8) SNAP PRIVACY ACT STATEMENT:**

Collection of information for this application, including the social security number (SSN) of each household member is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.

- The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP.
- Information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- If a SNAP claim arises against your household, the information on the application, including all SSNs, may be referred to federal and state agencies, as well as to private claims collections agencies for claims collection action.
- The providing of the requested information, including the SSN of each household member, is voluntary. However, failure to provide this information will result in the denial of SNAP benefits to your household.

**(9) Temporary Assistance for Needy Families (TANF) Program Memorandum of Understanding:**

The TANF program provides time-limited financial assistance for families with dependent children under the age of 18 years. Families may receive no more than sixty (60) months of financial assistance benefits in their lifetime. After receiving the first 2 full months, the TANF benefits will be reduced by 20% thereafter unless the household is exempt from this reduction. Non-cooperation with the TANF Program requirements without good cause will result in ineligibility for financial assistance benefits. As a condition of eligibility, families are required to:

- Furnish a social security number for each household member;
- Cooperate with the Child Support Enforcement Agency to pursue additional financial support for your child(ren) if there is an absent parent; and
- Participate and comply with the work program requirement through the First-To-Work program.

**(10) YOUR CERTIFICATION (MUST BE SIGNED TO BE CONSIDERED A VALID APPLICATION):**

**Before signing this application, go back and check that you have answered each question. Make sure you understand your rights and responsibilities, penalty warning, your authorization, your consent, your assignments, and agreements.**

- I certify under penalty of perjury, that my answers are correct and complete to the best of my knowledge.
- I understand the questions on this application and the penalty for hiding or giving false information.
- I understand the assignments and agreements and agree to fulfill them as a condition of eligibility.
- I certify under penalty of perjury that the information provided on the Citizen Status Declaration on each applicant household member is correct.

SIGNATURE (OR MARK) OF APPLICANT	DATE	SIGNATURE (OR MARK) OF SPOUSE OR OTHER ADULT APPLICANT (Required for financial assistance only)	DATE	WITNESS IF SIGNATURE IS "X"
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**(11) CERTIFICATION BY AUTHORIZED REPRESENTATIVE  OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION : (Please check off one box)**

I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form  is what I know personally about him/her; or  was provided by the applicant/recipient.

SIGNATURE	RELATIONSHIP	DATE
HOME ADDRESS	PHONE NO.	

**(12) IN CASE OF EMERGENCY OR DEATH, THE PERSON TO CONTACT IS: (Please Print)**

NAME	RELATIONSHIP	PHONE NO.	ADDRESS
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## State of Hawai'i Processing Centers

<b>O'ahu</b>	<p><b>Kapolei Processing Center</b> 601 Kamokila Boulevard, #117 Kapolei, Hawai'i 96707 Phone: 1-855-643-1643 Fax: 808-692-7783</p>	<p><b>Ko'olau Processing Center- Luluku</b> 45-513 Luluku Road Kāne'ohe, Hawai'i 96744 Phone: 1-855-643-1643 Fax: 808-233-5358</p>	<p><b>KPT Processing Center</b> 1485 Linapuni Street, #122 Honolulu, Hawai'i 96819 Phone: 1-855-643-1643 Fax: 808-832-3392</p>
	<p><b>OR&amp;L Processing Center</b> 333 North King Street, #200 Honolulu, Hawai'i 96817 Phone: 1-855-643-1643 Fax: 808-586-8138</p>	<p><b>Pohulani Processing Center</b> 677 Queen Street, #400B Honolulu, Hawai'i 96813 Phone: 1-855-643-1643 Fax: 808-587-5297</p>	<p><b>Wahiawā Processing Center</b> 1008 California Avenue, Bldg. B Wahiawā, Hawai'i 96786 Phone: 1-855-643-1643 Fax: 808-622-6484</p>
	<p><b>Wai'anae Processing Center</b> 86-120 Farrington Highway, #A103 Wai'anae, Hawai'i 96792 Phone: 1-855-643-1643 Fax: 808-697-7184</p>	<p><b>Waipahu Processing Center</b> 94-275 Moku'ola Street, #303A Waipahu, Hawai'i 96797 Phone: 1-855-643-1643 Fax: 808-675-0038</p>	
<b>Maui County</b>	<p><b>Maui Processing Center - Lunalilo</b> 35 Lunalilo Street, #300 Wailuku, Hawai'i 96793 Phone: 1-855-643-1643 Fax: 808-243-5114</p>	<p><b>Maui Processing Center - State Building</b> 54 High Street, #125 Wailuku, Hawai'i 96793 Phone: 1-855-643-1643 Fax: 808-984-8333</p>	
	<p><b>Lāna'i Sub-Unit</b> 730 Lāna'i Avenue Lāna'i City, Hawai'i 96763 Phone: 1-855-643-1643 Fax: 808-565-6460 Mailing Address: PO Box 631374 Lāna'i City, Hawai'i 96763</p>	<p><b>Moloka'i Unit</b> 55 Maka'ena Place, #1 Kaunakakai, Hawai'i 96748 Phone: 1-855-643-1643 Fax: 808-553-1720 Mailing Address: PO Box 70 Kaunakakai, Hawai'i 96748</p>	
<b>Hawai'i Island</b>	<p><b>North Hilo Unit</b> Waiākea Kai Plaza 88 Kanoiehua Avenue, Suite A204 Hilo, Hawai'i 96720 Phone: 1-855-643-1643 Fax: 808-933-8856</p>	<p><b>South Hilo Unit</b> Kino'ole Plaza 1990 Kino'ole Street, #108 Hilo, Hawai'i 96720 Phone: 1-855-643-1643 Fax: 808-981-2819</p>	<p><b>Kamuela-Hāmākua Unit</b> State Office Building 1, #110 45-3380 Māmane Street Honoka'a, Hawai'i 96727 Phone: 1-855-643-1643 Fax: 808-775-8858</p>
	<p><b>Ka'ū Sub-Unit</b> Nā'ālehu Civic Center 95-5669 Māmalahoa Highway Nā'ālehu, Hawai'i 96772 Phone: 1-855-643-1643 Fax: 808-929-9500 Mailing Address: PO Box 6 Nā'ālehu, Hawai'i 96772</p>	<p><b>South Kona Unit</b> Captain Cook Civic Center 82-6130 Māmalahoa Highway, Bldg. 2 Captain Cook, Hawai'i 96704 Phone: 1-855-643-1643 Fax: 808-323-4549 Mailing Address: PO Box 225 Captain Cook, Hawai'i 96704</p>	<p><b>Kohala Sub-Unit</b> State Office Building 54-3900 'Akoni Pule Highway Kapa'au, Hawai'i 96755 Phone: 1-855-643-1643 Fax: 808-889-7132 Mailing Address: PO Box 249 Kapa'au, Hawai'i 96755</p>
	<p><b>North Kona Unit</b> 75-5722 Hanama Place, Ste. 1105 Kailua-Kona, Hawai'i 96740 Phone: 1-855-643-1643 Fax: 808-327-4684</p>		
<b>Kaua'i</b>	<p><b>Kaua'i Processing Center</b> Former Līhu'e Courthouse Building 3059 'Umi Street, #A110 Līhu'e, Hawai'i 96766 Phone: 1-855-643-1643 Fax: 808-335-8446</p>		

**STATE OF HAWAII  
NATIONAL VOTER REGISTRATION ACT QUESTIONNAIRE**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- Already registered** I am registered to vote at my current residence address.
- YES** I would like to register to vote. (Please fill out the *Voter Registration Application*.)
- NO** I do not want to register to vote.

**If you do not check a box, you will be considered to have decided not to register to vote at this time.**

**Important Notices**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application, we will help you. The decision to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Office of Elections by phone (808) 453-VOTE (8683) or toll free at 1-800-442-VOTE (8683) or by mail to Office of Elections, 802 Lehua Avenue, Pearl City, Hawaii 96782.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only	<input type="checkbox"/> Applicant declined to sign questionnaire	State Agency ID: A017
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## Estado ti Hawaii

### Listaan Dagiti Saludsod iti Babaen ti Linteg ti Nailian a Rehistrasion ti Botante

No saanka a rehistrado nga agbotos iti lugar a pagnaedam ita, kayatmo kadi ti agaplikar nga agparehistro a kas botante iti daytoy a lugar ita met laeng?

- Nakapagparehistroakon** Rehistradoak nga agbotos iti agdama nga adres ti residensiak.
- Wen** Kayatko ti agparehistro nga agbotos.  
(Kompletuen ti Aplikasion ti Rehistrasion ti Botante.)
- Saan** Diak kayat ti agparehistro nga agbotos.

**No awan ti tsekam a kahon, maikonsiderarka nga inkeddengmo ti saan nga agparehistro nga agbotos iti daytoy a gundaway.**

#### Napateg a Pakaammo

Ti panagaplikar nga agparehistro wenno panagkedked nga agparehistro tapno makapagbotos ket saan a makaapektar iti kaadu ti tulong a maipaay kenka daytoy nga ahensia.

No kasapulam ti tulong iti panangkompletom iti aplikasion ti rehistrasion ti botante, tulongandaka. Ti desision nga agkiddaw wenno umawat iti tulong ket agpannurray kenka. Mabalnmo a kompletuen ti aplikasion a siksika.

No patiem nga adda nangbiang iti kalintegam nga agparehistro wenno agkedked nga agparehistro nga agbotos, wenno iti karbengam iti kinapribado (privacy) iti panangikeddeng no agparehistroka wenno iti panagaplikarmo nga agparehistro nga agbotos, mabalnmo ti mangipila iti reklamo iti Opisina Dagiti Eleksion (Office of Elections) babaen ti yaawagmo iti (808) 453-VOTE (8683) wenno iti libre a pagawagan (toll free) iti 1-800-442-VOTE (8683) wenno babaen ti koreo iti Office of Elections, 802 Lehua Avenue, Pearl City, Hawaii 96782.

\_\_\_\_\_  
Iprinta ti Nagan

\_\_\_\_\_  
Pirma

\_\_\_\_\_  
Petsa

Office Use  
Only

Applicant declined to sign questionnaire

State Agency ID: A017



夏威夷州  
全國選民登記法問卷

如果您沒有在現居地登記投票，今天要在此申請登記投票嗎？

- 已經登記 我已在我目前的居住地址登記投票。
- 是 我想登記投票。（請填寫選民登記申請表。）
- 否 我不想登記投票。

如果您沒有勾選，將被視為決定此次不登記投票。

重要通知

申請登記或拒絕登記投票都不會影響該機構將提供給您的援助金額。

如果您需要幫忙填寫選民登記申請表，我們將提供您協助。您可自行決定是否尋求或接受幫忙。您可以私下填寫申請表。

如果您認為有人干涉了登記或拒絕登記投票的權利，或是決定是否登記或申請登記投票時的隱私權，您可以撥打電話向選舉辦公室提出申訴（808）453-VOTE (8683) 或免費電話 1-800-442-VOTE (8683) 或郵寄至 96782 夏威夷珍珠城 Lehua Avenue 802 號的選舉辦公室

正楷姓名

簽名

日期

Office Use  
Only

Applicant declined to sign questionnaire

State Agency ID: A017

## Hawaii Votes by Mail

All registered voters will be automatically sent a ballot to their mailing address in Hawaii associated with their voter registration.

### First time Voter Mailing this Application

If you are registering to vote for the first time in the State of Hawaii, mailing this application, and do not have a Hawaii Driver License, Hawaii State ID, or the last 4-digits of your Social Security Number, you are required to provide proof of identification. Proof of identification includes a copy of:

- A current and valid photo identification; or
- A current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

### Submitting Your Application

**County of Hawaii**    **County of Kauai**  
25 Aupuni St. #1502    4386 Rice St. #101  
Hilo, HI 96720    Lihue, HI 96766

**County of Maui**    **City & County of Honolulu**  
200 S. High St.    530 S. King St. #100  
Wailuku, HI 96793    Honolulu, HI 96813

## Language Assistance

若想獲得電子檔的翻譯材料，或者需要協助填表事宜，請聯繫選舉辦公室 (**Office of Elections**)。

No nā pono koho pāloka a i 'ole no ke kōkua 'ōlelo Hawai'i, e ho'oka'a'ike i ka Māhele Koho o ka Moku'āina.

Para kadagiti naipatarus a materiales a mainaiga iti eleksion wenno tulong iti lengguahe tapno makompletotoy daytoy nga aplikasion, awagan ti Opisina Dagiti Eleksion (**Office of Elections**).

Para sa mga isinalin na babasahin tungkol sa eleksyon o upang makatanggap ng tulong sa wika sa pagkumpleto ng aplikasyon na ito, makipag-ugnayan sa Tanggapan ng mga Eleksyon (**Office of Elections**).

## Contact Us

For information about registering to vote, contact your **County Elections Division**.

**County of Hawaii** ..... (808) 961-8277  
**County of Maui**..... (808) 270-7749  
**County of Kauai**..... (808) 241-4800  
**City & County of Honolulu**... (808) 768-3800

For additional voting information, contact the **Office of Elections**.

Phone: (808) 453-VOTE (8683)  
Toll Free: 1-800-442-VOTE (8683)

TTY: (808) 453-6150  
Toll Free TTY: 1-800-345-5915

Email: elections@hawaii.gov  
Website: elections.hawaii.gov



# Voter Registration Application

**This application can be used for:**

- First time registration
- Name change
- Address change
- Signature update



# Hawaii Voter Registration Application

Please print clearly in black ink.

Register online at [elections.hawaii.gov](https://elections.hawaii.gov)

**1** **Do you meet these qualifications:**

Are you a citizen of the United States of America?  Yes  No

Are you at least 16 years of age? (Must be 18 to vote)  Yes  No

Are you a resident of the State of Hawaii?  Yes  No

**If you answered "No" to any of the above, DO NOT complete this form.**

**The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein.**

**2** Last Name  First Name  M.I.  Suffix (Jr., II)

**3** HI Driver License or HI State ID Number  **If you do not have either, complete box 3b.**

**3b**  I do not have a HI Driver License or HI State ID     **Provide the last 4 digits of your Social Security Number.**

I do not have a HI Driver License, HI State ID, or SSN

**4** Date of Birth  Phone Number  Email

**5** If you are disabled and unable to read standard print, would you like to receive an electronic ballot?

Yes. I am disabled and unable to read standard print and would like to request an electronic ballot be sent to my email indicated on this application. **Applicant must provide an email address to receive an electronic ballot.**

**6** Residence Address (P.O. Box, R.R., S.R., are not acceptable)  Apt. Number  City  Zip Code

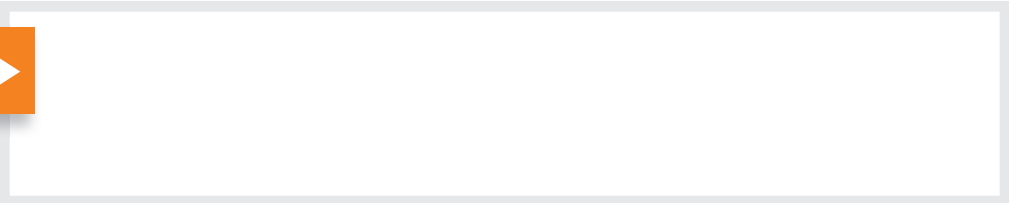
Mailing Address in Hawaii  Same as Residence Address  Apt. Number  City  Zip Code

**If your residence does not have a street address, describe the location (cross streets, landmarks).**

**7** **Are you registered to vote in another state?**  Yes. I hereby authorize cancellation of my previous registration at the following address, county, state, and zip code.

**Warning: Any person who knowingly furnishes false information may be guilty of a Class C felony.**

I hereby swear (or affirm) that all information furnished on this application is true and correct.

**SIGN HERE** 

Date

**8** **If you are unable to sign, mark the signature line and have a witness provide their signature, address, and phone number.**

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**Notice:** The identity of the voter registration agency through which any voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

# Palapala Kāinoa Koho Pālōka

E kākau mōakāka 'ia me ka 'īnika 'ele'ele.

E kāinoa ma ka pūnaewele ma [elections.hawaii.gov](https://elections.hawaii.gov)

1	<b>Kū anei 'oe i kēia mau koina:</b> He kupa anei 'oe o 'Amelika Hui Pū 'Ia? Piha anei he 16 mau makahiki? (Pono he 18 mau makahiki e 'ae 'ia ke koho pālōka) He kanaka noho pa'a 'oe ma ka Moku'āina o Hawai'i? <b>Inā 'o "'A'ole"' ka pane i kekahi o nā ninau o luna, 'A'OLE e ho'opihapiha 'ia kēia palapala kāinoa.</b>	<input type="checkbox"/> 'Ae <input type="checkbox"/> 'A'ole <input type="checkbox"/> 'Ae <input type="checkbox"/> 'A'ole <input type="checkbox"/> 'Ae <input type="checkbox"/> 'A'ole	<b>No ka lilo 'ana i kanaka noho pa'a e like me ka mea i 'ōlelo 'ia ma kēia palapala hō'ike, 'a'ole lawa ka noho wale 'ana ma kēia moku'āina, akā e kūkala kūhelu 'ia 'o Hawai'i ko'u wahi e noho pa'a ai me ka lawe pū 'ana i nā 'ai'ē a pau e pono ai.</b>	
	2	Inoa Hope Inoa Mua Hua Inoa Waena Pāku'ina Kau Hope (Jr, II)		
3	Helu Laikini Kalaiwa Hawai'i a i 'ole Kāleka Kuhikuhi Kanaka <b>Moku'āina 'o Hawai'i inā 'a'ole loa'a, e ho'opiha i ka pahu 3b</b>	3b <input type="checkbox"/> 'A'ole loa'a ia'u ka Laikini Kalaiwa Hawai'i, ke Kāleka Kuhikuhi Kanaka Moku'āina 'o Hawai'i <b>E kākau mai i nā helu hope 4 o kou Helu Mālama Ola</b> <input type="checkbox"/> 'A'ole loa'a ia'u ka Laikini Kalaiwa Hawai'i, ke Kāleka Kuhikuhi Kanaka Moku'āina 'o Hawai'i, a i 'ole ka Helu Mālama Ola		
4	Lā Hānau Helu Kelepona Helu Leka Uila			
5	Inā hiki 'ole iā 'oe ke heluhelu i nā hua pa'i ma'amau ma muli o kekahi kīnānā, makemake 'ia anei ka pālōka uila? <input type="checkbox"/> 'Ae, ma muli o ke kīnānā, 'a'ole hiki ia'u ke heluhelu i nā hua pa'i ma'amau, no laila, ke noi nei au i ka ho'ouna 'ia o ka pālōka uila i ka'u helu leka uila i waiho ma kēia palapala noi. <b>He koina ka helu leka uila o ke kanaka koho i mea e pae aku ai ka pālōka uila.</b>			
6	Helu Wahi Noho (Hō'ole 'ia nā P.O. Box, R.R., S.R.) Helu Leka ma Hawai'i <input type="checkbox"/> Like me ka Helu Wahi Noho	Helu Ke'ena Noho Kaona Helu Kahi	Helu Kahi	
		Helu Ke'ena Noho Kaona Helu Kahi	Helu Kahi	
<b>Inā 'a'ohē helu o kou wahi noho, e kuhikuhi mai i kahi noho (nā alanui i kokoke, nā hō'a'ilona 'āina paha)</b>				
7	<b>Ua ho'okāinoa 'ia 'oe e koho pālōka i kekahi moku'āina a'e?</b> <input type="checkbox"/> 'Ae. 'Āpono au i ke kapae 'ia o ko'u kūlana he mea koho pālōka ma kēia helu wahi, kalana, moku'āina a helu kahi.			
8	<b>Maka'ala: Inā waiho kekahi kanaka i ka 'ikepili hewa ma ke 'ike pū i ka hewa, e ho'āhewa 'ia paha 'o ia i ka peloni pae C.</b> Ke ho'ohiki (a i 'ole hō'ōia) nei au i ka 'oia'i'o a me ka pololei o ka 'ikepili a pau i waiho 'ia ma kēia palapala.			
	<b>E PŪLIMA MA 'ANE'I</b>	Lā		
<b>Inā 'a'ole hiki ke pūlima, e kaha ma ka laina pūlima a e noi i kekahi kanaka 'ike maka e pūlima a e waiho mai i kona helu wahi a helu kelepona.</b>				
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**Hō'ike:** 'A'ole e hō'ike ākea 'ia ka 'oihana ho'okāinoa koho i kāinoa ai kekahi mea koho. He mea huna ka hō'ole 'ana a kekahi e kāinoa koho pālōka a ho'ohana 'ia ka 'ike no ka ho'okāinoa po'e koho pālōka wale nō (Kānāwai 'o National Voter Registration Act o 1993)

## 夏威夷郵寄投票



所有已登記的投票者都會在其夏威夷的投票登記地址收到選票。

## 首次投票者郵寄此申請

如果您是藉著寄送此申請以首次在夏威夷州進行選舉登記,且沒有夏威夷州駕駛執照、夏威夷州身分證或您社會安全碼的末 4 碼,您必須提供身分證文件。身分證證明包括:

- 包括相片的有效證件;或
- 有效的公用事業帳單、銀行紀錄、政府帳單、支票或其它載有您姓名和地址的政府文件。

## 聯絡我們

若想獲得更多投票登記資訊,請聯絡您的郡選舉辦公室。

夏威夷郡..... (808) 961-8277  
茂宜郡..... (808) 270-7749  
考艾郡..... (808) 241-4800  
檀香山市和郡..... (808) 768-3800

要了解額外投票資訊,請聯絡選舉辦公室。

電話: (808) 453-VOTE (8683)  
免付費電話: 1-800-442-VOTE (8683)

 文字電話: (808) 453-6150  
免付費文字電話: 1-800-345-5915

電子信箱: elections@hawaii.gov  
網站: elections.hawaii.gov

# 投票登記申請

### 此申請可被用來:

- 首次登記
- 姓名變更
- 地址變更
- 簽名更新



# 夏威夷投票登記申請

請以黑色墨水清楚列印。

線上登記 [elections.hawaii.gov](https://elections.hawaii.gov)

1	<b>您是否滿足以下條件：</b>			
	您是美國公民嗎？	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<b>本宣誓書中所述的居住地不僅是本人會在該州出現的地點，而是本人為使夏威夷成為本人的合法居住地，並承擔其中的所有義務所取得的住所。</b>	
您是否已滿 16 歲？(必須滿 18 歲才能投票)	<input type="checkbox"/> 是 <input type="checkbox"/> 否			
您是夏威夷州居民嗎？	<input type="checkbox"/> 是 <input type="checkbox"/> 否			
<b>如果您在以上任一題中回答「否」，請不要填寫此表。</b>				
2	姓	名	M.I. 後綴 (小、二世)	
3	夏威夷駕駛執照或夏威夷身分證號碼	3b		
	<b>如果您兩項都沒有，請填寫 3b 欄位。</b>		<input type="checkbox"/> 本人沒有夏威夷駕駛執照或夏威夷州身分證 提供您社會安全碼的最後 4 碼。 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> 本人沒有夏威夷駕駛執照、夏威夷州身分證或社會安全碼				
4	生日	電話號碼	電子郵件	
5	如果您有身心障礙，無法閱讀標準印刷品，您會想要收到電子選票嗎？			
<input type="checkbox"/> 是的。本人具有身心障礙，無法閱讀標準印刷品，希望在此申請將電子選票寄送至本人的電子信箱。 <b>申請者必須提供電子信箱地址以接收電子選票。</b>				
6	居住地址 (不可使用 P.O.Box, R.R., S.R.,	住房號碼	城市	郵遞區號
	在夏威夷的通訊地址 <input type="checkbox"/> 與居住地址相同	住房號碼	城市	郵遞區號
<b>如果您的住所沒有街道地址，請描述其位置 (交叉路、地標)。</b>				
7	<b>您是否曾在其它州進行投票登記？</b> <input type="checkbox"/> 是的。本人在此授權取消本人過往在以下地址、郡縣、州和郵遞區號進行的登記。			
<b>警告：任何人在知情狀況下提供錯誤資訊可能會觸犯 C 級重罪。</b> 本人在此宣誓 (或確認) 此申請案中的所有資訊都是真實正確的。				
8	<b>在此簽名</b> ▶			日期
	<b>如果您無法簽署，在簽名區域上註記，並讓證人提供他們的簽名、地址和電話。</b>			
OFFICE USE ONLY	ID Number	Location Code	Document Number	

**注意：**登記選民的選民登記機構的身份不得公開。被拒絕的申請案也會保密，僅供投票者登記目的使用 (1993 年國家投票登記法案)。

## Agbotos ti Hawaii Babaen ti Koreo



Amin a rehistrado a botante ket automatiko a maipatulod kadakuada ti balota babaen ti koreo iti adressa iti Hawaii a nailanad iti rehistrasionda a kas botante.

## Agdadamo a Botante a Mangikoreo iti Daytoy nga Applikasion

No agparehistro a botante iti umuna a gundaway iti Estado ti Hawaii, no ipatulodmo babaen ti koreo daytoy nga aplikasion, ket awananka iti Lisensia ti Panagmaneho iti Hawaii, ID ti Estado ti Hawaii, wenko ti maudi nga 4 a dihito (digits) Social Security Number-mo, masapul a mangitedka iti pammaneknek iti kinaasino. Ti pammaneknek iti kinaasino ket iramanna ti kopia ti:

- Agdama ken balido nga ID nga addaan retrato; wenko
- Agdama a pakakitaan iti bayadan iti serbisio publiko a kas iti danum wenno koriente, banko de kuenta, tseke ti gobierno, pakakitaan iti naawat a sueldo (paycheck), wenno dadduma pay a dokumento ti gobierno a pakakitaan iti nagan ken adresmo.

## Panangisumite iti Applikasionmo

### Ili ti Hawaii

25 Aupuni St. #1502 4386 Rice St. #101  
Hilo, HI 96720 Lihue, HI 96766

### Ili ti Kauai

### Ili ti Maui

200 S. High St. 530 S. King St. #100  
Wailuku, HI 96793 Honolulu, HI 96813

### Siudad ken Ili ti Honolulu

## Kasaritanakami

Para iti impormasion maipanggep iti panagparehistro nga agbotos, kasaritam ti makasakup kenka a **Dibision Dagiti Eleksion ti Ili (County Elections Division)**.

Ili ti Hawaii ..... (808) 961-8277

Ili ti Maui ..... (808) 270-7749


Ili ti Kauai ..... (808) 241-4800

Siudad ken Ili ti Honolulu .... (808) 768-3800

Para iti nayon nga impormasion iti panagbotos, kasarita ti **Opisina Dagiti Eleksion (Office of Elections)**.

Telepono: (808) 453-VOTE (8683)

Libre a Pagawagan: 1-800-442-VOTE (8683)

 Para Kadagiti Addaan Diperensia iti Panagsao ken Panagdengngeg (TTY) (808) 453-6150

Libre a Pagawagan TTY: 1-800-345-5915

Email: [elections@hawaii.gov](mailto:elections@hawaii.gov)

Website: [elections.hawaii.gov](http://elections.hawaii.gov)

# Applikasion iti Rehistrasion ti Botante

**Daytoy nga aplikasion ket mabalalin a mausar para iti:**

- Damo a rehistrasion
- Panagbaliw ti nagan
- Panagbaliw ti adres
- Panangpabaro iti pirma





# Hawaii Aplikasion ti Rehistrasion ti Botante

Isurat a nalawag iti nangisit a tinta.

Agparehistro online iti [elections.hawaii.gov](http://elections.hawaii.gov)

1	<b>Addaanka kadi kadagitoy a kualipikasion:</b> Maysaka kadi a sitisen ti Estados Unidos ti Amerika? <input type="checkbox"/> <b>Wen</b> <input type="checkbox"/> <b>Saan</b> Agtawenka kadi iti di nakurkurang ngem 16? (Masapul a 18 tapno makabotos) <input type="checkbox"/> <b>Wen</b> <input type="checkbox"/> <b>Saan</b> Maysaka kadi a residente iti Estado ti Hawaii? <input type="checkbox"/> <b>Wen</b> <input type="checkbox"/> <b>Saan</b>	<b>Ti pagnaedak a nailanad iti daytoy nga apidabit ket saan a gapu iti kaaddak laeng iti Estado, no di ketdi naalak gapu ta panggepko a mamagbalin iti Hawaii a legal a pagnaedak a kakuyogna amin nga obligasion.</b>
	<small>No sinungbatam iti "Saan" ti maysa kadagiti nailanad iti ngato, SAANMO a kompletuen daytoy a pormulario</small>	

2	Apeliedo	Nagan	M.I.	Nayon (Jr., II)
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3	Lisensia ti Panagmaneho iti HI wenno Numero ti ID ti Estado ti HI <b>No agpada nga awananka iti kastoy, kompletuen ti kahon 3b.</b>	3b	<input type="checkbox"/> Awananak iti Lisensia ti Panagmaneho iti HI wenno Numero ti ID ti Estado ti HI <b>Ited ti maudi nga 4 a dihito (digits) ti Social Security Number-mo.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Awananak iti Lisensia ti Panagmaneho iti HI, ID ti Estado ti HI, wenno SSN				

4	Petsa ti Pannakayanak	Numero ti Telepono	Email
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5	No addaanka iti banay ti bagi (disabled) ket dika makabasa iti gagangay a naisurat, kayatmo kadi ti makaawat iti elektroniko a balota? <input type="checkbox"/> <b>Wen.</b> Adda banay ti bagi ket diak makabasa iti gagangay a naisurat ken agkiddawak koma iti elektroniko a balota a maipatulod iti email-ko a nailanad iti daytoy nga aplikasion. <b>Ti aplikante ket masapul a mangted iti email address tapno makaawat iti elektroniko a balota.</b>
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6	Adres ti Pagnaedan (P.O. Box, R.R., S.R., ket <u>saan</u> a mabalín)	Apt. Numero	Siudad	Zip Code
	Adres iti Hawaii a Pakaipatulodan ti Surat <input type="checkbox"/> Kapadana ti Adres ti Pagnaedan	Apt. Numero	Siudad	Zip Code

**No ti pagnaedam ket awanan iti adres ti kalsada, deskribirem ti lokasion (pakikinnurosan a kalsada, nalatak a pagtandaanan)**

7	<b>Rehistradoka kadi nga agbotos iti sabali nga estado?</b> <input type="checkbox"/> <b>Wen.</b> Ipalubosko a makanselar ti dati a rehistrasionko iti sumaganad nga adres, ili, estado, ken zip code.
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**Ballaag: Asino man a tao a mangiranta a mangted iti falso nga impormasion ket mabalín nga agbasol iti Klase C a pelonia.**

Adtoy nga isapatak (wenno patalgedak) nga amin a naited nga impormasion iti daytoy nga aplikasion ket pudno ken husto.

8	<b>AGPIRMA DIToy</b> ▶	Petsa
	<div style="border: 1px solid gray; height: 80px;"></div>	

**No dika makapagpirma, markaam ti linia a para iti pirma ken mangala iti saksi a mangited iti pirmana, adresna, ken numero ti teleponona.**

<b>OFFICE USE ONLY</b>	ID Number	Location Code	Document Number	
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**Pakaammo:** Ti kinaasino ti ahensia ti rehistrasion ti botante a nagparehistroan ti asino man a botante ket saan a maipalgak iti publiko. Ti panagkedked a panagparehistro nga agparehistro nga agbotos ket kompidensial met ket mausar laeng para iti panggep iti rehistrasion ti botante (Linteg iti Nailian a Rehistrasion ti Botante iti 1993).



## Boboto ang Hawaii sa Pamamagitan ng Koreo



Ang lahat na mga rehistradong botante ay awtomatiko na mapadadalhan ng balota sa kanilang adres ng tirahan na pagpapadalhan ng sulat ayon sa nakalagay sa kanilang rehistrasyon ng botante.

## Unang Beses na Boboto na Magpapadala Nitong Aplikasyon

Kung ikaw ay magpaparehistro na boboto sa kauna-unahang pagkakataon sa Estado ng Hawaii, at ipadadala mo sa pamamagitan ng koreo itong aplikasyon na ito, at wala kang Lisensya sa Pagmamaneho sa Hawaii, ID ng Estado ng Hawaii, o ng huling 4 na dihito (digits) ng iyong Social Security Number, ikaw ay kailangang mabigay ng katibayan ng pagkakilanlan. Kasama sa katibayan ng pagkakilanlan ang kopya ng:

- Ang kasalukuyan at balido na identipikasyon ng may litrato; o
- Ang kasalukuyan na utility bill o papel ng singil ng serbisyo publiko katulad ng tubig o koryente, deklarasyon ng banko (bank statement), tseke mula sa gobyerno, patunay ng sweldo (paycheck), o anumang dokumento mula sa gobyerno na nagpapakita ng iyong pangalan at adres.

## Pagsusumite ng Iyong Aplikasyon

### Bayan ng Hawaii

25 Aupuni St. #1502  
Hilo, HI 96720

### Bayan ng Kauai

4386 Rice St. #101  
Lihue, HI 96766

### Bayan ng Maui

200 S. High St.  
Wailuku, HI 96793

### Syudad at Bayan ng

**Honolulu**  
530 S. King St. #100  
Honolulu, HI 96813

## Kausapin Mo Kami

Para sa impormasyon tungkol sa pagpaparehistro para makaboto, kausapin ang iyong **Dibisyon ng mga Eleksyon ng Bayan (County Elections Division)**.

Bayan ng Hawaii ..... (808) 961-8277

Bayan ng Maui..... (808) 270-7749

Bayan ng Kauai..... (808) 241-4800

Syudad at Bayan ng Honolulu(808) 768-3800

Para sa karagdagan na impormasyon tungkol sa pagboto, kausapin ang **Tanggapan ng mga Eleksyon (Office of Elections)**.

Telepono: (808) 453-VOTE (8683)

Libreng Tawag: 1-800-442-VOTE (8683)



Para sa May Kapansanan sa Pandinig at Pagsasalita (TTY): (808) 453-6150

Libreng Tawag TTY: 1-800-345-5915

Email: [elections@hawaii.gov](mailto:elections@hawaii.gov)

Website: [elections.hawaii.gov](http://elections.hawaii.gov)

# Aplikasyon sa Rehistrasyon ng Botante

## Ang aplikasyon na ito ay maaaring gamitin para sa:

- Unang beses na rehistrasyon
- Pagpapalit ng pangalan
- Pagpapalit ng adres
- Pagbabago ng lagda



# Hawaii Aplikasyon sa Rehistrasyon ng Botante

Pakiprinta nang malinaw gamit ang itim na tinta.

Magparehistro online sa [elections.hawaii.gov](https://elections.hawaii.gov)

**1 Nasa iyo ba itong mga kuwalipikasyon:**

Ikaw ba ay sitisen ng Estados Unidos ng Amerika?  Oo  Hindi

Ikaw ba ay di kukulangin sa edad na 16? (Kailangan ay 18 upang makaboto)  Oo  Hindi

Ikaw ba ay residente ng Estado ng Hawaii?  Oo  Hindi

*Kung may sagot kang "Hindi" sa anuman sa mga nasa itaas, HUWAG mo nang kumpletuhin ang pormularyo na ito.*

**Ang residensya o tirahan na nailagay sa apidabit na ito ay hindi lamang dahil sa ako ay nasa Estado, kundi ito ay dahil sa intensyon ko na gagawin ang Hawaii na legal na tirahan kasama na rito ang mga kaakibat na obligasyon.**

**2**

Apelyido	Pangalan	M.I.	Karugtong (Jr., II)
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**3**

HI Lisensya sa Pagmamaneho o HI Numero ng ID ng Estado  
**Kung pareho na wala ka ng ganito, kumpletuhin ang kahon 3b.**

**3b**

Wala akong HI Lisensya sa Pagmamaneho o HI Numero ng ID ng Estado  
*Ibigay ang huling 4 na dihito (digits) ng iyong Social Security Number.*

Wala kong HI Lisensya sa Pagmamaneho, HI Numero ng ID ng Estado, o SSN

**4**

Petsa ng Kapanganakan	Numero ng Telepono	Email
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**5**

Kung ikaw ay may kapansanan at di makabasa ng nakaprinta sa papel, gusto mo bang makatanggap ng elektroniko na balota?

Oo. Ako ay kapansanan at di makabasa ng nakaprinta sa papel at hinihiling ko na mapadalhan ako ng elektroniko na balota sa email na nakalagay sa aplikasyon na ito. **Ang aplikante ay kailangang magbigay ng email address upang makatanggap ng eletroniko na balota.**

**6**

Adres ng Tirahan (ang P.O. Box, R.R., S.R., ay <u>hindi</u> pwede)	Apt. Numero	Syudad	Zip Code
Adres ng Tirahan sa Hawaii <input type="checkbox"/> Katulad ng Adres ng Tirahan na Pagdadalhan ng Sulat	Apt. Numero	Syudad	Zip Code

**Kung ang iyong adres ng tirahan ay walang adres ng kalsada, ilarawan ang lokasyon (mga kursada ng lansangan, mga palatandaan)**

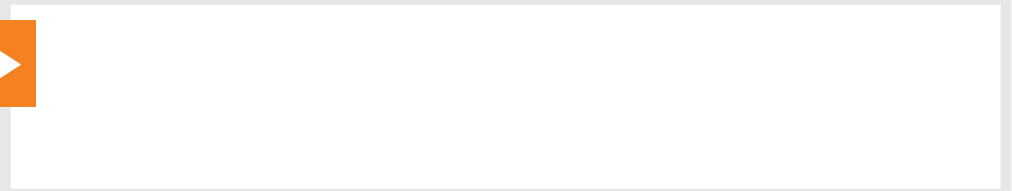
**7**

**Ikaw ba ay rehistrado na boboto sa ibang estado?**  Oo. Ako ay nagbibigay ng awtorisasyon na kanselahin ang aking naunang rehistrasyon sa sumusunod na adres, bayan, estado, at zip code.

**Babala: Ang sinumang tao na sadyang nagbibigay ng falso na impormasyon ay maaaring magkasala ng pelonya na Klase C.**  
Aking pinatotohanan (o pinatutunayan) na lahat ng impormasyon na nakasaad sa aplikasyon na ito ay totoo at tama.

**LUMAGDA KA RITO** ▶

**8**

	petsa
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**Kung hindi ka makalagda, markahan ang linya para sa lagda at kumuha ng saksi ng magbibigay ng kanyang lagda, adres, at numero ng telepono.**

<b>OFFICE USE ONLY</b>	ID Number	Location Code	Document Number	
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**Pabatid:** Ang identidad ng ahensya ng rehistrasyon ng botante na kung saan naiparehistro ang botante ay di malalaman ng publiko. Ang pagtanggap ng isang tao na magparehistro upang bomoto ay kompidensyal din at magagamit lamang para sa layunin tungkol sa rehistrasyon ng botante (Batas sa Nasyonal na Rehistrasyon ng Botante ng 1993).