



**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)
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok <b>(1-888-975-7328)</b> im kwalok non kim kajin ta eo kwo melele im kenono kake.	Kajin M̧ajeļ (Marshallese)
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**

FOR OFFICIAL USE ONLY	
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 <input type="checkbox"/>	NO <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 (***)	MARITAL (****)	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

**FINANCIAL ASSISTANCE AUTHORIZED REPRESENTATIVE**

I permit the following individual to be my representative TO APPLY FOR FINANCIAL ASSISTANCE on my behalf, as I am unable to do so myself (elderly, handicapped, etc.). Enter the name and address of applicant's representative below.

Representative's Name (Last, First, M.I.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.
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**SNAP AUTHORIZED REPRESENTATIVES**

I permit the following individual to be my representative TO APPLY FOR SNAP assistance on my behalf. (Include individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative.)

Representative's Name (Last, First, M.I.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.
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**ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE**

I permit the following individual to HAVE ACCESS TO MY FINANCIAL ASSISTANCE.  Yes  No  
 I permit the following individual to HAVE ACCESS TO MY SNAP BENEFITS and to purchase my food.  Yes  No  
 This representative will be issued an EBT card and PIN (personal identification number). (Include the individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative. The date of birth and social security number will be used for security purposes only.)

Representative's Name (Last, First, M.I.)	Date of Birth	Social Security Number
Representative's Address (Number, Street, Apt., City, State, Zip Code)		Phone No.

**QUESTIONS 4 THROUGH 34 ARE TO BE ANSWERED FOR ONLY THOSE WHO ARE APPLYING FOR ASSISTANCE.**

4. Is anyone a disabled U.S. veteran or a disabled spouse or a child of a deceased U.S. veteran?  Yes  No  
 If yes, name: \_\_\_\_\_

5. Is anyone (including children) disabled?  Yes  No If yes, name of disabled person(s): \_\_\_\_\_  
 They could be eligible for Supplemental Security Income (SSI) or SSA Disability or Blindness benefits.

6. a. Is anyone in the household fleeing a felony warrant for arrest; a parole/probation violator; or been convicted of a Federal or State felony for possession, use or distribution of illegal drugs?  Yes  No If yes, name(s): \_\_\_\_\_  
 b. Has anyone in the household been convicted as of February 7, 2014 of aggravated sexual assault, murder, or sexual exploitation of children?  
 Yes  No If yes, name(s): \_\_\_\_\_

7. Has anyone in the household been found guilty of misrepresenting residence to obtain assistance in two or more states?  Yes  No  
 If yes, name(s): \_\_\_\_\_

8. **CITIZENSHIP STATUS DECLARATION.** One household member must certify under penalty of perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the immigration status with the United States Citizenship and Immigration Services (USCIS). USCIS will furnish information only as allowed by the Immigration Reform and Contract Act (IRCA) of 1986. USCIS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from USCIS may affect your eligibility or amount of benefits from DHS.  
**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION BELOW ON EACH HOUSEHOLD MEMBER IS CORRECT.**

(CHECK ONE)					COMPLETE IF YOU ARE A NON-U.S. CITIZEN						
Name	US	US National	Non-US Citizen	Birthplace	Date of Entry	Immigration Status	Effective Date of Status	USCIS Form or Alien Registration Number	Do you, your spouse, or parent have 40 qtrs. of work? (Y/N)	Veteran or Active Military? (Y/N)	Spouse or Dep. Child of Veteran or Act. Military? (Y/N)

NOTE: If you are a permanent alien, you will be required to provide verification of work history.

9. If sponsored non-U.S. citizen or refugee, give name, address, and phone number of the sponsor(s).

NAME	ADDRESS	PHONE

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 Sub-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 Processing Center</b> 13 Kekaulike St. Hilo, Hawai'i 96720 Phone: 1-855-643-1643 Fax: 808-933-8856</p>	<p><b>South Hilo Processing Center</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 Sub-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 Sub-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

