

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)

Signatures are required on pages 1 and 11 of the application.

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 the 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/>

Apply faster online at: <https://pais-benefits.dhs.net>.

Do you need help in another language? We will get you a free interpreter. Call 1-888-764-7586 to tell us which language you speak. (TTY: 711 or 1-888-764-7586).	English 
您需要其它語言嗎？如有需要，請致電 1-888-764-7586 我們會提供免費翻譯服務 (TTY: 711 或 1-888-764-7586).	Cantonese 
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori 1-888-764-7586 omw kopwe ureni kich meni kapas ka ani. (TTY: 711 ika 1-888-764-7586).	Chuukese 
Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le 1-888-764-7586 pour nous indiquer quelle langue vous parlez. (TTY: 711 ou 1-888-764-7586).	French 
Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter 1-888-764-7586 und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 711 oder 1-888-764-7586).	German 
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona 1-888-764-7586 `oe ia la kua a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: 711 a 1-888-764-7586).	Hawaiian 
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-888-764-7586 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711 wenno 1-888-764-7586).	Ilokano 
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、 1-888-764-7586 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。 (TTY: 711 または 1-888-764-7586).	Japanese 
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-888-764-7586 로 전화해서 사용하는 언어를 알려주십시오 (TTY: 711 또는 1-888-764-7586).	Korean 
您需要其它语言吗？如有需要, 请致电 1-888-764-7586 我们会提供免费翻译服务 (TTY: 711 或 1-888-764-7586).	Mandarin 
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-888-764-7586 im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 711 ak 1-888-764-7586).	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 1-888-764-7586 pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: 711 po o le 1-888-764-7586).	Samoan 
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-888-764-7586 y díganos que idioma habla. (TTY: 711 o 1-888-764-7586).	Spanish 
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-888-764-7586 para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 711 o 1-888-764-7586).	Tagalog 
‘Oku ke fiema’u tokoni ‘iha lea makehe? Te mau malava ‘o ‘oatu ha fakatonulea ta’etotongi. Telefoni ki he 1-888-764-7586 ‘o fakaha mai pe koe ha ‘ae lea fakafonua ‘oku ke ngaue’aki. (TTY: 711 pe 1-888-764-7586).	Tongan 
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 1-888-764-7586 nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711 hoặc 1-888-764-7586).	Vietnamese Việt Nam
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-888-764-7586 aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 711 o 1-888-764-7586).	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 signature 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 benefits and would like to apply for:				<input type="checkbox"/> SNAP benefits		<input type="checkbox"/> Financial benefits	
I am currently receiving benefits and would like to renew my:				<input type="checkbox"/> SNAP benefits		<input type="checkbox"/> Financial benefits	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY CHILDREN LIVE WITH YOU?	
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE WHO NAME:					WHEN IS THE BABY DUE? DATE:
SIGNATURE OR MARK OF ADULT APPLICANT _____ DATE _____				SIGNATURE OR MARK OF SPOUSE OF OTHER ADULT APPLICANT _____ DATE _____ (This signature is required for Money Assistance only)			
WITNESS IF SIGNATURES ARE "X" _____ DATE _____							

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 cash benefits, 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. A single interview is sufficient when applying for SNAP and financial benefits. Appointments are scheduled according to the date you apply, with the earliest application given the first available appointment. You will be notified of the date and time of your appointment. **EXCEPTION:** If you meet the EMERGENCY ASSISTANCE requirements, you will be interviewed and provided financial benefits within two (2) working days and/or SNAP within seven (7) calendar days from the date of application. Answer the EMERGENCY ASSISTANCE questions below only if you need help right away.

YOU MAY GET SNAP WITHIN SEVEN (7) CALENDAR DAYS IF YOUR HOUSEHOLD:

- 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 within the next 10 days and has liquid assets of less than \$100.

CHECK THE BOX FOR EACH TYPE OF EMERGENCY ASSISTANCE YOU ARE APPLYING FOR:

☐ Financial☐ SNAP

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is anyone in your home seasonal farm worker whose only source of income for the month terminated before applying and income of less than \$25 is expected with the next 10 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone in your home have cash or savings or bank accounts? If yes, how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your home received money this month? If yes, how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone in your home expect to receive any money this month? If yes, how much? _____ When? (Date) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently paying any of the following shelter expenses? If yes, list the amounts: Rent/Mortgage _____ Electric _____ Gas _____ Water _____ Phone _____ |
| <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 an agency temporary facility and have to get out in five days? If yes, name of facility? _____ |

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

1. HOUSEHOLD MEMBERS

On line #1, enter the name of the primary person who will receive the money 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 money assistance applicants, if anyone in the home is pregnant, list "unborn child" as a household member. All other household members not applying for assistance shall be listed under section #2.

Last Name, First, M.I.

SEX	(*) RELATIONSHIP TO PERSON #1	BIRTHDATE	SOCIAL SECURITY NUMBER	(**) ETHNIC	(***) RACE	(****) MARITAL STATUS	YES or NO	HIGHEST GRADE COMPLETED	NAME OF CHILD'S PARENT(S) IF NOT IN THE HOME	Was child's mother married to child's father at time of birth? (Check one)
M/F		MO/DAY/YR	(42 USC 1320b-7 requires that SSN's be provided for each household member applying for assistance.							Yes No
		AGE:								
		AGE:								
		AGE:								
		AGE:								
		AGE:								
		AGE:								
		AGE:								
		AGE:								

2. HOUSEHOLD MEMBERS WHO DO NOT WANT HELP

Write in the names of others in your home who do not want assistance (include yourself if you do not need help.) These people do not need to give us information about their citizenship, immigration status or social security number. These people will not be considered applicants and will not be eligible, 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:
<div>SP - Spouse</div> <div>PA - Parent</div> <div>CH - Child</div> <div>SI - Sibling</div> <div>AU - Aunt/Uncle</div> <div>NN - Niece/Nephew</div> <div>GR - Grandparent</div> <div>GC - Grandchild</div> <div>NR - Not Related</div> <div>OR - Other Related</div> <div>UB - Unborn</div> <div>FC - Foster Child</div> <div>EX - Ex-Spouse</div> <div>SS - Step Sibling</div> <div>ST - Step Parents</div> <div>CL - Common Law</div> <div>CO - Cousin</div> <div>SC - Step Child</div>	<div>HI - Hispanic</div> <div>NH - Not Hispanic</div> <div>(***) Race Codes - Select one or more codes below</div> <div>WH - White</div> <div>BL - Black</div> <div>AI - American Indian or Alaskan Native</div> <div>HA - Hawaiian</div> <div>SA - Samoan</div> <div>JA - Japanese</div> <div>KO - Korean</div> <div>CH - Chinese</div> <div>FI - Filipino</div> <div>OA - Other Asian</div> <div>OP - Other Pacific Islanders</div> <div>(This question is optional to answer. Failure to answer will not affect eligibility)</div>	<div>NM - Never Married</div> <div>ML - Married, Living With Spouse</div> <div>DI - Divorced</div> <div>LS - Legally Separated</div> <div>MS - Separated</div> <div>MI - Married, Involuntary Separation</div> <div>WI - Widowed</div> <div>CL - Common Law</div>

FINANCIAL APPLICANT'S REPRESENTATIVE											
I permit the following individual to be my representative TO APPLY FOR FINANCIAL (CASH) ASSISTANCE on my behalf, as I am unable to do so myself (elderly, handicapped, foster child, 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.		
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.		
ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE											
I permit the following individual to HAVE ACCESS TO MY CASH ASSISTANCE. <input type="checkbox"/> Yes <input type="checkbox"/> No I permit the following individual to HAVE ACCESS TO MY SNAP BENEFITS and to purchase my food. <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____											
5. Is anyone (including children) disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of disabled person(s): _____ They could be eligible for Supplemental Security Income (SSI) or SSA Disability or Blindness benefits.											
6. 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s): _____											
8. CITIZENSHIP STATUS DECLARATION. One household member must certify under penalty and perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the alien status/document with the United States Citizenship and Immigration Services (USCIS), the USCIS will furnish information only as allowed by the IRCA legislation, the USCIS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from the USCIS may affect your eligibility or amount of benefits from our Department. 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 Nat'l	Non-US Cit.	Birthplace	Date of Entry	Immigration Status	Effective Date Of Status	INS 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 the 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 age 18 through 49, and are an able-bodied adult without dependents (ABAWD), you will only be eligible for three 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 weekly. Have you participated in a job training program under the Employment and Training (E&T) program, Workforce Investment Act or Trade Adjustment Assistance Act? ☐ Yes ☐ No

NAME	Job 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. 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 have an application pending for any type of income listed below? Check "Yes or No" for each source of income. If "Yes" is checked, complete the information about the item.

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		\$	
			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
Applicant:				
1.				
2.				
3.				
Spouse:				
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 bring verification to the interview.

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:

ROOMER'S BOARDER'S NAME	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

EXPENSES ARE USED AS A DEDUCTION IN THE DETERMINATION OF THE AMOUNT OF SNAP YOUR HOUSEHOLD MAY BE ENTITLED TO RECEIVE. FAILURE TO REPORT OR VERIFY EXPENSES WILL BE SEEN AS A STATEMENT BY YOUR HOUSEHOLD THAT YOU DO NOT WANT TO RECEIVE A DEDUCTION FOR THE UNREPORTED OR UNVERIFIED EXPENSE. TO CLAIM EXPENSES IN THE FUTURE YOUR HOUSEHOLD WILL NEED TO REPORT AND VERIFY EXPENSES.

SHELTER EXPENSES

26. Does any person or agency outside 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 pay or provide 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. Check Yes or No and complete information for each item:

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

If yes, choose one of the following options "A" or "B" for each utility billed separately:

Electricity/Gas _____ Water _____ Sewer/Trash _____

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.

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

B. Actual Utility Costs

If you Choose to use ACTUAL COSTS, you will need to verify these costs.

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 and estimate for anticipated medical expenses for the next 12 months for members of your household who are: (1) age 60 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 help in the Financial and SNAP will be used to check identities of household members 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 participating in the Financial Program and SNAP.

(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 by the DHS, and to ask the Legal Aid Society of Hawaii, or anyone you want, to help 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 our oral and written communication to you will be in English. If you do not understand what you hear or read, please contact your worker 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 on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination with the Department, contact the Civil Rights Compliance office at 1390 Miller Street Room 214, or call (808) 586-4955, or contact USDA or HHS Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, SW., Washington, D.C. 20201 or call (202) 614-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

(3) YOUR RESPONSIBILITIES:

All households (Simplified and Change Reporting) must apply for and accept all potential sources of income and assets. Failure to do so may result in benefits stopping and ineligibility.

SIMPLIFIED REPORTING HOUSEHOLDS

If your household is determined to be a Simplified Reporting household you are required to complete a Six Month Report form. You are only required to report the following items on your Six Month Report: any change in residence; new employment; earned income verification and self-employment expenses all other sources of income; changes in household composition; and any changes in resources. For the SNAP, you must also report a change in shelter cost if you have moved and any changes in legal obligation to pay child support.

In addition to the Six Month Report, you will have to report the following within 10 days of the change for the financial assistance programs: any change in household composition and when the household's total gross income exceeds 100% of the Federal Poverty Limit (FPL). For the SNAP, you are required to report when the household's total gross income exceeds 130% of the FPL. For SNAP households that include a member who is considered an able-bodied adult without dependents (ABAWD), you must report when work or training hours decrease below 20 hours a week or termination of employment or training. Households receiving assistance from more than one program shall report the changes as required for each program. Changes may be reported in writing, in person or by telephone.

REPORTING CHANGES FOR ALL OTHER HOUSEHOLDS

Households who are not simplified reporting households shall be required to report the following changes within ten days of the date the change becomes known; or if the change involves income, the change must be reported within ten days of the date that the first payment is received.

- **Unearned Income:** A change in the source of unearned income and a change of more than \$50 in the amount of unearned income, except changes related to the financial assistance grant. Examples of unearned income: Supplemental Security Income (SSI); Unemployment Compensation (UIB); Veteran's Benefits (VA); Tax Refunds; Insurance Settlements; Inheritance, gifts or contributions from relatives; dividends pensions, retirement or Social Security benefits, child support and alimony, etc.
- **Earned Income:** All changes in earned income, including starting, stopping or changing a job. Receipt of irregular earned income, for example, commissions, lump-sum payments, etc.
- **Household Composition:** All changes in household composition, such as the addition or loss of a household member.
- **Assets:** When cash on hand, stocks, bonds, and money in a bank account or savings institution reaches or exceeds the program's asset limit.
- **Changes in Residence and Shelter Costs:** A change in residence, and for the SNAP the resulting change in shelter costs.
- **Child Support Obligations:** For the SNAP, any change in legal obligation to pay child support.

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. 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 cash assistance accounts and for 365 days for SNAP accounts will be returned to the state.

(4) 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 money 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 program, 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 the 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 participate in the financial and SNAP 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 the financial and SNAP.

(5) 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 of person or organization (such as doctor, employer, State or Federal agency) 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 the Department, Federal 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 the Department.
- I authorize the Department to release information from my case to the social security (SS) advocate contracted by the Department. This information will be used to help get SS benefits for me. The type 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 the Department 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.

(6) ASSIGNMENTS AND AGREEMENT:

- **ASSIGNMENT OF RIGHTS:** I understand that as a condition of eligibility for financial assistance, I am assigning to the State of Hawaii any rights to child and spousal support that I may have from another person, for myself or any person for whom I am applying or receiving assistance. This assignment includes rights to support from previous as well as present and future 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.

(7) 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 the 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.

(8) 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, the 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 certify that I have been informed of my rights and responsibilities by the worker and I agree to heed these responsibilities.
- 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 money assistance only)	DATE	WITNESS IF SIGNATURE IS "X"
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(9) 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.	

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

NAME	RELATIONSHIP	PHONE NO.	ADDRESS
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(11) CERTIFICATION BY ELIGIBILITY WORKER:

I certify that the applicant/recipient has been informed of his/her rights and responsibilities and the possibility of criminal charges for misrepresenting or concealing facts which determine eligibility.

PRINT ELIGIBILITY WORKER'S NAME	SIGNATURE OF ELIGIBILITY WORKER	DATE
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State of Hawaii Processing Centers

Oahu	Kapolei Processing Center 601 Kamokila Boulevard, #117 Kapolei, Hawai'i 96707 Phone: 808-692-8384 Fax: 808-692-7783	Ko'olau Processing Center- Luluku 45-513 Luluku Road Kane'ohe, Hawai'i 96744 Phone: 808-233-5325 Fax: 808-233-5358	Ko'olau Processing Center- Waikalua 45-260 Waikalua Road Kane'ohe, Hawai'i 96744 Phone: 808-233-3621 Fax: 808-233-3620 "Drop Box Only"
	KPT Processing Center 1485 Linapuni Street, #122 Honolulu, Hawai'i 96819 Phone: 808-832-3800 Fax: 808-832-3392	OR&L Processing Center 333 North King Street, #200 Honolulu, Hawai'i 96817 Phone: 808-586-8047 Fax: 808-586-8138	Pohulani Processing Center 677 Queen Street, #400B Honolulu, Hawai'i 96813 Phone: 808-587-5283 Fax: 808-587-5297
	Wahiawa Processing Center 929 Center Street Wahiawa, Hawai'i 96786 Phone: 808-622-6315 Fax: 808-622-6484	Wai'anae Processing Center 86-120 Farrington Highway #A103 Wai'anae, Hawai'i 96792 Phone: 808-697-7881 Fax: 808-697-7184	Waipahu Processing Center 94-275 Moku'ola Street, #303A Waipahu, Hawai'i 96797 Phone: 808-675-0052 Fax: 808-675-0038

Maui County	Maui Processing Center - Lunalilo 35 Lunalilo Street, #300 Wailuku, Hawai'i 96793 Phone: 808-243-5110 Fax: 808-243-5114	Maui Processing Center - State Building 54 High St. #125 Wailuku, Hawai'i 96793 Phone: 808-984-8300 Fax: 808-984-8333
	Lanai Sub-Unit 730 Lana'i Avenue Lana'i City, Hawai'i 96763 Phone: 808-565-7102 Fax: 808-565-6460 Mailing Address: PO Box 631374 Lana'i City, Hawai'i 96763	Molokai Unit 55 Maka'ena Place #1 Kaunakakai, Hawai'i 96748 Phone: 808-553-1715 Fax: 808-553-1720 Mailing Address: PO Box 70 Kaunakakai, Hawai'i 96748

Hawaii Island	North Hilo Unit Waiakea Kai Plaza 88 Kanoelehua Avenue, Suite A204 Hilo, Hawaii 96720 Phone: 808-933-0331 Fax: 808-933-8856	South Hilo Unit Kino'ole Plaza 1990 Kino'ole Street, #108 Hilo, Hawai'i 96720 Phone: 808-981-2754 Fax: 808-981-2819	Kamuela-Hamakua Unit State Office Building 1, #110 45-3380 Mamane Street Honoka'a, Hawai'i 96727 Phone: 808-775-8854 Fax: 808-775-8858
	Ka'u Sub-Unit Na'alehu Civic Center 95-5669 Mamalahoa Hwy. Na'alehu, Hawai'i 96772 Phone: 808-939-2421 Fax: 808-929-9500 Mailing Address: PO Box 6 Na'alehu, Hawai'i 96772	South Kona Unit Captain Cook Civic Center 82-6130 Mamalahoa Hwy. Bldg. 2 Captain Cook, Hawai'i 96704 Phone: 808-323-7573 Fax: 808-323-4549 Mailing Address: PO Box 225 Captain Cook, Hawai'i 96704	Kohala Sub-Unit State Office Building 54-3900 'Akoni Pule Hwy. Kapa'au, Hawai'i 96755 Phone: 808-889-7141 Fax: 808-889-7132 Mailing Address: PO Box 249 Kapa'au, HI 96755
	North Kona Unit 75-5722 Hanama Pl., Ste. 1105 Kailua-Kona, Hawai'i 96740 Phone: 808-327-4980 Fax: 808-327-4684		

Kauai	Kaua'i Processing Center Former Lihu'e Courthouse Building 3059 'Umi Street, #A110 Lihu'e, Hawai'i 96766 Phone: 808-274-3371 Fax: 808-335-8446
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**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 agpannuray 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 Voter Registration Application

Please print clearly in black ink.

Register online at 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.

8

SIGN HERE

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.

Date

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

OFFICE USE ONLY

ID Number

A017

Location Code

Document Number

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).

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 Hilo, HI 96720	4386 Rice St. #101 Lihue, HI 96766
County of Maui	City & County of Honolulu
200 S. High St. Wailuku, HI 96793	530 S. King St. #100 Honolulu, HI 96813

LANGUAGE ASSISTANCE


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

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**.

(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