

Today's
Date: _____

CONFIDENTIAL MEDIATION INTAKE – TENANT (LTMP)

Is This Case Pending in Court? No Yes Next Court Date: _____ Court Case No: _____

Is There a TRO Related to this Case? No Yes The TRO is from: District Court Family Court

Head of Household

Full Name: _____ Email: _____

Mailing Address: _____ City/State/Zip: _____

Cell: _____ Home Phone: _____ Work Phone: _____

The best way to reach me is by: Email Cell Text Home Phone Work Phone

Attorney/Case Worker: _____ Firm: _____ Phone: _____

My primary language is: _____ I request language interpretation services: Yes No

I request special accommodations: Yes No I need: _____

DATE OF BIRTH: ___/___/___ AGE: _____ GENDER: Female Male Other

EMPLOYMENT STATUS: Employed Self-Employed Part-Time Unemployed Retired
 Student Homemaker Military

DISABLED STATUS: Disabled Not Disabled

HISPANIC? Hispanic Non-Hispanic

ETHNIC BACKGROUND *please check one;
if you are multi-ethnic, rank by numbers 1, 2, 3, etc.
starting with the 1 that you MOST identify with*

- ___ Alaska Native ___ Korean
- ___ American Indian/Native American
- ___ African American ___ Samoan
- ___ Chinese ___ Tongan
- ___ Filipino ___ Other Asian
- ___ Hawaiian ___ Other Pacific Islander
- ___ Hispanic/Latino ___ White/Caucasian
- ___ Japanese ___ Other: _____

TOTAL NUMBER OF FAMILY MEMBERS IN YOUR HOUSEHOLD (including YOU) : _____

NUMBER OF DEPENDENT CHILDREN UNDER THE AGE OF 18: _____

ANNUAL FAMILY HOUSEHOLD INCOME* (before taxes, total of all family members living in the house)

Please include: all earnings, unemployment, workers comp, social security, SSI disability, public assistance, veteran benefits, survivor benefits, pension or retirement, alimony, child support, etc. (Do NOT include food stamps or Section 8)

OUR ANNUAL FAMILY HOUSEHOLD INCOME* IS Above At or Below THE CHART BELOW

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$11,11€	\$11,11€	\$11,11€	\$11,11€	\$11,11€	\$11,11€	\$11,11€	\$11,11€
*Add \$1,11€ for each additional household member above 8 persons							

APPLICANT SELF-CERTIFICATION. "I certify that the annual family household income listed on this form is true and accurate to the best of my knowledge and I will provide source documentation upon request. I understand that the income information on this form is subject to verification." Yes No

1) What is the Rental Unit's Physical Address Zip Code: _____

2) What is the contact info for your landlord(s)? *(please provide as much info as you have)*:

Full Name

Company

Mailing Address / City / State / Zip

Cell

Other Phone(s)

Email

2) Briefly describe the problem you have with your landlord *(be specific)*: _____

3) What outcome would you like to see as the result of mediation? _____

4) Did you get a notice from your landlord? Yes No If YES, date of notice: _____

Type of Notice: 5 Day: _____ 45 Day: _____ Non-Renewal of Lease: _____ Other: _____

5) What type of tenancy? Month-to-Month Lease (term ends: _____)

6) What is the monthly rent? \$ _____ Deposit? \$ _____ Monthly utilities \$ _____

7) How much is currently owed? \$ _____ For which months? _____

8) Have you applied for any rental assistance programs? Yes No

If YES, with whom: _____

Did you receive any rental assistance: Yes No For which months? _____

9) I am interested in exploring the following topics *(please mark as many as apply)*:

- Staying in rental unit Moving out Applying for rental assistance Payment plan
 Rent reduction Rent forgiveness Damages/Repairs Deposit Other: _____

I AM GENERALLY AVAILABLE ON *(please mark as many as apply)*:

Any day /time

- | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | |

REFERRAL SOURCE:

- | | | | | |
|--|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> Landlord Notice | <input type="checkbox"/> District Court | <input type="checkbox"/> Family Court | <input type="checkbox"/> AOA / HOA |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> BBB | <input type="checkbox"/> Community Organization / Social Service Agency | | |
| <input type="checkbox"/> DOE | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Hawai'i Civil Rights Committee (HCRC) | | |
| <input type="checkbox"/> Police | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Public Defender | <input type="checkbox"/> RICO | |
| <input type="checkbox"/> Self | <input type="checkbox"/> Other (e.g., radio, TV, newspaper, etc.): _____ | | | |

INTAKE BY: _____ DATE: _____

rev. 7/18/2023