



Office of Hawaiian Affairs
June 27th Lava Emergency Evacuation Assistance Application

Last Name: _____ First Name: _____ M.I. _____

Name on Birth Certificate (if different from above): _____

Subdivision: _____ Address: _____

If applicant is **NOT** Native Hawaiian but is requesting assistance on behalf of minor child, list name(s) of applicable minor(s):

Description of Resident: Owner Renter

Verification of Hawaiian Ancestry (Photo ID and Birth Certificate or OHA Hawaiian Registry Card):

** Other documents may be used on a case by case basis*

Photo ID Birth Certificate OHA Registry Card # _____

Proof of Residency (2 current documents from the list below are needed):

**Other documents may be used on a case by case basis*

- House Deed Letter from Landlord Voter Registration
- Mortgage Statement Car Registration Current Utility Bill
- Rental Agreement Bank Statement 2013 Tax Return
- Rental Receipt w/ street address Other as needed

Use of OHA evacuation aid Please indicate the planned uses for the aid requested:

- Moving costs Housing Food Storage Other

Post-Evacuation Contact Information:

Phone: _____ Email: _____

NOTE: A one-time \$500 aid award will be provided to qualified applicants (one per household) only if the Hawai'i County mandates evacuation from the applicant's residence.

By signing this form I certify that I am Native Hawaiian, or am a parent or legal guardian of Native Hawaiian minors, and that the above information contained on this form is true and correct to the best of my knowledge and belief. I also confirm that I am authorized to receive the requested aid on behalf of my household. I further consent to and authorize the Office of Hawaiian Affairs (OHA) staff to extract information to verify and to validate my residency within the June 27th Lava Flow evacuation location(s) from any government agency as OHA deems necessary.

Signature of applicant or legal guardian

Date

OHA Staff Use Only:

Qualified: YES NO **W-9 Completed** YES NO **Awarded:** YES NO **Check #:** _____

Signature of applicant or legal guardian verifying receipt of check

Date