

County of Hawai'i  
Office of Housing and Community Development

Tenant Based Rental Assistance Program

**Preference in Selecting Eligible Families:** Applicants and Participants must meet the eligibility requirements for the TBRA Program. Families will be assisted as funding levels will support. Singles (non-elderly, non-disabled) have equal status and preference with all other applicants.

All completed applications to the TBRA Program that meet the preference requirement will be processed in the order (date/time) it is received by the OHCD. Only those applications with all required signatures and supporting documentation will be considered complete.

**Natural Disaster:** Displaced by a natural disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable. . The housing unit related to the Natural Disaster must be located on the Island of Hawai'i. Displacement must be within no more than six (6) months from the date of the certification or verification.

An applicant must submit to the OHCD:

1. a letter, on agency letterhead, from a Federal, State or County government office certifying that the applicant's housing is uninhabitable due to a natural disaster

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**Victims of Domestic Violence:** To qualify for this preference, the family must show: Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family. The actual or threatened violence must have occurred within the past twelve (12) months or be of a continuing nature or the family must have been displaced as a result of fleeing the violence in the home or they are currently living in a situation where they are being subjected to or victimized by violence in the home.

Applicants must:

1. show that they are participating in or have graduated from a State, County or Court-sanctioned domestic violence program;
  2. must provide a completed Domestic Violence Verification form from the authorized State, County or Court-Sanctioned agency or written verification from the court, police records, or physician;
  3. The applicant must also certify that the perpetrator will not reside with the applicant family without advance written approval from the OHCD. If the OHCD gains information that the perpetrator is residing with the applicant, the housing assistance will be terminated.
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**Family Reunification:** Eligibility occurs when inadequate housing is a primary factor preventing the reuniting of foster care children with their biological parent(s), or to prevent children from going into foster care and the applicant is working with a State, County or Private Social Services agency. Inadequate housing is defined under the “homelessness” preferences, or something other than “standard, permanent, replacement housing) as defined above.

The applicant must:

1. Provide a letter, on agency letterhead, from a State, County or Private Social Services Agency supporting the need for housing assistance;
2. For children returning from foster care, documentation must demonstrate that custodial visits or re-unification are scheduled to occur within six (6) months;
3. For prevention of children going into foster care, documentation must reflect firsthand knowledge that current inadequate housing is a contributing factor to the potential removal of the children.

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**Homelessness:** An individual is considered homeless when an individual lacks a fixed, regular, and adequate nighttime residence; and an individual has a primary nighttime residence that is –(a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A person imprisoned or otherwise detained pursuant to an act of Congress or state law is not considered “homeless”.

The OHCD must:

1. Receive one (1) letter on letterhead from a shelter, transitional or supportive housing agency where the family resides;

OR the Homeless Verification form, from a social worker, social services agency, health care official, family intervention advocate, or school official having first hand knowledge that the family lives in one of the places listed above;

**AND be connected to a Homeless Service Provider and be on the *Coordinated Entry System – By Name List.***

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**Terminally Ill:** When a family member has an incurable, terminal illness.

The OHCD must:

1. Receive a written verification of the terminal illness from the individual’s attending physician. Verification must include a diagnosis & prognosis that life expectancy is estimated to be three (3) years or less, and evidenced that the terminal nature of the illness meets the criteria for disability, as defined in Section 2223 of the Social Security Act.

**Aged-Out Foster Care Youth:** The Foster Care participant must have lived in the County of Hawai'i for a minimum of twelve (12) months prior to the application date to the TBRA program.

The OHCD must:

1. Receive a letter, on agency letterhead from a State, County or Private Agency supporting the need for housing assistance upon graduation from the program. The State, County or Private Agency must certify that the applicant resided in the County of Hawai'i for a minimum of twelve (12) months prior to the application date.
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**Families in a Transitional Housing Program:** which provide individual case management services, including service coordination and implementation of a Transitional Housing case plan.

The OHCD must:

1. Receive a letter from the Transitional Housing Program Agency supporting the need for housing assistance. A copy of the Transitional Housing case plan (signed by both the applicant and Transitional Housing Case Manager must be attached to the letter).