



COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

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COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Current Net Family Assets

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|---|--|--|---|---|--|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Verification forms, letters or documents received from financial institutions, stock brokers, real estate agents, employers indicating the current value of the assets and penalties or reasonable costs to be incurred in order to convert nonliquid assets into cash. | ~ Passbooks, checking or savings account statements, certificated of deposit, property appraisals, stock or bond documents, or other financial statements completed by financial institution. ~ Copies of real estate tax statements, if tax authority uses approximate market value. ~ Copies of real estate closing documents that indicate distribution of sales proceeds and settlement costs. | ~ Telephone or in-person contact with appropriate source, documented in file by the owner. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Quotes from attorneys, stockbrokers, bankers and real estate agents that verify penalties and reasonable costs incurred to convert asset to cash. | ~ Notarized statement or signed affidavit stating cash value of assets or verifying cash held at applicant’s home or in safe deposit box. | ~ For initial certification, a self-certification is sufficient if the total asset value is less than \$52,787 (adjusted annually for 2024). Otherwise, the most current bank statement (savings and checking) must be used. If bank statement is not available, 3rd party verification forms, letters or documents will be used. ~ Use cash value of all assets (the net amount the applicant would receive if the asset were converted to cash). |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Dividend Income and Saving Account Interest Income

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|---------------------------|--|--|------------------------------|--|--|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ None. | ~ Copies of most current statement, certificates of deposit, if they show required information (i.e., current rate of interest) ~ Copies of Form 1099 from the institution, and verification of projected income for the next 12 months. ~ Broker's quarterly statements showing value of stocks/bonds and earnings credited to the applicant. | ~ Telephone or in-person contact with appropriate source, documented in file by the owner. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | | ~ Notarized statement or signed affidavit stating cash value of assets or verifying cash held at applicants home or in safe deposit box. | ~ Use current balance in savings and checking accounts. ~ Use cash value of all assets (the net amount the applicant would receive if the asset were converted to cash). |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Alimony or Child Support

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|---|---|--|---|--|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Copy of separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule. ~ Written statement provided by ex-spouse or income source indicating all of the above. ~ If applicable, written statement from court/attorney that payments are not being received and anticipated date of resumption of payments. | ~ Recent original letters from the court. | ~ Telephone or in-person contact with ex-spouse or income source documented in file by the owner. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Copy of most recent check, recording date, amount, and check number. | ~ Notarized statement or affidavit signed by applicant indicating amount received. ~ If applicable, notarized statement or affidavit from applicant indicating that payments are not being received and describing efforts to collect amounts due. | ~ Amounts awarded but not received can be excluded from annual income only when applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments. |

COUNTY OF HAWAI'I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Assets Disposed of for Less Than Fair Market Value

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|---------------------------|------------------------------|------------------|------------------------------|---|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ None required. | ~ None required. | ~ None required. | ~ None required. | ~ Certification signed by applicant "and/or tenant" that no "family" member has disposed of asset for less than fair market value during "the" preceding two years. ~ If applicable, certification signed by the owner of the asset disposed of that shows: - Type of assets disposed of; - Date disposed of; - Amount received; and - Market value of asset at the time of disposition. | ~ Only count assets disposed of within a two-year period prior to "certification or recertification". |

COUNTY OF HAWAI'I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Employment income including tips, gratuities, overtime, bonus, commission.

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--------------------|---|--|-----------------------|---|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ None | ~ W-2 Forms, if applicant has had same employer for at least two years and increases can be accurately projected. ~ Paycheck stubs or earning statements. | ~ Telephone or in-person contact with employer, specifying amount to be paid per pay period and length of pay period. Document in file by the management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ None. | ~ Notarized statement or signed affidavit by applicant that describe amount and source of income. | ~ Management must collect 2 most current consecutive pay stubs. Management must gather more if the amount does not seem accurate or one is low; do not use check without stub. ~ It is recommended that management utilize the "COH OHCD Employment Income Calculation Worksheet" to determine the highest employment income based on 2 methods of calculation. ~ Always verify: Frequency of gross pay (i.e., hourly, biweekly, monthly, bimonthly); anticipated increases in pay and effective dates; overtime. |

COUNTY OF HAWAI'I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Income Maintenance Payments, Benefits, Income Other than Wages (i.e., Welfare, Social Security (SS), Supplemental Security Income (SSI), Disability Income, Pensions).

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|--|--|---|--|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Award or benefit notification letters prepared and signed by authorizing agency. | ~ Current or recent check stubs with date, amount, and check number recorded by the management. ~ Award or "benefit" letters or computer print out from court or public agency. ~ Most recent quarterly pension account statement. | ~ Telephone or in-person contact with income source, documented in file by the management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Copies of validated bank deposit slips or bank statements, with identification by bank. | ~ Notarized statement of income received other than wages. | ~ Checks or automatic bank deposit slips may not provide gross amounts of benefits if applicant has deductions made for Medicare Insurance. ~ Check stubs for the most recent six weeks should be obtained. ~ Copying of U.S. Treasury checks is not permitted. ~ Award letters/printouts from court or public agency may be out of date telephone verification of letter/printout is recommended. |

COUNTY OF HAWAI'I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Interest from Sale of Real Property

(e.g., Contract for Deed, Installment Sales Contract, etc.).

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|------------------------------|--|---|---|--|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Verification form completed by an accountant, attorney, real estate broker, the buyer, or a financial institution which has copies of the amortization schedule from which interest income for the next 12 months can be obtained. | ~ Copy of the contract. | ~ Telephone or in-person contact with appropriate party, documented in file by the management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Copy of the amortization schedule, with sufficient information for the owner to determine the amount of interest to be earned during the next 12 months. ~ NOTE: Copy of a check paid by the buyer to the applicant is not acceptable. | ~ Notarized statement of interest from sale of real property. | ~ Only the interest income is counted; the balance of the payment applied to the principal is merely a liquidation of the asset. ~ The management must get enough information to compute the actual interest income for the next 12 months. |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Net Income for a Business

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--------------------|---|-------------------|---|--|-------------------|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Not applicable | ~ Form 1040 with Schedule C, E, or F. ~ Financial statement(s) of the business (audited or unaudited) including an accountant's calculation of straight-line depreciation expense if accelerated depreciation was used on the tax return or financial statement. ~ For rental property, copies of recent rent checks, lease and receipts for expenses, or IRS Schedule E. | ~ Not applicable. | ~ Any loan application listing income derived from business during the preceding 12 months. | ~ Notarized statement showing net income for a business. | |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Unemployment Compensation

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|--|--|------------------------------|--|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Verification form completed by source. | ~ Copies of checks or records from agency provided by applicant stating payment amounts and dates. ~ Benefit notification letter signed by authorized agency. | ~ Telephone or in-person contact with agency documented in a file by management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ None. | ~ Notarized statement of unemployment compensation received. | ~ Frequency of payments and expected length of benefit term must be verified. ~ Income not expected to last full 12 months must be calculated based on 12 months and interim recertification completed when benefits stop. |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Self-Employment, Tips, Gratuities, Etc.

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|---------------------------|---|-------------------|------------------------------|--|--------------------------|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ None available. | ~ Form 1040/1040A showing amount earned and employment period.. | ~ None available. | ~ None. | ~ Notarized statement or affidavit signed by applicant showing amount earned and pay period. | |

COUNTY OF HAWAI‘I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Recurring Contributions and Gifts

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|---|------------------------------|--|------------------------------|---|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Notarized statement or signed affidavit signed by the person providing the assistance giving the purpose, dates and value of gifts. | ~ Not applicable. | ~ Telephone or in-person contact with source documented in file by management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Not applicable. | ~ Notarized statement or affidavit signed by applicant/tenant stating purpose, dates, and value of gifts. | ~ Sporadic contributions and gifts are not counted as income. |

COUNTY OF HAWAI'I AHA COMPLIANCE MONITORING - INCOME AND ASSET CALCULATION SUMMARY

Factor to be Verified: Welfare Payments (As-Paid States Only)

| ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|------------------------------|--|---|---|---|
| Third Party | | | Provided by Applicant | Self-Declaration | |
| Written | Provided by Applicant | Oral | | | |
| ~ Verification form completed by welfare department indicating maximum amount family may receive. ~ Maximum shelter schedule by household size with ratable reduction schedule. | ~ None. | ~ Telephone or in-person contact with source documented in file by management. ~ NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | ~ Maximum shelter allowance schedule with ratable reduction schedule provided by applicant. | ~ Notarized statement of welfare payments received. | ~ Actual welfare benefit amount not sufficient as proof of income in "as-paid" states or localities since income is defined as maximum shelter amount. ~The state of Hawai'i is an As-Paid State |