


(SAMPLE - Use of This Form Is Not Required)

Homestead and Beneficiary Associations (HBA) List Registration Document Provided for the Convenience of HBA

**Organization Name (optional – please translate any Hawaiian names to English as best as possible) ‘ĀaĒĕĪrŌōŪ			
Waimānalo Hawaiian Homes Association			
** Your organization is a (please check the appropriate box): →		<input checked="" type="checkbox"/> Homestead Association	<input type="checkbox"/> HHCA Beneficiary Association
**Mailing Address (P.O. Box, Street, City, State, Zip Code) 41-253 Ilauhole St, Waimānalo, HI 96795			
**Electronic Mail Address to be listed kianiani@gmail.com	Telephone Number to be listed (808) 368-1928	World Wide Web address to be listed waimanalohha.com	Year Association founded 1938
**Please summarize the services your organization provides:			
Ours is a 501(c)(3) membership organization whose purpose and objectives are to promote the welfare of its members in home, school, church, and community; raise the standard of home life of its members; secure adequate laws for the care and protection of the property and children of its members; and develop between its members and government officials, such united efforts as will secure for every member, the Rehabilitation Program Act 1920, Hawaiian Homes Commission.			
** For Homestead Associations: Please provide a description of the territory or geographic area your organization represents		** For HHCA Beneficiary Associations: Please provide a description of the beneficiaries your organization represents	
Waimānalo, including all geographically separated DHHL subdivisions in 96795 zip code.			
**Please attach to this form a statement of your organization’s governing procedures and check the box for completion: → (e.g., a copy of your organization’s charter or other governing documents)			<input checked="" type="checkbox"/> Documents attached
**Please check the appropriate box below and sign and date the accompanying statement certifying that your organization is a Homestead Association or HHCA Beneficiary Association, and giving the U.S. Department of the Interior Office of Native Hawaiian Relations permission to list the information above and post it for public access on the Office’s website.			
<input checked="" type="checkbox"/> Homestead Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by HHCA beneficiaries; represents and serves the interests of its homestead community; and has as a stated primary purpose the representation of, and provision of services to, its homestead community.		<input type="checkbox"/> HHCA Beneficiary Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by beneficiaries who submitted an application to the State of Hawai‘i Department of Hawaiian Home Lands for a homestead and are awaiting the assignment of a homestead; represents and serves the interests of those beneficiaries; and has as a stated primary purpose the representation of, and provision of services to, those beneficiaries.	
Signature 	Printed Name and Title Kenneth Ho, Jr. President	Date 06/21/2023	
Signature	Printed Name and Title	Date	
Signature	Printed Name and Title	Date	
(if more signature lines are needed, please continue on the back of this page)			

****Denotes required field.** All others are optional.

To register, complete and send this form and additional required information to the U.S. Department of the Interior, Office of Native Hawaiian Relations, 1849 C Street NW, MS 3561, Washington, DC 20240; 300 Ala Moana Blvd., Box 50165, Honolulu, HI 96850; or doi_onhr_hhl@ios.doi.gov. If you have questions, please email doi_onhr_hhl@ios.doi.gov.