

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

‘ĀāĒĒĪĪŌŌŪŪ

****Organization Name** (optional – please translate any Hawaiian names to English as best as possible)

Paukukalo Hawaiian Homes Community Association, Inc.

**** Your organization is a** (please check the appropriate box): →



Homestead Association



HHCA Beneficiary Association

****Mailing Address** (P.O. Box, Street, City, State, Zip Code)

P.O. Box 3016, Wailuku, HI 96793

****Electronic Mail Address to be listed**

paukukalohawaiianhomesca@aol.com

Telephone Number to be listed

808 757-3042

World Wide Web address to be listed

www.paukukalohawaiianhomes.org

Year Association founded

1971

****Please summarize the services your organization provides:**

Paukukalo Hawaiian Homes Community Association, Inc. provides cultural, social, and educational activities for the homestead community. We collaborate with Federal, State, County, and private entities. We create, organize, and manage events and programs for the betterment of all age groups, and socioeconomic statuses in the Paukukalo Hawaiian Homes Community Homestead.

**** For Homestead Associations:** Please provide a description of the territory or geographic area your organization represents

We represent the lessees of the 182 lots in our homesteads. We are located in Wailuku, Maui, Hawaii. We are considered living in an urban area.

**** For HHCA Beneficiary Associations:** Please provide a description of the beneficiaries your organization represents

****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)



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.**

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.

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

Melissa Namau
President

Printed Name and Title

Date

6/9/23


Signature

Grace Gomes - Vice Pres.

Printed Name and Title

Date

6/9/23


Signature

Punahale Hoopii - Secretary

Printed Name and Title

Date

06/09/2023

(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, or PO Box 50165, Honolulu, HI 96850. If you have any questions, please call (808) 541-2693, ext. 723.