

HONOKOWAI KAUAHALE

**3500 LOWER HONOAPIILANI ROAD
LAHAINA, HAWAII 96761
PHONE: (808) 669-1539 FAX (808) 669-1560**

**CONTACT
NUMBER**

This is an application to rent a 1, 2, or 3 bedroom unit at Honokowai Kauhale Property located at 3500 Lower Honoapiilani Rd Lahaina, Hawaii 96761. Please print and complete the entire application. Answer each section/item. If not applicable, write "N/A" in the space provided. Do not leave any section unanswered. Incomplete applications will be returned To be eligible to rent an apartment at the Honokowai Kauhale Property, applicants must satisfy the following minimum qualifying factors:

1. MAXIMUM INCOME LIMITS: To qualify the applicant must have a total household income, which does not Exceed the income limits listed below.

HOUSEHOLD SIZE	80% AMI	100% AMI
1	\$57,920.00	\$72,400.00
2	\$66,160.00	\$82,700.00
3	\$74,400.00	\$93,000.00
4	\$82,640.00	\$103,300.00
5	\$89,280.00	\$111,600.00
6	\$95,920.00	\$119,900.00

***NOTE:** The annual and monthly income limits increase according to your household size

2. MINIMUM GROSS INCOME: In order to assure the landlord that rent payments will be current at all times, a minimum Gross monthly income must be at least:

\$4,827.00 one (1) bedroom \$5,513.00 two (2) bdrm/1 bath \$6,887.00 three (3) bedrooms

3. SATISFACTORY CREDIT RATING: A current credit report will determine an applicants' credit worthiness.

4. ACCEPTABLE LANDLORD REFERENCES: Current and prior landlords will be asked to provide references on the applicants' behalf The applicant must have a history of prompt rental payments and also demonstrate satisfactory housekeeping habits and compliance with lease and house rules. Applicants must not have an unpaid balance, not have committed fraud, or previously evicted (from) an HHFDC project of government subsidized project

5. INCOME VERIFICATION: All applicants' receiving any type of earned, unearned income or contributions must be reported and will be verified for status, likelihood of continuation and/or increases and salary confirmation

6. ASSET VERIFICATION: All applicants must submit upon request copies of statements of verifications for all assets held by all household members. Six (6) months bank statements are required.

7. CRIMINAL BACKGROUND CHECK: Applicants and household members may be subjected to a criminal background check to verify applicant or its household members have not demonstrated behavior, which may be detrimental to the project, its tenants and staff members.



8. VERIFICATION OF SOCIAL SECURITY NUMBERS: Applicants and all household members must provide verification of social security numbers.

9. OCCUPANCY STANDARDS: The following is a guideline which may be used to determine but not limited to unit type and size: **(PLEASE SELECT ONLY ONE)** (Qualified applicants may be eligible for up to \$175.00 Rental Assistance)

_____ **NUMBER OF PERSONS TO LIVE IN APARTMENT**

_____ **1 BEDROOM 1 BATH (\$1551.00-\$1938.00)** _____ **2 BEDROOM 1 BATH (\$1,860.00-\$2,325.00)**

_____ **3 BEDROOM 2 BATH (\$2,149.00-\$2,686.00)**

	<p>It is illegal to discriminate against any person because of religion, color, sex (including gender and expression), ancestry/national origin, age, marital status, disability, race, familial status, sexual orientation, or HIV infection.</p>	
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The signatures below indicate acknowledgement of the minimum qualifying factors

 APPLICANTS SIGNATURE DATE

 APPLICANTS SIGNATURE DATE

 APPLICANTS SIGNATURE DATE

HEAD OF HOUSEHOLD #1:

LAST NAME			
FIRST NAME			
MIDDLE INITIAL			
MAIDEN NAME			
DATE OF BIRTH			
PLACE OF BIRTH			
SOCIAL SECURITY #			
DRIVER'S LIC #		ISSUING STATE:	
PHONE:	CELL:	WORK:	HOME:



SPOUSE/CO-HEAD #2:

LAST NAME			
FIRST NAME			
MIDDLE INITIAL			
MAIDEN NAME			
DATE OF BIRTH			
PLACE OF BIRTH			
SOCIAL SECURITY #			
DRIVER'S LIC #		ISSUING STATE:	

HOUSEHOLD MEMBER #3

LAST NAME			
FIRST NAME			
MIDDLE INITIAL			
MAIDEN NAME			
DATE OF BIRTH			
PLACE OF BIRTH			
SOCIAL SECURITY #			
DRIVER'S LIC #		ISSUING STATE:	

HOUSEHOLD MEMBER #4

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LAST NAME		
FIRST NAME		
MIDDLE INITIAL		
MAIDEN NAME		
DATE OF BIRTH		
PLACE OF BIRTH		
SOCIAL SECURITY #		
DRIVER'S LIC #		ISSUING STATE:

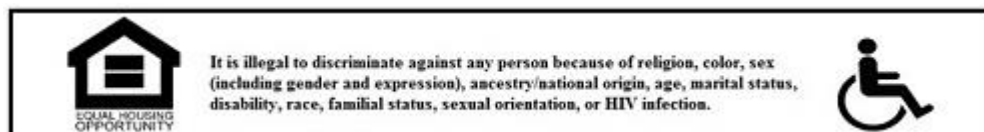
CURRENT RESIDENCE

ADDRESS	
MAILING ADDRESS	
MONTHLY RENT	
UTILITIES PAID	
DATE OF RESIDENCY	
LANDLORD NAME	
LANDLORD PHONE	
REASON FOR LEAVING	

PREVIOUS RESIDENCE

ADDRESS	
MONTHLY RENT	
UTILITIES PAID	
DATE OF RESIDENCY	
LANDLORD NAME	
LANDLORD PHONE	
REASON FOR LEAVING	

PREVIOUS RESIDENCE



ADDRESS	
MONTHLY RENT	
UTILITIES PAID	
DATE OF RESIDENCY	
LANDLORD NAME	
LANDLORD PHONE	
REASON FOR LEAVING	

Has anyone listed on the Household Composition ever lived in Low Income Public Housing/

Honokowai Kauhale? Yes/No. If yes, list member number, name of agency and dates:

Has anyone listed on the Household Composition ever received Section 8 or Rent Subsidy?

Yes/No. If yes, list member number, name of agency and dates:

Has anyone listed on the Household Composition ever been evicted? Yes/No

If yes, please explain

Does anyone listed on the household composition require a unit to accommodate their

special needs? Yes/No. If yes, type of unit

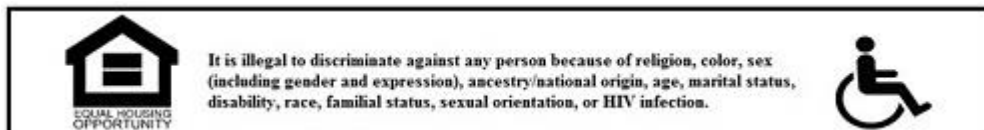
Is anyone listed on the household composition pregnant? Yes/No. If yes EDC

Has anyone on the Household Composition ever been convicted for any offense against

the law? Yes/No. If yes, list member number, offense and date(s):

Is anyone listed on the Household Composition currently using an illegal substance? Yes/No.

If yes, list member number



EARNED INCOME: (Employment income)

YOUR NAME	
EMPLOYER NAME	
TELEPHONE NO	
HOURLY WAGE/TIPS	
# HOURS PER WEEK	

YOUR NAME	
EMPLOYER NAME	
TELEPHONE NO	
HOURLY WAGE/TIPS	
# HOURS PER WEEK	

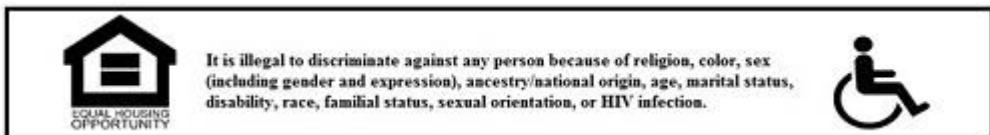
YOUR NAME	
EMPLOYER NAME	
TELEPHONE NO	
HOURLY WAGE/TIPS	
# HOURS PER WEEK	

UNEARNED INCOME: DHS, Social Security payments, SSI, Retirement, Unemployment, Work Compensation, Retirement/pensions, VA, child Support, alimony, TDI, Rental Income. All income received by members on your application are required to be reported. Failure to report any income may result in denial of application, eviction from the unit and/or criminal prosecution.

YOUR NAME	
SOURCE OF INCOME	
MONTHLY AMOUNT	

YOUR NAME	
SOURCE OF INCOME	
MONTHLY AMOUNT	

YOUR NAME	
SOURCE OF INCOME	
MONTHLY AMOUNT	



SELF EMPLOYMENT Includes cash jobs. You will be required to submit a copy of your current General Excise Tax Return prepared by a certified Public Accountant.

YOUR NAME	
BUSINESS NAME	
TYPE OF BUSINESS	
MONTHLY AMOUNT	

YOUR NAME	
BUSINESS NAME	
TYPE OF BUSINESS	
MONTHLY AMOUNT	

CHECKING ACCOUNTS

YOUR NAME		YOUR NAME
BANK NAME		BANK NAME
BALANCE		BALANCE

YOUR NAME		YOUR NAME
BANK NAME		BANK NAME
BALANCE		BALANCE

SAVINGS ACCOUNTS

YOUR NAME		YOUR NAME
BANK NAME		BANK NAME
BALANCE		BALANCE

REAL PROPERTY/INVESTMENT PROPERTY



YOUR NAME		APPRAISED MARKET VALUE	
TYPE		DATE ACQUIRED	
LOCATION			

STOCKS, MUTUAL FUND, SAVING BONDS

YOUR NAME		DIVIDEND/INTEREST PAID	
COMPANY NAME		VALUE	
AMOUNT OF SHARES		MATURITY DATE	

CERTIFICATE OF DEPOSIT/401K

YOUR NAME		DIVIDEND/INTEREST PAID	
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COMPANY NAME		VALUE	
DATE OPENED		MATURITY DATE	

Has anyone on your application sold/disposed of any property, assets in the last two (2) years? Yes/No. If yes:

YOUR NAME		AMOUNT DISPOSED	
TYPE OF ASSET		VALUE	
DATE DISPOSED		MATURITY DATE	

YOUR NAME		AMOUNT DISPOSED	
TYPE OF ASSET		VALUE	
DATE DISPOSED		MATURITY DATE	

Does anyone listed on the household composition hold any other assets not listed above?

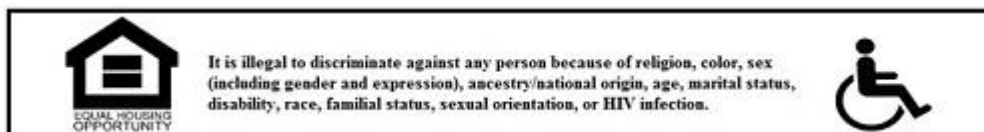
Yes/No

If yes, list member number and asset information _____

ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT: The information regarding race, national origin, and sex designation solicited in this application is requested in order to assure the County, State and Federal Government, acting through HHFDC that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

CERTIFICATION: All adults to acknowledge certifications with initials:

1. I/We certify that the information given to the HHFDC - Managing Agent - on this application is true and correct as of the date set forth opposite my/our signature(s) and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in cancellation of this application, termination of tenancy, civil liability and/or criminal penalties, but not limited to fine or imprisonment or both: **INITIAL** _____
2. I/We acknowledge that my/our income and assets will be verified every year, and any change of income or assets must be reported to management immediately. I/We understand that HHFDC requires the owners to give preference to applicants who qualify for the Rental Assistance Program to be placed higher on the Waiting List. Those "priority" applicants will be placed into a



unit before non-RAP applicants provided eligibility could be verified. However, all applicants who are qualified for RAP are placed only by the date the application is received. **INITIAL** _____

3. I/We certify that I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. **INITIAL** _____

4. I/We understand I/We pay for a security deposit prior to occupancy. **INITIAL** _____

5. I/We understand that my/our eligibility for housing will be based on applicable income limits and management's selection criteria. **INITIAL** _____

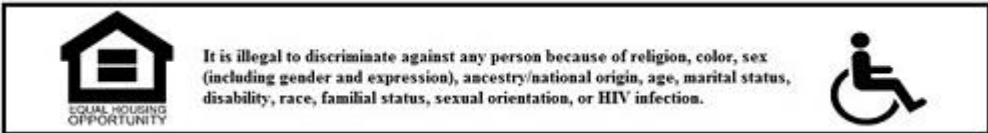
6. I/We certify that all information is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. **INITIAL** _____

7. I/We understand and agree that all members on this application will abide by the House Rules and Regulations of Honokowai Kauhale. Any violations of the House Rules and Regulations will be subject to termination of this application. (House Rules back of application) **INITIAL:** _____

PLEASE REVIEW EACH SECTION OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. ALL NOTIFICATIONS WILL BE SENT TO HEAD OF HOUSEHOLD MAILING ADDRESS.

SIGNATURE(S)

_____	_____	_____	_____
HEAD OF HOUSEHOLD	DATE	SPOUSE (CO-APPLICANT)	DATE
_____	_____	_____	_____
(CO-APPLICANT)	DATE	CO-APPLICANT	DATE



ELIGIBILITY REQUIREMENTS

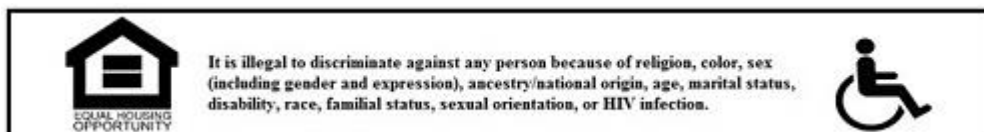
1. Be a resident of the State of Hawaii
2. Not own a majority interest in residential property in fee simple or in leasehold, suitable for a dwelling unit within the same county in which housing is sought
3. Additional Eligibility Requirements may apply

RENTAL RATES

<u>Unit Type</u>	<u>80% AMI Rent</u>	<u>100% AMI Rent</u>
1 Bdrm 1 Bath	\$1,551.00	\$1,938.00
2 Bdrm 1 Bath	\$1,860.00	\$2,325.00
3 Bdrm 2 Bath	\$2,149.00	\$2,686.00

*Minimum incomes may be lower for qualified section 8 tenants, who have or will be able to obtain Section 8 rent subsidies.

HOUSEHOLD SIZE	80% AMI	100% AMI
1	\$57,920.00	\$72,400.00
2	\$66,160.00	\$82,700.00
3	\$74,400.00	\$93,000.00
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