

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 | \$1,738.00 | \$2,172.00 |
| 2 Bdrm 1 Bath | \$2,086.00 | \$2,607.00 |
| 3 Bdrm 2 Bath | \$2,409.00 | \$3,011.00 |

*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 | \$64,880.00 | \$81,100.00 |
| 2 | \$74,160.00 | \$92,700.00 |
| 3 | \$83,440.00 | \$104,300.00 |
| 4 | \$92,640.00 | \$115,800.00 |
| 5 | \$100,080.00 | \$125,100.00 |
| 6 | \$107,520.00 | \$134,400.00 |

HONOKOWAI KAUAHALE

3500 L HONOAPIILANI RD LAHAINA HI 96761

808-669-1539

DATE _____

NAME: LAST _____

FIRST: _____

PHONE: _____

E-MAIL: _____

SIZE APARTMENT APPLYING FOR: _____

HOW MANY PEOPLE WILL BE LIVING IN THE UNIT? _____

HOW SOON DO YOU NEED TO MOVE: _____

DO YOU HAVE ANY PETS? _____

WHAT KIND? _____

HOW MANY VEHICLES DO YOU HAVE? _____



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.



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

EMAIL ADDRESS

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:

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

***SUBJECT TO REVIEW BY MANAGEMENT.**

1. 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:

Subject to eligibility:

\$3,424.00 one (1) bedroom \$4,108.00 two (2) bedroom/1 bath \$ 4,748.00 three (3) bedrooms

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

3. 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

4. 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

5. 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.

6. 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.

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

The signatures below indicate acknowledgement of the minimum qualifying factors

APPLICANTS SIGNATURE

DATE

APPLICANTS SIGNATURE

DATE

APPLICANTS SIGNATURE

DATE

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

| | |
|---|--|
| This is an application for housing at: | Project: Honokowai Kauhale |
| | Address: 3500 Lower Honoapiilani Road Lahaina, HI, 96761 |
| | Phone: 808-669-1539 Fax: 808-669-1560 |
| Please complete this application and return to: | Name: Honokowai Kauhale |
| | Address: 3500 Lower Honoapiilani Road Lahaina, HI, 96761 |
| | Phone: 808-669-1539 Fax: 808-669-1560 |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR



B. HOUSEHOLD COMPOSITION

| | Name | Relationship to head | Birth Date | Age (optional) | SS# (last 4 digits) | Student Y/N |
|------|------|----------------------|------------|----------------|---------------------|-------------|
| Head | | Self | | | | |
| Co-H | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Will all listed minors be living in the unit at least 50% of the time? Yes No

| | |
|--|--|
| Have there been any changes in household composition in the last twelve months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> | |
| Do you anticipate any changes in household composition in the next twelve months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> | |
| Is there someone not listed above who would normally be living with the household? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> | |

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | |
|---|--|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Public Assistance (Title IV/TANF etc.) | \$ |
| | | |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Financial Aid (excluding loans) | \$ |
| | | |
| | Annuities (list sources) | \$ |
| | | \$ |
| | | |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | | |
| | Scheduled Payments from Investments | \$ |

| Household Member Name | Source of Income | Monthly Amount |
|--|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| | | |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

| | | | | |
|---|-------|---------------|-------------------------|----------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Trust Account | # | Bank | Balance \$ | |
| Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Certificates of Deposit | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Money Market Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | | | | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | | | | |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |



| | | |
|---------------------|--|--------------------|
| Investment Property | | Appraised Value \$ |
|---------------------|--|--------------------|

| | |
|---|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property</i> | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe:</i> | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property:</i> | |
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe the asset:</i> | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | |
| | |
| | |

| E. ADDITIONAL INFORMATION | | |
|--|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |

| | | |
|---|------------------------------|-----------------------------|
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Briefly describe your reasons for applying:</i> | | |

F. REFERENCE INFORMATION

| | | |
|------------------------|-------------|--|
| Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Prior Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Credit Reference #1: | | |
| Address: | | |
| Account #: | Phone #: | |
| Credit Reference #2: | | |
| Address: | | |
| Account #: | Phone #: | |
| Credit Reference #3: | | |
| Address: | | |
| Account #: | Phone #: | |
| Personal Reference #1: | | |
| Address: | | |
| Relationship: | Phone #: | |

| | |
|------------------------|----------|
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

| G. VEHICLE AND PET INFORMATION (if applicable) | | |
|---|------------------|----|
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. | | |
| Type of Vehicle: | License Plate #: | |
| Year/Make: | Color: | |
| Type of Vehicle: | License Plate #: | |
| Year/Make: | Color: | |
| Do you own any pets? | Yes | No |
| <i>If yes, describe:</i> | | |

CERTIFICATION

I/We hereby 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. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application 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.

SIGNATURE (S):

| | |
|--------------------------|-------|
| _____ | _____ |
| (Signature of Tenant) | Date |
| _____ | _____ |
| (Signature of Co-Tenant) | Date |
| _____ | _____ |
| (Signature of Co-Tenant) | Date |
| _____ | _____ |
| (Signature of Co-Tenant) | Date |

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 _____

**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.