

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

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

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) bdrm/1 bath \$ 4,748.00 three (3) bedrooms

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

2. 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

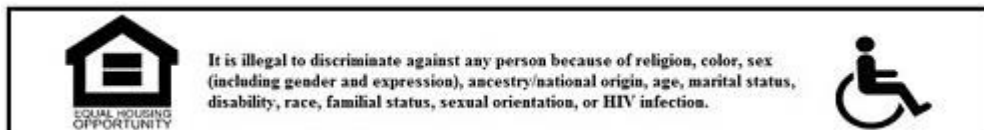
3. INCOME VERIFICATION: All applicants' receiving any type of earned, unearned income or contributions must be reported and will be verified for status, likelihood of continuation and/or increases and salary confirmation

4. 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.

5. 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.

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

7. 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** (\$1,712.00-\$2,140.00)
- _____ **2 BEDROOM 1 BATH** (\$2,054.00-\$2,567.00)
- _____ **3 BEDROOM 2 BATH** (\$2,374.00-\$2967.00)

The signatures below indicate acknowledgement of the minimum qualifying factors

Applicants Signature : _____ **Date:** _____

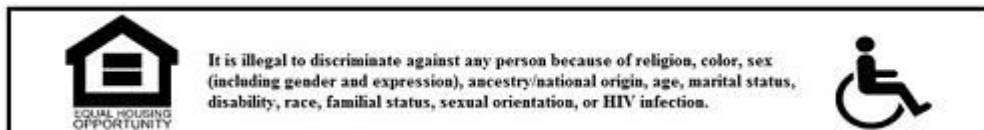
Applicants Signature : _____ **Dater:** _____

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:
DATE OF RESIDENCY IN HAWAII			

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:	
PHONE:	CELL:	WORK	HOME
DATE OF RESIDENCY IN HAWAII --			



HOUSEHOLD MEMBER #3

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
SOCIAL SECURITY #	

HOUSEHOLD MEMBER #4

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
SOCIAL SECURITY #	

HOUSEHOLD MEMBER # 5

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
SOCIAL SECURITY #	

HOUSEHOLD MEMBER # 6

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
SOCIAL SECURITY #	

CURRENT RESIDENCE

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

PREVIOUS RESIDENCE

ADDRESS	
MAILING ADDRESS	
MONTHLY RENT	
UTILITIES PAID	
DATE OF RESIDENCY	
LANDLORD FULL 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)

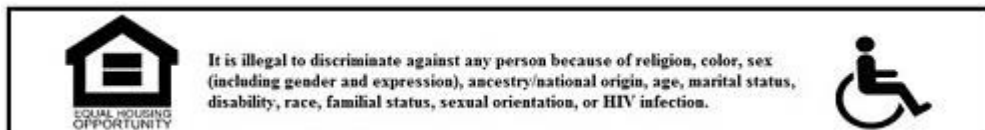
YOUR NAME	
EMPLOYER NAME	
ADDRESS OF EMPLOYMENT	
TELEPHONE NO	
HOURLY WAGE	
TIPS	
# HOURS PER WEEK	
MONTHLY GROSS INCOME	

YOUR NAME	
EMPLOYER NAME	
ADDRESS OF EMPLOYMENT	
TELEPHONE NO	
HOURLY WAGE	
TIPS	
# HOURS PER WEEK	
MONTHLY GROSS INCOME	

YOUR NAME	
EMPLOYER NAME	
ADDRESS OF EMPLOYMENT	
TELEPHONE NO	
HOURLY WAGE	
TIPS	
# HOURS PER WEEK	
MONTHLY GROSS INCOME	

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USE BACK IF NECESSARY



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.**

OTHER INCOME

YOUR NAME	
SOURCE OF INCOME	
MONTHLY GROSS AMOUNT OF INCOME	

YOUR NAME	
SOURCE OF INCOME	
MONTHLY GROSS AMOUNT OF INCOME	

YOUR NAME	
SOURCE OF INCOME	
MONTHLY GROSS AMOUNT OF INCOME	

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.

GROSS AMOUNT YOUR NAME	
BUSINESS NAME	
TYPE OF BUSINESS	
MONTHLY GROSS AMOUNT	

YOUR NAME	
BUSINESS NAME	
TYPE OF BUSINESS	
MONTHLY GROSS AMOUNT OF INCOME	

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	
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 PLEASE EXPLAIN			
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 _____

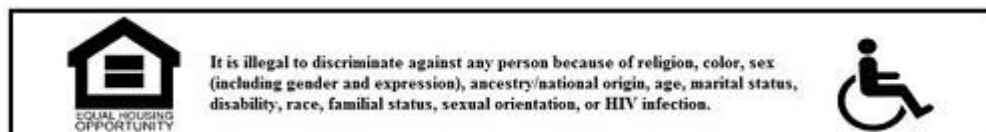
ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT: The information regarding race, national origin, and sex designation solicited in this application is requested in order to assure the County, State and Federal Government, acting through HHFDC that Federal laws prohibiting discrimination against tenant applicants 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. INITIAL _____

I/We understand that HHFDC requires the owners to give preference to applicants who qualify for the Rental Assistance



ELIGIBILITY REQUIREMENTS

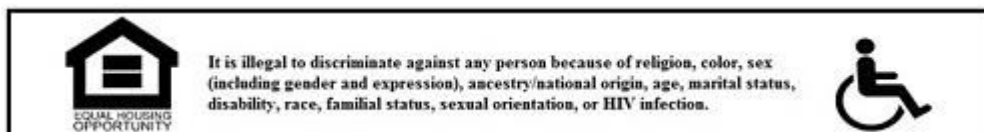
1. Be a resident of the State of Hawaii
2. Not own a majority interest in residential property in fee simple or in leasehold, suitable for a dwelling unit within the same county in which housing is sought
3. Additional Eligibility Requirements may apply

RENTAL RATES

<u>Unit Type</u>	<u>80% AMI Rent</u>	<u>100% AMI Rent</u>
1 Bdrm 1 Bath	\$1,712.00	\$2,140.00
2 Bdrm 1 Bath	\$2,054.00	\$2,567.00
3 Bdrm 2 Bath	\$2,374.00	\$2,967.00

*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	\$63,920.00	\$79,900.00
2	\$73,040.00	\$91,300.00
3	\$82,160.00	\$102,700.00
4	\$91,280.00	\$114,100.00
5	\$98,640.00	\$123,300.00
6	\$105,920.00	\$132,400.00



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.

