

TENANT SELECTION CRITERIA AND PROCESS
LOW-INCOME HOUSING TAX CREDIT PROGRAM

KOA VISTA II
94-1230 Hulukupuna Street, Waipahu, Hawaii 96797

Located in the new Koa Ridge master planned community off Ka Uka Boulevard across from Waipio Costco, Koa Vista II is the second of a two-phase master planned development that includes 192 senior and family rental apartment units housed in two mid-rise buildings. Phase II is a seven-story, 97-unit rental apartment building and will serve qualifying multi-family earning Income limits for 80% AMI of the annual median income.

Each unit includes a refrigerator and range/oven, cable and high-speed internet access, window coverings and laminated flooring. Common area amenities include a multi-purpose room, laundry/office space, victory garden, and open park.

Koa Vista II (Management) does not discriminate against any person based on race, color, religion, gender, national origin, age, sex, familial status, handicap, disability, veteran status, or any other basis protected by applicable state or local laws.

Koa Vista II is a Low-Income Housing Tax Credit (LIHTC) property and is monitored and administered by the State of Hawaii and Federal (IRS) government. The LIHTC program was established to provide low-income rental housing subject to households being age and income eligible with rent restrictions.

The Property will be offering the following Apts according to Annual Median Income (AMI)

- 80% AMI – Ninety-seven (97) one-bedroom apartments. The following utilities are included in rental amount:

Water, Sewer and Trash Collection. Tenants must pay for other utilities such as: Electric, Cable, and Internet.

Rental Rate: \$1,800.00 per month

**Rents and Income Limits are subject to change

*Security Deposit must be equal to one (1) month of the GROSS rent



Eligibility Requirements:

Project’s income limits are set according to 80% median income for Honolulu County as established by the Department of Housing and Urban Development (HUD) and published by Hawaii Housing Finance and Development Corporation.

Under the Low-Income Housing Tax Credit program, Applicants must meet the following criteria:

- 1. Applicants must meet minimum age requirement of 18 years old or older
- 2. Occupancy Standards:
 - 1 – Bedroom: 1-3 people
- 3. Household’s gross income may not exceed the MAXIMUM* income limit per household size;

Household Size	Annual Income
1 person	\$85,120
2 persons	\$ 97,280
3 persons	\$109,440

Qualifying Tax Credit Income Limits: (80% AMI - Annual Income)

**Note: The maximum affordable rent limits are also subject to adjustment when the median income for Honolulu County changes. Area median income limits are established annually by HUD as published by the Hawaii Housing Finance and Development Corporation and vary in each county per household size. See Honolulu County area median income limits for 80% AMI.*

- 4. Satisfactory credit rating and criminal check.
- 5. Acceptable landlord reference(s).
- 6. Demonstrated ability to pay rent and make timely payments.

Application Procedures:

Applications can be obtained by contacting Hawaii Affordable Properties, Inc. at (808) 589-1845 ext 14. TDD telecommunication is available if needed by calling the Telecommunications Relay Service at 7-1-1 or 1-877-447-5990. We can also be contacted via email at jeanetteo@hawaiiaffordable.com or on our website at www.hawaiiaffordable.com

Each applicant must complete an application and are required to provide information regarding their income, assets, birthdates, social security numbers, previous housing landlord reference(s) and other applicable information listed on the application. All application entries are to be printed legibly in black ink or typed. Application must be completely filled. If an item(s) does not apply, answer “no” or “n/a”. Do NOT leave anything blank. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be initialed by the person making the change.

The application must be completed and signed by all adult household members. Incomplete applications will not be accepted. Only completed applications that meet basic income qualifications will be considered for tenancy. If an application is not completely answered, the date the application is fully completed and



submitted will be the date that the application is considered accepted. All applications must be submitted to Hawaii Affordable Properties, Inc. **An application fee of \$20.00 per adult** household member (18 years and over) listed on the application must be submitted once the lottery is conducted and you are scheduled for an initial interview to determine eligibility - management will give you further instructions once you are selected.

Types of Income counted (examples):

1. All wages, salaries, commissions, fees, tips, bonuses, and other compensation before taxes (gross income).
2. Income from the operation of a business or profession or rental income (self-employed).
3. Interest from checking/savings accounts, CDs, IRAs, stocks, dividends, etc. There is no limit on the amount of assets one can have. Assets disposed of in the last two years will also be part of asset calculations.
4. Payments from social security, annuities, insurance policies, retirement, pensions, disability and death benefits.
5. Unemployment, disability, TDI, workers compensation.
6. Public assistance other than SNAP (food stamps).
7. Alimony and child support payments.
8. Regular pay, special pay and allowances of a member in the armed forces.

Grounds for Rejection (examples):

1. Total family income exceeds the applicable income limits published by HUD and/or HHFDC.
2. Household fails to respond to Management's letters.
3. Credit report showing outstanding collections, poor credit score and/or negative lines of credit.
 - A. Total balance owed on delinquent accounts exceeds \$5,000.00.
 - B. Outstanding Balance with a Utility Company
 - C. A Balance is owed to a prior Landlord.
4. All adult household members fail to attend eligibility interviews.
5. Applicants have failed to provide adequate verification of income, or we are unable to adequately verify income and/or income sources.
6. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
7. Negative landlord references that indicate lease violations such as non-payment of rent, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.



8. Evictions reported in the last 5 years.
9. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. If late payments or non-payment or eviction was due to extenuating circumstances such as illness or loss of a job, documentation will be required for review on an individual basis.
10. Any evidence of illegal activity including drugs, gangs, etc.
11. Criminal history including but not limited to a felony conviction, drug related conviction, crimes involving violence or sexual crimes:

A. **Sex Offender** – Lifetime.

Sex offender is any person required to register as a sex offender and/or listed in the United States Department of Justice National Database for Registered Sex Offenders.

B. **Distribution and/or Manufacture of a Controlled Substance** – Lifetime.

C. **All other Drug-Related** – Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.

Drug related activity includes all convictions for using drugs and/or possession of drug paraphernalia.

D. **Violent Criminal Activity** – Lifetime.

Violent criminal activity includes all felony crimes against people and/or property.

E. **Non-Violent Crimes** – Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.

Non-violent crimes include all other felony convictions not listed above.

F. **Multiple Convictions** – Ten (10) years from the date of applicants' last conviction.

Multiple Convictions are ten (10) or more misdemeanor convictions in a lifetime.

****Note:** The purpose of conducting criminal background checks is to provide decent, sanitary, and safe housing to all residents as well as to eliminate the direct threat to the safety and well being of all residents, staff, and personal property.

12. Negative personal references that indicate adverse or poor reflections of the household.
13. Household cannot pay full security deposit at move-in.
14. All members of the household are full-time students. The (3) three exceptions are: Single full-time student in job training, married full-time student filing joint tax return or single full-time student with children collecting welfare (title IV Soc. Sec), in job training or if children are not dependents of anyone outside the household. This rule applies throughout the tenancy of a LIHTC property.



Should applicants fail to meet screening criteria, they will be mailed a notice in writing indicating type of rejection. Applicants may contact managing agent's office for explanation of rejection and/or submit new application for Wait List.

Unit Transfer:

A Unit Transfer List is maintained for residents whose request is accompanied by a Request for Reasonable Accommodation form completed by a Physician and/or Medical Professional.

VAWA

VAWA protections cover tenants and assisted families, as defined under applicable program regulations. VAWA protections also cover applicants when they are applying for admission to a HUD-covered housing program. Refer to HUD Form 5380 Notice of Occupancy Rights under the Violence against Women Act

Eligibility Process:

Upon receipt of the application, a background and credit report will be pulled for all adults in the household, and a non-refundable application fee will be charged per adult household member of \$20 per check. Once the initial credit and background screening is completed, eligible applicants will be contacted in writing to begin the application eligibility process. Applicants must respond within the specified time, or their application will be canceled. Applicants will be required to submit requested documentation in a timely manner. To be income eligible, third-party verifications are required to verify Applicant's income, assets and landlord & personal references. Applicants will be required to attend an eligibility interview. Once applications are approved by the Managing Agent, Applicants will be notified of unit availability. At times when there are no vacancies, approved applicants must wait until a unit becomes available before being offered a unit.

Annual Recertification Requirements:

All residents must recertify annually. Proposed changes in household composition and student status must be immediately reported to Management. A request to add an additional household member(s) must be in writing and approved by Management as well as the Hawaii County Section 8 Program prior to a new member(s) moving into the unit.

Pets:

No Pets Allowed.

PLEASE KEEP FOR YOUR REFERENCE

Disclaimer: terms and conditions unless mandated by law are subject to change in Landlord's sole discretion at any time



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

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
 If not, explain custody agreement (proof of custody may be required): _____

1. 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>		
2. 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>		
3. 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>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent 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
10. 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
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. 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
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)

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.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
59. Location of property	
60. Appraised Market Value	\$
61. Mortgage or outstanding loans balance due	\$
62. Amount of annual insurance premium	\$
63. Amount of most recent tax bill	\$
64. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	

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

69. 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
If yes, describe the asset:			
70. Date of disposition:			
71. Amount disposed			\$

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

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:			
75. Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
76. Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
77. Will you take an apartment when one is available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:			

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. 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.			
86. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
87. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
88. Do you own any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			



H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</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 and date the application.

SIGNATURE(S) (***Must be dated***):

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

