

# Kanoa Apartments

1055 River St #100, Honolulu, HI. 96817  
PH: 808-744-1307 | FAX: 808-744-1308

## APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that Hawaii Affordable Properties, Inc. (HAPI) will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to HAPI, all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand HAPI has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize HAPI, to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Applicant's LEGAL NAME \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Spouse's LEGAL NAME: \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Applicant SS#: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_

Spouse SS#: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicants Phone # \_\_\_\_\_



Hawaii Affordable Properties

# APPLICATION FOR HOUSING

Affordable Housing Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b> Kanoa Apartments
	<b>Address:</b>
	846 Kanoa Street Honolulu, Hawaii 96817
Please complete this application and return to:	<b>Name:</b> Hawaii Affordable Properties, Inc
	<b>Address:</b>
	1055 River Street #100 Honolulu, Hawaii 96817

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.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
31.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
33.	<b>Previous Employment amount (last 60 days)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
34.	<b>Alimony</b>	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	<b>Child Support</b>	
	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.	<b>Other Income</b>	\$
37.	<b>Other Income</b>	\$
38.	<b>Other Income</b>	\$
39. <b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do <b>NOT</b> 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: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , 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
<b><i>If yes</i></b> , 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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<b>If yes, Type of property:</b>	
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
<b>If yes, describe the asset:</b>			
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
<b>If yes, please list:</b>			

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

### 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 #:

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
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



## **TENANT SELECTION CRITERIA AND PROCESS**

**Kanoa Apartments**  
**1055 River Street Suite #100**  
**Honolulu, Hawaii 96817**  
**(808) 744-1307 Phone (808) 744-1308 Fax**

Kanoa Apartments is a affordable rental housing project offering apartments to households earning 60 percent of the area median income (AMI).

Winston Hale is owned by the Department of Land Management (“DLM”) of the City and County of Honolulu and will be managed/operated by Hawaii Affordable Properties, Inc. in accordance with the Federal Fair Housing Act as well as all state and local fair housing and civil rights laws. Winston Hale (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.

Water are included in rental amount:

Current Rent:

- 2 Bedroom Apartments: \$1300.00
- 3 Bedroom Apartments: \$1700.00
- 4 Bedroom Apartments: \$1800.00

\*Rents and Income Limits are subject to change

\*Security Deposit will not exceed one month’s rent

### **Eligibility Requirements:**

Project’s income limits are set according to 60% median income for Honolulu County as established by the Department of Housing and Urban Development (HUD).

Under the Program, Applicants must meet the following criteria:

1. One person in the household must be 18 years or older;
  - Tenant household income may not exceed 60% of the Department of Housing and Urban Development’s (HUD) Area Median Income (AMI), as amended
  - All other eligible applicants shall be placed o the waiting list according to date of application receipt



2. Occupancy Standards:

- 2 Bedroom – 2 to 5 Occupants
- 3 Bedroom – 3 to 7 Occupants
- 4 Bedroom – 4 to 9 Occupants

3. Household’s gross income may not exceed the MAXIMUM\* income limit per household size;

Household Size	Annual Income	<u>Qualifying Tax Credit Income Limits: (60% AMI - Annual Income)</u>
2 persons	\$ 73,920	<i>*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 60% AMI.</i>
3 persons	\$ 83,160	
4 persons	\$ 92,400	
5 persons	\$ 99,840	
6 persons	\$ 107,220	
7 persons	\$ 114,600	
8 persons	\$ 121,980	

4. Satisfactory credit rating and criminal check.

5. Acceptable landlord reference(s).

6. Demonstrated ability to pay rent and make timely payments.

7. **Vacant Accessible Unit/ 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.

1. First, to a current occupant of another unit of the Project or comparable project under common control, having one or more disabilities requiring the accessibility features of the vacant unit and occupying a unit not having such features, or, if no such occupant exists; then
2. Second, to an eligible qualified applicant on the waiting list having one or more disabilities requiring the accessibility features of the vacant unit, or, or if no such occupant exists there; then
3. Third, to an eligible qualified applicant on the waiting list that does not have any disabilities requiring accessibility features of the vacant unit.

When offering a vacant accessible unit to an applicant not having any disabilities requiring the



accessibility features of the vacant unit, the Managing Agent may require the applicant to agree (and in corporate this agreement in the lease) to move to a non-accessible unit when available.

### **Application Procedures:**

Applications can be obtained by contacting Hawaii Affordable Properties, Inc. at (808) 744-1307.

We can also be contacted via email at [darrelln@hawaiiiaffordable.com](mailto:darrelln@hawaiiiaffordable.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.

Signed and dated applications will be processed on a first-come, first-serve basis. The application must be completed and signed by all adult household members. Incomplete applications will not be accepted. Only completed applications with the required application fee 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.

### **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 interview.



5. Applicant has 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.

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.

### **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. 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. In order 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 of 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 Honolulu 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*

