

LA'ILANI APARTMENTS

74-984 Manawale'a Street, Kailua-Kona, HI 96740

Phone: (808) 327-4996 Fax: (808) 327-4998



All household members 18 years and over are required to sign the application. All applications must be fully completed. Every line must be filled in. If a question does not apply, please mark N/A. Please include copies of any income. **All incomplete applications will not be accepted for placement on the waiting list.** Applicants are responsible for notifying HAPI of any changes to the application.

PROJECT INFORMATION

- Location: Project's office is located at **74-984 Manawale'a Street, Kailua-Kona, HI 96740.** Housing units are located on Manawale'a Street and Kealakehe Street above the town of Kailua-Kona.
- Number of Units: 32 ---- 1 Bedroom Units
144 --- 2 Bedroom Units
24 ----- 3 Bedroom Units
200 Total Units
- Rental Assistance: 120 Units are set aside for families earning eighty percent (80%) or less of the Median income. A monthly rent subsidy payment of up to \$175.00 per unit for the 120 units is available to qualified applicants.
- Type of Structures: 25 Two-Story buildings with 8 units in each building. 4 ground floor units and 4 units on the upper floor in each building.
- Amenities: Units: Range with hood, refrigerator, double kitchen sinks, carpeting, telephone/cable television jacks, solar assisted hot water heater.
- On Property: Resident manager, Management office, 4 coin operated laundry rooms, basketball court, pavilion, landscaped grounds.

ELIGIBILITY AND RENTAL RATES

- Eligibility : 80% of median income for 120 units (subsidized units).
No income limits for 80 units (market units).
Additional eligibility requirements may apply.

	<u>Market Rent</u>	<u>Subsidized Rent</u>
Rental cost for units:		
1 Bedroom/1 Bath /Approx 400 sq ft living area	\$ 850.00	\$ 675.00
2 Bedroom/1 Bath /Approx 620 sq ft living area	\$ 950.00	\$ 775.00
3 bedroom/2 Bath /Approx 840 sq ft living area	\$1200.00	\$1025.00

Minimum Income: 1 Bedroom - \$1688.00, 2 Bedroom - \$1938.00, 3 Bedroom - \$2563.00

Utilities: Rent will include water, garbage, and 1 parking space. Other services, I.E. electricity, Telephone, cable television and additional parking will be the tenant's responsibility.

Security Deposit: A security deposit equivalent to one month's rent shall be paid by every tenant.

Questions and completed applications should be directed to:

Hawaii Affordable Properties, INC
La'ilani Office
74-984 Manawale'a Street
Kailua-Kona, HI 96740
Phone: (808) 327-4996 Fax: (808) 327-4998



**Application for Housing
LA'ILANI APARTMENTS
74-984 Manawale'a Street
Kailua-Kona, HI 96740**

PLEASE PRINT

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Please be sure that **ALL QUESTIONS** are answered. If the question does not apply, please write "n/a."

A. GENERAL INFORMATION

Applicant Name(s) _____

Mailing Address _____

Residence Address _____
Street Apt. # City Zip Code

Daytime Phone # _____ Evening Phone # _____

No. of bedrooms in current unit _____ Do you rent or own? _____

Amount of current monthly rental/mortgage payment \$ _____

If owned, do you receive rental income from your property? Yes _____ No _____

OCCUPANCY STANDARDS:	Bedroom	Household Minimum	Household Maximum
	1	1	3
	2	1	5
	3	1	7

BEDROOM SIZE REQUESTING: (Check only one)

1 Bedroom

2 Bedroom

3 Bedroom

B. HOUSEHOLD COMPOSITION

List ALL persons who will be living in the apartment.

Name	Relationship to Head	M/F	Over 18 years Yes/No	SSN
	Head			

Do you anticipate any additions to this household in the next twelve months? Yes _____ No _____

If yes, explain _____

Is anyone in the household a full time student? Yes _____ No _____

If yes, list name(s) and answer the questions below:

Student Name(s) _____

- a. Is the full time student married and filing a joint tax return? Yes ___ No _____
- b. Is the student a title IV recipient? Yes ___ No _____
- c. Is the student enrolled in a job training program receiving Assistance under the Job Training Partnership act? Yes ___ No _____
- d. Is the full time student an AFDC recipient? Yes ___ No _____
- e. Is the full time student a single parent living with his/her minor child who is not a dependent on another's tax return? Yes ___ No _____

C. INCOME: List *all* sources of income as requested below:

FAMILY MEMBER NAME

SOURCE OF INCOME

_____		a.	Social Security...Monthly Amount \$ _____
_____			Social Security...Monthly Amount \$ _____

_____		b.	SSI Benefits.....Monthly Amount \$ _____
_____			SSI Benefits.....Monthly Amount \$ _____

_____		c.	Pension (1).....Monthly Amount \$ _____
_____			Pension (2).....Monthly Amount \$ _____

			(1) _____
			(2) _____

_____		d.	Veterans Benefits...Monthly Amount \$ _____ Claim # _____
_____			Veterans Benefits...Monthly Amount \$ _____ Claim # _____

_____		e.	Unemployment Comp...Monthly Amount \$ _____
_____			Unemployment Comp...Monthly Amount \$ _____
_____			Unemployment Comp...Monthly Amount \$ _____

_____		f.	AFDC.....Monthly Amount \$ _____
_____			AFDC.....Monthly Amount \$ _____
_____			AFDC.....Monthly Amount \$ _____

_____		g.	Wages...Gross.....Monthly Amount \$ _____
			Employer _____
			Position Held _____
			How Long Employed _____

Wages...Gross.....Monthly Amount \$ _____
Employer _____
Position Held _____
How Long Employed _____

Wages...Gross.....Monthly Amount \$ _____
Employer _____
Position Held _____
How Long Employed _____

h. Full Time Student Income (Only Full Time Students 18 & over)
Monthly Amount \$ _____
Full Time Student Income (Only Full Time Students 18 & over)
Monthly Amount \$ _____

i. Are you entitled to receive alimony? Yes _____ No _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____

j. Are you entitled to receive child support? Yes _____ No _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____

k. Interest Income...Monthly Amount \$ _____ Source _____
Interest Income...Monthly Amount \$ _____ Source _____
Interest Income...Monthly Amount \$ _____ Source _____

l. Other Income..... (Any income not noted above)
Monthly Amount \$ _____ Source _____
Other Income..... (Any income not noted above)
Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Based on total of monthly amounts listed above x 12)
\$ _____

Do you anticipate any changes in this income in the next twelve months? Yes _____ No _____
If yes, explain _____

D. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Saving Account(s) # _____ Bank _____ Balance \$ _____

Trust Account(s) Certificates

# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____

Credit Union

# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____

Mutual Fund

Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____
Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____
Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____

Stocks

Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____
Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____
Name _____	#Shares _____	Dividend Paid \$ _____	Balance \$ _____

Savings Bond(s)

# _____	Maturity Date _____	Value \$ _____
# _____	Maturity Date _____	Value \$ _____
# _____	Maturity Date _____	Value \$ _____

Life Insurance Policy

# _____	Face Value \$ _____
# _____	Face Value \$ _____
# _____	Face Value \$ _____

Personal Property Held As Investment: Type _____ Appraised Value \$ _____

Real Property: Do you own any property? Yes _____ No _____

If yes, type of property _____
 Location _____
 Appraised Market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____
 Amount of annual insurance premium \$ _____
 Amount of most recent tax bill \$ _____

Have you sold/dispensed of any property in the last two years? Yes _____ No _____

If yes, type of property _____
 Market value when sold/dispensed \$ _____
 Amount sold/dispensed for \$ _____
 Date of transaction _____

Have you disposed any other assets in the last two years (Ex: Given away money to relatives, set up irrevocable trust accounts)? Yes _____ No _____

If yes, describe asset(s), date of disposition, & amount disposed _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____

If yes, list _____ Value \$ _____
 _____ Value \$ _____

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes _____ No _____

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? Yes _____ No _____

If yes, describe _____

Have you or any member of your family been evicted from any housing? Yes _____ No _____

If yes, describe _____

Have you or any member of your family ever file for bankruptcy? Yes _____ No _____

If yes, describe _____

Will you take an apartment when one is available? Yes _____ No _____

Briefly describe your reasons for applying _____

F. REFERENCE INFORMATION

Minimum 2 Year rental history required.

Current Landlord: Name _____
Address _____

Home Phone _____ Business Phone _____
How long? _____

Previous Landlord Information: Name _____
Address _____

Home Phone _____ Business Phone _____
How long? _____

Name _____
Address _____

Home Phone _____ Business Phone _____
How long? _____

Three credit references:

Name _____ Acct. # _____
Address _____ Phone # _____

Name _____ Acct. # _____
Address _____ Phone # _____

Name _____ Acct. # _____
Address _____ Phone # _____

Three personal non-related references:

Name _____ Relationship _____
Address _____ Phone # _____

Name _____ Relationship _____
Address _____ Phone # _____

Name _____ Relationship _____
Address _____ Phone # _____

In Case of Emergency Notify _____
Address _____

G. VEHICLE & PET INFORMATION

VEHICLES: List all vehicles that you own. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

#1 Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____

#2 Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____

PETS: Do you own any pets? Yes _____ No _____

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.

Applicant Signature

Date

Co-Applicant Signature

Date

AUTHORIZATION

I/We do hereby authorize **Hawaii Affordable Properties, Inc.** and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by **Hawaii Affordable Properties, Inc.** This includes, but not limited to, background checks, rental history, employment records, credit history and all assets.

Applicant Signature

Date

Co-Applicant Signature

Date