APPLICATION FOR HOUSING

For Use With All Hawai`i Housing Programs

PLEASE PRINT CLEARLY **DATE OF APPLICATION:**_____

This is an application for housing at:	**Lihue Court Townhomes Corporation** **4160 Hoala St. #22-I** **Lihue, HI 96766** **808-245-5045**
Please complete this application and return it *IN PERSON or BY MAIL* to:	**Lihue Court Townhomes Corporation** **4160 Hoala St. #22-I** **Lihue, HI 96766**

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 applicable.***

A. GENERAL INFORMATION

Applicant's Name: _____
Last Name First Name Middle Initial(s)

Mailing Address: _____
Street Apt.# City State ZIP

Home Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Email: _____

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**:** ☐ Water ☐ Electricity ☐ Gas ☐ Other (specify)_____

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

Bedroom size requested: ☐ One BR ☐ Two BR

Are you receiving any housing assistance (Section 8, etc.)? ☐ Yes ☐ No (check one)

If YES, Type? _____ Expiration Date? _____

B. HOUSEHOLD COMPOSITION

	Household Member (First name, Middle initial(s), Last name)	**Relationship to HOH**	**Birth Date**	**Age (optional)**	**SS#**	**FT Student Y / N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						

Will all listed minors be living in the unit at least 100% of the time?	☐ Yes ☐ No
If not, explain custody agreement (proof of custody may be required):	

Have there been any changes in household composition in the last twelve months	☐ Yes ☐ No
If yes, explain:	
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes ☐ No
If yes, explain:	
Is there someone not listed above who would normally be living with the household?	☐ Yes ☐ No
If yes, explain:	
Are you living with anyone now who will not be moving into this unit with you?	☐ Yes ☐ No
If yes, explain:	

Will ALL of the persons in the household be or have been **full-time** students during five (5) 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 joint tax return?	☐ Yes ☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or a similar governmental job training Program?	☐ Yes ☐ No
Are any full-time student(s) a TANF or a Title IV recipient?	☐ Yes ☐ No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another person's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes ☐ 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)?	☐ Yes ☐ 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	$
	SSI Benefits	$
	SSI Benefits	$
	Disability	$
	Disability	$
	Pension (list source):	$
	Pension (list source):	$
	Net Income from Business	$
	Veteran's Benefits (list claim #):	$
	Military Pay	$
	Unemployment Compensation	$
	Workman's 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; grants & scholarships)	$
	Annuities	$
	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:	**$**
	Employer:	
	Position Held:	
	How long employed:	
	Previous Employment amount (last 60 days):	**$**
	Employer:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	☐ Yes ☐ No
	If *yes*, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐ Yes ☐ No
	If *yes* list the *amount* you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If *yes*, list the amount you are ***entitled*** to receive.	$
	Do you receive formal/informal (money, items, etc.) child support? ***If a court order exists, it will need to be provided with a current payment history from the enforcement agency.***	☐ Yes ☐ No
	If *yes* list the *amount* you receive.	$
	Other Income (please specify):	**Monthly Amount**
		$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR **(Do <u>NOT</u> leave this blank)**		$

Do you anticipate any changes in this income in the next 12 months?	☐ Yes ☐ No
Is any member of the household legally entitled to receive income assistance?	☐ Yes ☐ No
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2, etc.)?	☐ Yes ☐ No
If yes to any of the above, explain:	
Is the income received?	☐ Yes ☐ 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.

	Account Number	Bank	Balance
Checking Accounts			$
			$
Savings Accounts			$
			$
Trust Account			$
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work			$
Certificates of Deposit			$
			$
Money Market Accounts			
			$

Savings Bonds	Account Number	Maturity Date	Value
			$
			$
			$

Life Insurance Policy	#	Cash Value $
	#	Cash Value $

	Name	# of Shares	Interest or Dividend	Value
Mutual Funds				$
				$

	Name	# of Shares	Dividend Paid	Value
Stocks				$
				$

	Name	# of Shares	Interest or Dividend	Value
Bonds				$
				$

Investment Property		Appraised Value: $

Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property:	
Location of property:	
Appraised Market Value:	$
Mortgage or outstanding loans balance due:	$
Amount of annual insurance premium:	$
Amount of most recent tax bill:	$
Is the property subject to foreclosure, bankruptcy or eviction:	☐ Yes ☐ No
If yes, describe:	

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?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No
Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
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)?	☐ Yes ☐ No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$
Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

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 a felony?	☐ Yes ☐ No
If yes, describe:	
Have you or any member of your family ever been evicted from any housing?	☐ Yes ☐ No
If yes, describe:	
Have you ever filed for bankruptcy?	☐ Yes ☐ No
If yes, describe:	
Will you take an apartment when one is available?	☐ Yes ☐ No
Briefly describe your reasons for applying:	
Has any proposed household member ever lived at a Mutual Housing Association of Hawai`i property?	☐ Yes ☐ No
If so, which property and when:	
☐ Kekaulike Courtyards ☐ Ko`oloa`ula – Phase I or II ☐ Kūlia ☐ Lihu`e Court Townhomes ☐ Pālolo Homes	
When did you live at this property?	

F. REFERENCE INFORMATION		
Current Landlord *(Where are you CURRENTLY living?)*	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord *(Where did you PREVIOUSLY live?)*	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 (1) vehicle. All other vehicles must be parked on the street.	
Type of Vehicle:	License Plate #:
Year & Make:	Color:
Type of Vehicle:	License Plate #:
Year & Make:	Color:
Do you own any pets?	☐ Yes ☐ No
If yes, describe:	

H. APPLICATION ASSISTANCE	
Did anyone help/assist you in filling out this application?	☐ Yes ☐ No
If yes, who assisted and what was the reason for the assistance:	

VOLUNTARY INFORMATION					
Ethnic Status: *To be filled out by Head of Household. The following is voluntary information which will assist making reports to our funders. Please check **ONE BOX** only.*					
☐	Black / African American	☐	Chinese	☐	Native Hawaiian
☐	White / Caucasian	☐	Filipino	☐	Guamanian or Chamorro
☐	American Indian / Alaska Native	☐	Japanese	☐	Samoan
☐	Asian Indian	☐	Korean	☐	Micronesian (specify)
☐	Hispanic	☐	Vietnamese		
☐	Other (specify)	☐	Other Asian (specify)	☐	Other Pacific Islander (specify)

FAIR HOUSING STATEMENT

Palolo Homes is committed to the provisions of the Fair Housing Act in both principal and practice. All persons have the same opportunity to rent/lease a property, regardless of race, color, religion, sex, handicap, familial status or national origin.

ACKNOWLEDGEMENT AUTHORIZATION AND AGREEMENT

I/We have read the above form and I/we understand that if I/we cause a financial loss to my/our Property Management, that legal action may be taken to collect any money owed and this may result in information being entered into my credit report. I/we also understand that causing a financial loss may limit my/our ability to obtain credit or lease other rental units.

I/We authorize Palolo Valley Homes Limited Partnership (the Managing Agent) to verify my past and present employment earnings records, bank accounts, stock holdings and other assets needed to process my rental application. I/we further authorize Palolo Valley Homes Limited Partnership to order a consumer credit report and verify other credit information. I/we further understand that for the safety and protection of current residents that my name and that of all prospective adults of my household will be checked against the Hawaii State Criminal Data Base for convictions involving sex offenses, criminal drug dealing and abuse, and acts of violence. I understand that any convictions involving any member of the household shall constitute reason for disapproval of my entire household. I/we hereby give my/our permission for you to verify the information provided above.

CERTIFICATION

I/We certify that the information in this application is true to the best of my/our knowledge and correct as of the date set forth opposite my/our signature(s) on this application. I/We understand that any intentional or negligent misrepresentation(s) of the information or false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy and may result in civil liability and/or criminal penalties, but not limited to, fine or imprisonment or both. I/We acknowledge that my/our income will be verified every year for re-certification purposes. 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 that 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. All adult applicants, 18 or older, must sign the application.

SIGNATURE(S):

(Signature of Head of Household)	Date
(Signature of Co-Head of Household)	Date
(Signature of applicant over 18 years)	Date
(Signature of applicant over 18 years)	Date
(Signature of applicant over 18 years)	Date
(Signature of applicant over 18 years)	Date

EQUAL HOUSING OPPORTUNITY