KEKAULIKE COURTYARDS CORPORATION
1016 Maunakea Street, Honolulu, Hawai'i 96817
Phone: (808) 545-2993

APPLICATION FOR AFFORDABLE RENTALS AT KEKAULIKE COURTYARDS

Kekaulike Courtyards is now accepting housing applications on a first come, first serve to be placed on a waitlist for upcoming vacancies.

Applications are now available online at http://www.mutual-housing.org/kekaulike-courtyards/

You can download, print out then fully complete the application and return it either by:

Mail to "Kekaulike Courtyards, 1016 Maunakea St. Honolulu, Hawaii, 96817"
OR
Email to kekaulikecourtyards@mutual-housing.org (fastest method)
OR
Facsimile to (808) 545-3654

The mailing postmarked date or time stamp on the email or fax will determine placement on the waitlist. Only applications received with the appropriate postmark or time stamps will then be placed on the waitlist.

Applicants will be pre-screened; determined if eligible or ineligible to rent at Kekaulike Courtyards based upon eligibility requirements. To be eligible, applicants must earn **(1)** ***no less*** than twice the current rents AND **(2)** ***no more*** than 50 percent of the U.S. Housing and Urban Development's median income for the City and County of Honolulu which is

$53,900 for 1 person
$61,600 for 2 persons
$69,300 for 3 persons
$77,000 for 4 persons

****2026 amounts are subject to change***

Kekaulike Courtyards has a maximum capacity of four (4) persons per household.

Kekaulike Courtyards consists of 76 affordable apartment rentals with studios ($839.00 - $1,059.00/mo.) and one-bedroom units ($1,088.00 - $1,161.00/mo.) in three, four-story buildings. ****2026 rents are subject to change.***

At Kekaulike Courtyards, *we care about our residents and about maintaining a tranquil, safe, and clean environment.* The staff and residents of Kekaulike Courtyards are pleased that you have selected our property to apply for residency.

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HELPFUL INFORMATION FOR WAITLIST APPLICANTS FOR RENTALS

We would appreciate that you please NOT come to our office with questions about our project or the application. Due to the small size of our staff, we cannot handle drop in visitors to our office with questions on the application. However, we invite you to call **(808) 545-2993 and leave us a message with any questions. We will try to respond to you within two (2) business days after you leave us a phone message.**

When apartments are vacated, we will call applicants off the waitlist. Every applicant will go through a thorough screening process for income qualifications and background checks. Therefore, *there is no guarantee* that an applicant will be approved to receive an apartment. It can sometimes require screening many applications before a qualified applicant is found and can move in.

Applicants that change contact phone numbers or addresses must be sure to **send in writing** the applicant name and new contact information. If the applicant cannot be reached by phone or mail, the applicant will be removed from the waitlist. Send phone and address changes to **Kekaulike Courtyards**, **1016 Maunakea Street**, **Honolulu Hawai'i, 96817**

Applicants will be contacted in the order they are on the waitlist. **It is critical that applicants return calls and continue to provide requested information within the stated deadlines.** *Once an applicant is called, they are in a race with others who are also called, since multiple applications must be processed at the same time for a single unit. Applicants that delay in the screening process will be bypassed by other applicants who turn in their information quickly. Unfortunately, applicants that do not respond by the deadlines will lose their opportunity for an apartment and be sent a rejection letter.*

The first month's rent and security deposit (which is equal to the monthly rent) will be **required *before* move in**. The apartment cannot be held vacant for applicants who are trying to gather the funds when they are approved for a unit, so it is very important that applicants collect the necessary funds as soon as possible after they are called for screening if not sooner. **Qualified applicants who do not have sufficient funds at move in will lose their opportunity for an apartment and cannot remain on the waitlist.**

Applicants who must give 28-days notice to their current landlords often end up with overlapping rent payments, since units cannot be held open for that long. The first qualified applicant that can move in will bypass someone even with a lower waitlist number but missing documents or unable to move.

APPLICATION FOR HOUSING

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

Please complete this application and return to:	**Kekaulike Courtyards Corporation**
	1016 Maunakea Street
	Honolulu, Hawai'i 96817
	808-545-2993
Date and Time Rec'd: (For Office Use Only)	Unit Size Desired: STUDIO ( ) ONE BEDROOM ( )
	Proposed Date of Move-in:
	How did you hear about us?

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(s): _____ Email: _____@_____

Do you Rent( ) or Own( ) (check one) No of. BR's in current unit _____

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: ( )Studio ( )One BR ( )ADA One BR

B. HOUSEHOLD COMPOSITION

	Household Member's Full Name (First & Last)	**Relationship to head** CoH=Co-Head A=Other Adult C=Minor Child	**Date of Birth**	**Age**	**Sex**	**Marital Status** M=Married D=Divorced SP=Separated S=Single W=Widowed	**Social Security Number**	**Student Y / N**
1		**HEAD**						
2								
3								
4								

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

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:

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?

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	$
	Net Income from Business	$
	Veteran's Benefits (list claim #):	$
	Military Pay	$
	Unemployment Compensation	$
	Workman's Comp	$
	Public Assistance (Title IV/TANF etc)	$
	Contributions to the Household (monetary or not)	$
	Full-Time Student Income (18 & Over Only)	$
	Financial Aid (grants & scholarships exceeding the amount of tuition may have to be included in total income)	$
	Annuities (list sources)	$
		$
	Scheduled Payments from Investments	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$

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:	
	Employment amount:	$
	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 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 child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
	Other Income (please specify):	$
	Other Income (please specify):	$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$

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.			
Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

Trust Account	#	Bank	Balance $
Direct Deposit Cards For SS, SS TANF, Child Support, Work	#	Bank	$
	#	Bank	$
Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
Life Insurance Policy	#		Cash Value $
	#		Cash Value $

Mutual Funds	Name:	#Shares:	Interest or Dividend: $	Value: $
	Name:	#Shares:	Interest or Dividend: $	Value: $
Stocks	Name:	#Shares:	Dividend Paid: $	Value: $
	Name:	#Shares:	Dividend Paid: $	Value: $
Bonds	Name:	#Shares:	Interest or Dividend: $	Value: $
	Name:	#Shares:	Interest or Dividend: $	Value: $
Retirement Funds (e.g. IRA/401K)	Type:			Value: $
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:	$

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
Is so, which property and when:		

ʻKekaulike Courtyards ʻKo`oloa`ula – Phase I or II ʻKūlia ʻLihu`e Court Townhomes ʻPālolo Homes	**When did you live at this property?**

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	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 #:

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

FAIR HOUSING STATEMENT

Kekaulike Courtyards Corporation 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 Kekaulike Courtyards Corporation (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 Kekaulike Courtyards Corporation 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 and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application 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 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

