

# APPLICATION FOR HOUSING

**PLEASE PRINT CLEARLY**

**DATE OF APPLICATION:** \_\_\_\_\_

Please complete this application and return <b>BY MAIL</b> to:	<b>Lihu`e Court Townhomes</b>
	<b>4160 Hoala St, #1F</b>
	<b>Lihu`e, HI 96766</b>
Date and Time Rec'd: (For Office Use Only)	Unit Size Desired:
	Proposed Date of Move-in:
	How did you hear about us?

**A. GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

	Last Name	First Name	Middle Initial(s)
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Home Address: \_\_\_\_\_

	Street	Apt.#	City	State	ZIP
	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 (Sections 8, etc.)?  Yes  No If yes, type? \_\_\_\_\_ Expiration: \_\_\_\_\_

**B. HOUSEHOLD COMPOSITION**  
(List all household members, including Applicant)

	Household Member's Full Name (First & Last)	Relationship to head <small>CoH=Co-Head A=Other Adult C=Minor Child</small>	Date of Birth	Age	Sex	Social Security Number	Student Y / N
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>C. INCOME</b>		
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
	<b>Employment amount:</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount:</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount:</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount:</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
<b>Alimony</b>	Are you <b>legally entitled</b> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
<b>Child Support</b>	Are you <b>legally entitled</b> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <b>entitled</b> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income (please specify):</b>	\$
	<b>Other Income (please specify):</b>	\$
	<b>Other Income (please specify):</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>Checking</b> Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
<b>Savings</b> Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
<b>Trust</b> Account	#	Bank	Balance \$	
<b>Direct Deposit Cards</b> For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	\$	
	#	Bank	\$	
<b>Cash Applications</b> (Apple Cash, Venmo, PayPal, Zelle, CashApp etc.)		App	Balance \$	
		App	Balance \$	
		App	Balance \$	
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)	Source/Account #:			Vested Amount:
Investment Property				Appraised Value: \$

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:	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

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

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Briefly describe your reasons for applying:</i></b>		
Has any proposed household member ever lived at a Mutual Housing Association of Hawai`i property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Is so, which property and when:</i></b>		
<input type="checkbox"/> Kekaulike Courtyards <input type="checkbox"/> Ko`oloa`ula – Phase I or II <input type="checkbox"/> Kūlia <input type="checkbox"/> Lihu`e Court Townhomes <input type="checkbox"/> Pālolo Homes	When did you live at this property?	

F. REFERENCE INFORMATION		
<b><i>Current Landlord</i></b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:

Address:

Account #:	Phone #:
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Credit Reference #2:

Address:

Account #:	Phone #:
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Credit Reference #3:

Address:

Account #:	Phone #:
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Personal Reference #1:

Address:

Relationship:	Phone #:
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Personal Reference #2:

Address:

Relationship:	Phone #:
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Personal Reference #3:

Address:

Relationship:	Phone #:
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In case of emergency notify:

Address:

Relationship:	Phone #:
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**G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. All other vehicles must be parked on the street.

Type of Vehicle:	License Plate #:
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Year & Make:	Color:
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Type of Vehicle:	License Plate #:
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Year & Make:	Color:
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Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**If yes,** describe:

**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.

<input type="checkbox"/>	Black / African American	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	White / Caucasian	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Micronesia (specify)
<input type="checkbox"/>	Alaska Native	<input type="checkbox"/>	Vietnamese		
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other Asian (specify)	<input type="checkbox"/>	Other Pacific Islander (specify)

**In addition to the above, please check one of the following.**

<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Non-Hispanic
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**FAIR HOUSING STATEMENT**

Lihu`e Court Townhomes 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 Lihu`e Court Townhomes (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 Lihu`e Court Townhomes 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
_____	_____
(Signature of applicant over 18 years)	Date
_____	_____
(Signature of applicant over 18 years)	Date

