



MUTUAL HOUSING
ASSOCIATION OF HAWAII

Ko'oloa'ula

91-1159 Keahumoa Parkway, #801, Ewa Beach, HI 96706 ♦ Phone: (808) 550-3800 ♦ Fax: (808) 356-3330

Application for Housing

TEMPORARY Opening of Wait List

We will temporarily open our wait list for Ko'oloa'ula – Phases I and II from December 02, 2024 and ending on December 15, 2024. We will use our wait list of applications to place residents in limited units as they become available in either Phases I or II of Ko'oloa'ula.

In order to have the required date stamp for each application submitted, we ask that you MAIL in and *not* hand-deliver your application. Only applications postmarked by December 15, 2024 will be processed in a lottery to determine placement on our waitlist.

All applications received with the appropriate date stamps meeting the deadline will then be randomly selected through a third-party lottery process and assigned a number on our wait list. You will receive your pulled lottery number from Ko'oloa'ula via postcard that shows your place on the waitlist around January 17, 2025. Applicants holding the lower lottery numbers shall have earlier opportunities to be screened for the available units. We will continue to process the next higher lottery numbers on the waitlist as the units become available.

You can download our housing application from our website at www.mutual-housing.org and mail your fully completed and signed application to:

Ko'oloa'ula
91-1159 Keahumoa Parkway #801
Ewa Beach, Hawai'i 96706

Unfortunately, due to the small size of our staff, it would be difficult to handle drop in visitors to our office with questions on the application. **We would appreciate if you please NOT come to our office with questions about our project or the application.** However, we invite you to call **(808) 900-5752** or email **KOOlottery@mutual-housing.org** and leave us a message with any questions not answered on our website. We will try to respond to you within two business days after you leave us a phone message. We greatly appreciate your cooperation.

When apartments are vacated, we will call applicants off the waitlist. Each adult member of the household 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.

"Building our communities with respect, integrity, and aloha..."



Helpful information for applicants on the waitlist:

- 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 address changes to: *Ko'oloa'ula, 91-1159 Keahumoa Parkway, #801, Ewa Beach, HI 96706.*
- 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 or do not accept the units offered to them will lose their opportunity for an apartment and be sent a rejection letter.*
- **PLEASE PROVIDE TRUTHFUL AND COMPLETE INFORMATION** on the application form, on all other documents, and in all conversations with Ko'oloa'ula staff. There are multiple and annual audits to verify applicant and resident information. If found fraudulent, this could result in immediate **eviction** of a household.
- **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, but preferably 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 with a lower waitlist number.

Good luck to all applicants!

"Building our communities with respect, integrity, and aloha..."

APPLICATION FOR HOUSING

For Use With All Hawai'i Housing Programs

PLEASE PRINT CLEARLY

DATE OF APPLICATION: _____

This is an application for housing at:	Ko`oloa`ula Phases I and II
	91-1159 Keahumoa Parkway; #801
	Ewa Beach, Hawaii 96706
	808-550-3800
Date & Time Received: (For Office Use Only)	Unit Size Desired:
	Proposed Date of Move-In:
	How did you hear about us?

Applications must be mailed and post-marked no later than December 15, 2024

Every question MUST be answered. Do NOT leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant's Name: _____

Mailing Address: Last Name First Name Middle Initial(s)

Home Address: Street Apt.# City State ZIP

Daytime Phone: _____ Email: _____

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 Three BR Four BR ADA BR

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

If YES, Type? _____ Expiration Date? _____

B. HOUSEHOLD COMPOSITION

	Household Member <small>(First name, Middle initial(s), Last name)</small>	Relationship to HOH	Birth Date	Age	Male or Female	SSN #	Full Time Student Y or N
Head		Self					
Co-H							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							



Will all listed minors be living in the unit at least 50% of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If not, explain custody agreement (proof of custody may be required):</i>	

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>	
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>	
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>	
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>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, answer the following questions:</i>	
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

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 <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>yes</i> , list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>yes</i> list the <i>amount</i> you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>yes</i> , list the amount you are <i>entitled</i> to receive.	\$
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If a court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	
	If <i>yes</i> list the <i>amount</i> 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?	<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
<i>If yes to any of the above, explain:</i>	
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.

	Account Number	Bank	Balance	
Checking Accounts			\$	
			\$	
Savings Accounts			\$	
			\$	
			\$	
			\$	
Debit Apps (Apple Pay, Cash App, Venmo, Pay Pal)			\$	
			\$	
			\$	
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 \$	
Mutual Funds	Name	# of Shares	Interest or Dividend	Value
				\$
				\$
Stocks	Name	# of Shares	Dividend Paid	Value
				\$
				\$



	Name	# of Shares	Interest or Dividend	Value
Bonds				\$
				\$
Investment Property				Appraised Value: \$
Real Estate Property: <i>Do you own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>				
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:				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>				
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
<i>If yes, describe:</i>				
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
<i>If yes, Type of property:</i>				
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
<i>If yes, describe the asset:</i>				
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
<i>If yes, please list:</i>				

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
<i>If yes, describe:</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>	
Has any proposed household member ever lived at a Mutual Housing Association of Hawai'i property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If so, which property and when:</i>	
<input type="checkbox"/> Kekaulike Courtyards	<input type="checkbox"/> Ko`oloa`ula – Phase I or II
<input type="checkbox"/> Lihu`e Court Townhomes	<input type="checkbox"/> Pālolo Homes
Dates you lived at this property?	Unit #:



F. REFERENCE INFORMATION

Current Landlord <i>(Where are you CURRENTLY living?)</i>	Name:	
	Address:	
	Bus. Phone:	Fax:
	Cell Phone:	Email:
	Date Start:	Date Ended:
Prior Landlord <i>(Where did you PREVIOUSLY live?)</i>	Name:	
	Address:	
	Bus. Phone:	Fax:
	Cell Phone:	Email:
	Date Start:	Date Ended:

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 for a 1-bedroom unit and two (2) vehicle for a 2, 3, & 4 bedrooms . 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	



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.*

<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 / Alaska Native	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Micronesian (specify)
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Vietnamese		
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other Asian (specify)	<input type="checkbox"/>	Other Pacific Islander (specify)

Veteran Status: Active Inactive Retired

FAIR HOUSING STATEMENT

Ko'oloa'ula Phases I and II are 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 Kooloaula Limited Partnership and Kooloaula II 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 Kooloaula Limited Partnership and Kooloaula II 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

