102016tc

Yes □ No □

Expanding the range of opportunities for all by developing, managing and promoting quality affordable housing and diverse communities.

EAH Property Management Use Only



APPLICATION APPROVED:

Application for Housing MANOA GARDENS ELDERLY HOUSING

2790 Kahaloa Drive• Honolulu, Hawaii 96822 • Telephone/Fax (808) 930-3015

HI Lic. RB-16985 | CalBRE Lic. #00853495

BED	DROOM SIZE		TIME OF APPLICATION:				COMMENTS				
	RRIER FREE (H/C)	YES 🗆	DATE OF APPLICATION:								
UN	IT REQUESTED?	NO □				-					
			APPLICATIO	N RECEIVED BY:							
API	PLICATION #:		LOTTERY #:								
	ase complete the follo										
If an item does not apply to you, please check N/A next to the question. EAH does not discriminate on the basis of race, color, sex, age, religion, origin, family or marital status, disability, or sexual orientation.											
	mber of bedrooms i		••		1 st Reque	st:		2 nd Request:			
	A. GENERAL INFO	ORMATION:	HEAD OF	HOUSEHOLD				CO-HEAD	Check if N/A		
Nan	ne:				Name:						
Hor	ne phone:				Home phone:						
	Phone				Cell Phone						
	rk Phone:				Work Phone:						
Ema					Email:						
_	B. HOUSEHOLD										
	all persons, including		o will be living	in the apartment. L	ist the head of hou	sehold fir	st. Do not	include minors w	ho will reside in the		
unit	less than 50% of the	unit less than 50% of the time.									
		Name		Relations	-	ОВ	Age	Full Time	Social		
		Name rst/Last		Relations To HEA	-	OB 'dd/yy	Age	Student Y/N	Security/TIN		
					-		Age		Security/TIN (only Last four)		
					-		Age	Student Y/N	Security/TIN		
1.					D mm,		Age	Student Y/N	Security/TIN (only Last four)		
1. 2.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3. 4.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3. 4. 5.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3. 4. 5.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3. 4. 5. 6.				To HEA	D mm,		Age	Student Y/N	Security/TIN (only Last four)		
2. 3. 4. 5. 6. 7.	Fi	rst/Last	any additions to	To HEAD HEAD CO-HEAD/S	D mm,	'dd/yy		Student Y/N (K-12/College)	Security/TIN (only Last four)		
2. 3. 4. 5. 6. 7. 8.	Fi	rst/Last	any additions t	To HEAD HEAD CO-HEAD/S	D mm,	'dd/yy		Student Y/N (K-12/College)	Security/TIN (only Last four) 5555		





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2. YES NO	Do you l	nave primary physic	al custody of all minors	(50% or	more of the time) listed under the Househ	nold Composition			
3. YES NO	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?									
4. YES NO	Do you have any pets that will reside with you if eligible? If yes, please Describe:									
5 YES NO	Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant: Relationship if any:									
C. VEHICLE IN	 FORMA	TION Check if N/	Δ							
Household Membe		CA Driver ID	Car Make/Model	Lic	ense Plate	Color	Year			
				-						
D. HOUSING	REFFREN	CES Please comm	olete all areas below	Please	provide the last	2 consecutive years of	housing history			
HEAD OF HOUSEHO		- Ficuse comp	note all aleas below.			ferent from HEAD) Check i				
Name				Name	,	and the second second				
Current Address				Currer	nt Address					
City/Zip Code				City/Zi	ip Code					
Own Rent	Other			Ow	n 🗌 Rent 🗌 Ot	her				
Amount Paid Monthl	У			Amoui	nt Paid Monthly					
Length of time Lived	there			Length of time Lived there From to						
Name of Landlord:				Name of Landlord:						
Address of Landlord:				Address of Landlord:						
City/Zip Code of Land	llord:			City/Zip Code of Landlord:						
Phone Number of Lar	ndlord			Phone Number of Landlord						
Additional informa	tion if red	quired:								
		1 st	Previous Address: Ch	eck if N	/A 🗌					
HEAD OF HOUSEH	OLD			1	AD/Other (If diff	ferent from HEAD) Check i	f N/A 🗆			
Name				Name						
1 st Previous Addres	SS			1 st Previous Address						
City/Zip Code				City/Zip Code						
	Other			Own Rent Other						
Amount Paid Monthl	У			Amoui	nt Paid Monthly					
Length of time Lived there					Length of time Lived there					

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F	F					
From to Name of Landlord:	From to					
I Name of Landiord:	Name of Landlord:					
City/Zip Code of Landlord:	City/Zip Code of Landlord:					
Phone Number of Landlord:	Phone Number of Landlord:					
Additional information if required:						
- Auditional morniation in required						
2 nd Previous Address: Ch	eck if N/A					
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A					
Name	Name					
2 nd Previous Address	2 nd Previous Address					
City/Zip Code	City/Zip Code					
Own Rent Other	Own Rent Other					
Amount Paid Monthly	Amount Paid Monthly					
·	,					
Length of time Lived there	Length of time Lived there					
From to	From to					
Name of Landlord:	Name of Landlord:					
Name of Landlord:	Name of Landlord:					
City/Zip Code of Landlord:	City/Zip Code of Landlord:					
Phone Number of Landlord:	Phone Number of Landlord:					
1. YES No Do you require an accessible unit? (Design Feat)	ures for persons with disabilities). If yes, please explain:					
1. 125 146 50 you require an accessible arms. 12555	ares jor persons with ansasmines jo					
2. YES No Do you have a Section 8 Voucher through the H	ousing Authority? If yes where?					
2. 125 NO DO YOU HAVE A SECTION O VOUCHER THROUgh the Fi	busing Authority: If yes where:					
						
Section 8 Voucher number						
3. YES No Have you ever been evicted in the past 5 years?	if yes, please explain:					
4. YES No Have you willfully or intentionally ever refused	to pay rent?					
E. STUDENT STATUS						
<u> </u>	who are full-time students (Examples: K-12, College/University, trade					
school, etc.)?						
	who have been a <u>full-time</u> student in the previous 5 months?					
	an all full-time student household in the next 12 months?					
If you answered YES to any of the previous three questions are y						
4. YES No Receiving assistance under Title IV of the S	ocial Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?					

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5. YES No	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?									
6. YES No	Married and filing	Married and filing (or are entitled to file) a joint tax return								
7. YES No	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?									
8. YES No		l in the Foster Care pr	ogram (age 18	-24)?						
If any member of this	household is a nar	t-time or full-time stu	dent (College	Trade etc.) List Name	and Address of	School At	tending		
Family Member Nam		hool Attending	Address of		, =:50 (40)116	and Addiess Of	Current			
Talling Wielliber Naill	i italile of 30	noor Attending	Addiess 01	3011001			Current	Grade		
1										
L										
	C INFORMATION									
Are you or any memb		ld a Veteran? Y	res NO							
The following informa	•					. —				
HEAD: Highest level of E Profession/Job Title	ducation completed:		School Hig Public Transport	h School Gra		College If Yes, what typ		iduate School		
Profession/Job Title		YES NO		ation to get	to work?			other		
Co-HEAD: Highest level	of Education complet							duate School		
Profession/Job Title	•	Are you using		College If Yes, what typ						
			YES NO N/A			BART Bu	ıs 🗌 Ferry	other		
How did you hear about	the property?	ocal Paper 🗌 Housing	aper Housing Authority Internet Referral			al	Other			
G. INCOME										
Employment Check if	N/A									
Please provide the fo				ember.						
Family Member					Contact Na					
First Name	Amount	Business/Source Addr	ress			hone Number				
4	City/State/ZIP code Contact Fax Number									
1.										
2.										
					1					
3.										
					<u> </u>					

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4.									
5.									
6.									
0.									
Other Sources of Income Cl	heck if N/A								
List all money earned or rec									
Payments Or Death Benefit Payments. LIST GROSS A				eriodic Payments	From Insuranc	e Policies an	d Other Sources	s Including	Periodic Lottery
Household Member	SOC SEC &	VA BNFTS	PENSION	/ SELF	ALIMONY	AFDC/	RECURRING	UNEMP.	OTHER
First Name	SSI		RETIRE	EMPLOY	or CHILD	TANF	GIFTS	BNFTS.	
				(Use monthly NET Income)	SUPP.				
1.									
2.									
3.									
4.									
5.									
6.									
YES NO Are the	re any changes	expected in i	ncome with	nin the next 12 m	onths? If yes,	olease list far	mily member ar	nd explain:	
H. ASSETS									
	ever filed Bank	ruptcy?							
Checking and/or Savings			N/A 🗍						
Family Member First Na		Account		Baı	nk/Financial	Institution	Names		Total Balance
1.									
2.									
3.									
4.									
5.									
6.									
		<u> </u>							
Other Assets/Accounts									
Please list any of the follow CERTIFICATE OF DEPOSIT, II									

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CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.



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ALSO INCL	UDE ALL ASSETS THAT MA	AY BE HELD JOINTLY WITH	H ANOTHER PER	SON.				
Family M	ember First Name	Asset/Account Type	Ва	Bank/Financial Institution Names				
1.								
2.								
3.								
4.								
5.								
6.								
l. F	REAL ESTATE /DISPOSEI	O OF ASSETS						
YES NO		property? (Includes land, I	houses, real estate	e, in the USA o	or any other country)	If "Yes" answer the q	uestions below:	
	Family member r	name	Estimated ca		Rental income	Property ad	dress/City/State	
			of real pr	operty	if any			
	Have you sold any Rea e questions below:	al Estate OR disposed of a	iny assets for le	ss than FMV	in the last two yea	rs? (e.g. cash, property,	, bank accounts) If "Yes"	
	Family member r	name	Type of	Marke	Market Value when Date of		Cash Value Disposed	
			Asset	D	Pisposed:	transaction:	for:	
J. (CRIMINAL BACKGROUN	ND						
1. YES		ver been terminated for						
2. YES	□ NO □ Have YOU or A	ANY MEMBER of your hou	usehold ever be	en convicted	l of a felony within	the past seven (7) ye	ears?	
3.	Have YOU or A	ANY MEMBER of your hou	usehold ever be	en convicted	of engaging in act	s of violence or threa	ts of violence, within	
4. YES		ANY MEMBER of your hou of an illegal drug or conti				illegal manufacture,	sale, distribution, use,	
IF you an	swered <u>"YES"</u> to any qu	estions listed above in	the Criminal	Background	l Section of this a	pplication. Please	provide an	
-	on below. Include the			_		ppileation, ricase	provide an	
	Number Answer	ing questions if you have	ran out of space	e in that sect	tion. (enter the sec	tion letter and numb	er of the question)	
Section	Number Answer							



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K. CERTIFICATION A	AND RELEASE OF INFORMATION			
I/We understand that eligibil application in no way ensure police records indicating una eligibility for housing. I further understand that profor denial of tenancy; or in the agreement and can be used a application may lead to the control of th	nust pay a security deposit prior to occulity for housing will be based on applicate so occupancy and that my/our application occupancy and that my/our application occupancy and that my/our application. All informations of the prior occupancy and false, fraudulent, misleading the event that I become a resident, or I as grounds to immediately terminate modernial of my application.	able sections of the EAH Inc. Resid on can be denied based on, but no ormation supplied here or elsewho g, or incomplete information can o am an existing resident, would be ny tenancy. Any "yes" response on	ents Selection Criteria. I/We use the limited to, poor credit or larger will be used to determine cause a delay in processing an considered a material breach in the criminal activity question	understand that this ndlord references, my household's d may be grounds of my rental nnaire section of this
includes penalties that will re	are true and correct. I understand that esult in cancellation of my application, tates Code, states that a person is guilt f the United States.	also to include eviction, loss of as	sistance, if applicable. WARN	ING!: Title 18,
authorize verification of asse obtained to previous, curren	AH Inc., and its staff to obtain informatiets, income, credit history, rental histor t, or subsequent owner/agents, law en ganizations, that may provide informati	y and references. I consent to allo forcement, and any others owner	ow owner/agent to disclose ar /agent deems appropriate, in	ny information cluding contacting
Head Of Housel	hold.			
	Printed Name	Signature	Date	
Spouse/Co-Hea	d: Printed Name	Signature	Date	
Other Adult:	Printed Name	Signature	Date	
Other Adult:				
Management:	Printed Name	Signature	Date	

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Signature





Date