



KUKUI GARDENS

1103 Liliha Street #102, Honolulu, HI 96817
Phone: (808) 532-0033 / Fax: (808) 532-0038
Email: kgm-management@eahhousing.org
Website: www.eahhousing.org



TO: ALL INTERESTED APPLICANTS

Aloha Applicants:

On behalf of our owners Kukui EAH/DGI Associates LLP, we would like to thank you for your interest in Kukui Gardens. Our goal is to provide quality affordable housing for the people of Hawaii in accordance with the Low Income Housing Tax Credit Program.

Enclosed you will find a Fact Sheet, Resident Selection Plan, an Application for Housing, and a Criminal Background and Consumer Credit Report Authorization Form. **We ask that you take a few moments to review all documents before you start to fill out the application.** The information contained therein should answer any questions you may have. If you have any questions or are not sure what information to provide, please call our office and ask for assistance. There is no cost to you to receive this application packet. Applications that are properly completed and submitted will be date and time stamped upon receipt and thereby processed accordingly. Incomplete applications will not be processed and you will be notified.

It is imperative that you provide all of the information asked for on the application to help avoid unnecessary delays in processing. Please note that simply completing an application does not guarantee that you will be placed on the wait list.

You will receive a written response in the mail from our management staff to advise you of the status of your application.

Once again, thank you for your interest in Kukui Gardens. If you have any questions, please don't hesitate to give us a call.

Sincerely,

Kukui Gardens Management

Kukui Gardens Office hours

Monday -Fridays:

8:00am – 4:00pm

APPLICATION FEE \$35.00
PER ADULT



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Kukui Gardens is approximately one-half of the original 857-Unit Kukui Gardens complex, which was developed in 1970 by the Clarence Ching Foundation as an affordable housing project. Kukui Gardens consists of 20 Low-Rise buildings with a total of 389 units comprised of 1, 2, 3 and 4 bedroom apartments.

Location: 1103 Liliha St. #102
Honolulu, HI 96817

Type of Structure: Low-rise buildings

Number of Units, Size, and Rent:

- 115 1-bedroom units, approx. 550 s.f.
- 106 2-bedroom units, approx. 792 s.f.
- 14 3-bedroom/1 bath units, approx. 823 s.f.
- 108 3-bedroom/1.5 bath units, approx. 944 s.f.
- 46 4-bedroom units, approx. 1061 s.f.

Amenities:

- a. After-Hours Contract Security
- b. Full-Time Resident Resource Coordinator
- c. On-Site Assistant Property Manager
- d. On-Site Maintenance Supervisor
- e. 6 Coin-Operated laundry rooms with energy efficient washers and dryers.
- f. Apartment furnishings include stove/oven, refrigerator & garbage disposal.

Eligibility Requirements: Applicants must be 18 years of age or older.

Preference: Preference will be given to persons displaced by government action. A government Certificate letter must be attached to the application.

Mobility and hearing impaired applicants will be given preference for the accessible units.

Income Limits for Applicants:
(Subject to change)

Tax Credit Units
Maximum annual income must not exceed the 60% of the Median Income for the area as follows:

- 1 member household: \$49,020.00
- 2 member household: \$55,980.00
- 3 member household: \$63,000.00
- 4 member household: \$69,960.00
- 5 member household: \$75,600.00
- 6 member household: \$81,180.00
- 7 member household: \$86,760.00
- 8 member household: \$92,400.00

Non-Tax Credit Units
Maximum annual income must not exceed the 110% of the Median Income for the area as follows:

- 1 member household: \$89,870.00
- 2 member household: \$102,630.00
- 3 member household: \$115,500.00
- 4 member household: \$128,260.00
- 5 member household: \$138,600.00
- 6 member household: \$148,830.00
- 7 member household: \$159,060.00
- 8 member household: \$169,400.00

No pets are allowed.

Rental Assistance: Applicants with Section 8 certificates or vouchers will be accepted. A limited amount of funds from the City rental assistance program will be available.

Handicapped/Disabled Applicants: Mobility and hearing impaired accessible units are available.

Utilities: Rent includes water only. Electricity, telephone, and cable television will be the tenant's responsibility.

Security Deposit: A security deposit equivalent to one month's rent is required.

www.EAHHousing.org - Creating community by developing, managing and promoting quality affordable housing since 1968

HAWAII | 1001 Bishop Street, #2880, Honolulu, HI 96813 | (808) 523-8826 | HI Lic. RB-16985

CALIFORNIA | 22 Pelican Way, San Rafael, CA 94901 | (415) 258-1800 | CalBRE Lic. #00853495

Offices: San Rafael | Morgan Hill | -Santa Monica | Honolulu



KUKUI GARDENS

1103 LILIHA STREET, SUITE 102, HONOLULU, HI 96817
PHONE (808) 532-0033 FAX (808) 532-0038 TDD (877) 447-5991

KGM-MANAGER@EAHHOUSING.ORG

Creating community by developing, managing and promoting quality affordable housing since 1968

APPLICATION FEES APPLY

An application fee of \$35 per adult household member will apply. Application fees will not be collected until an applicant is being considered for placement. The application fee is to help cover our cost of conducting the credit and criminal background inquiries.

All application entries are to be made in ink or typed. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be dated and initialed by the person making the change.

Applications must be properly completed and signed by the head of household and all household members 18 years of age and older, before it can be placed on the waiting list. Applications will be date & time stamped upon receipt and processed accordingly. Incomplete applications will not be accepted. If an application is incomplete, the date in which it is received fully completed will be the effective date that the application is accepted for rental purposes.

PREFERENCES

Every applicant must meet the Property's Resident Selection Plan standards for acceptance as a resident.

For units designed as accessible for persons with mobility, visual or hearing impairments, households containing at least one person with such impairment will have first priority.

UNIT TRANSFER POLICY

A Unit Transfer List is maintained for those residents who have been approved for transfer on the basis of a disability or change in household status. Transfers for accessibility or medical reasons will have priority over those for changes in household composition. Residents on the Unit Transfer List will have priority over the applicants on the Waiting List.

In order to transfer to another building in the property, the family must meet the initial eligibility requirements of the LIHTC Program or the transfer will not be allowed.

RESIDENT SELECTION PLAN

Kukui Gardens is a 389 unit, multi-family community in DOWNTOWN Honolulu that provides housing for very low income households, without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, source of income, sexual orientation or HIV status. Kukui Gardens will make reasonable accommodations to individuals whose disability so requires. Reasonable Accommodation Request forms are available upon request from management. Kukui Gardens is an Equal Opportunity Housing Facility, admitting people in accordance with Local, State and Federal Fair Housing laws and the Low Income Housing Tax Credit Program (LIHTC).

INCOME LIMITS

To qualify for a unit, the household's gross income may not exceed the maximum income limit per household size and may not be lower than the income minimum per household size. The income maximums and minimums are attached and are posted in the Kukui Gardens Office.

APPLICATION PROCEDURES

Applications will only be distributed when the Waiting List is open. Applications will not be distributed when the Waiting List is closed.

Applications will be available at the site during normal business hours or by request via telephone, fax or email. Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verifications.

OCCUPANCY STANDARDS

Occupancy standards are the criteria established for matching a household with the most appropriate size and type of apartment. The following occupancy guidelines will be followed to avoid over utilization of the units as follows:

Bedroom	Household Maximum
1	3
2	5
3	7
4	9

To determine the proper bedroom size for which a household may qualify, the following household members are to be included:

1. All full-time members of the household, and
2. Live-in attendants.
3. Foster children
4. Unborn children
5. Children in the process of adoption.

NOTE: Live-in attendants are subject to the criminal and landlord provisions of this plan with the exception of criteria that determines ability to pay rent.

The fee to run a criminal background check is currently \$20 per live-in attendant.

VIOLENCE AGAINST WOMEN ACT OF 2013

The Violence Against Women Act (“VAWA”) protects victims **against eviction or denial of housing based on domestic violence, dating violence, sexual assault and stalking.** In 2013, Congress expanded VAWA’s housing protections by covering additional federal housing programs, including the Low-Income Housing Tax Credit program (“LIHTC”). VAWA offers the following protections:

1. An applicant’s or program participant’s status as a victim of domestic violence, dating violence, sexual assault and stalking

is not a basis for denial of admission, if the applicant otherwise qualifies for admission.

2. This must support or assist victims of domestic violence, dating violence, sexual assault and stalking. It must protect victims, as well as members of their family, from being denied housing or from losing their HUD assisted housing.
3. An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault and stalking will not be construed as serious or repeated violations of the lease or other “good cause” for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.
4. Criminal activity directly related to domestic violence, dating violence, sexual assault and stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.
5. Assistance may be terminated or a lease “bifurcated” in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.
6. The provisions protecting victims of domestic violence, dating violence, sexual assault and stalking engaged in by a member of the household, may not be construed to limit Kukui Gardens, when notified, from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.
7. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if Kukui Gardens can show an actual and imminent threat to other tenants or those employed at or providing service to the property if an unlawful tenant’s residency is not terminated, then evicting a victim is an option,

the VAWA notwithstanding. Ultimately, Kukui Gardens will not subject victims to more demanding standards than other tenants.

The VAWA protections shall not supersede any provision of any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault and stalking. The laws offering greater protection are applied in instances of domestic violence, dating violence, sexual assault and stalking.

The Notice of Occupancy Rights and Certification form will be provided to applicants when assistance is being denied or at the time of move-in.

GROUND FOR DENIAL

1. Total family income exceeds the applicable income limits published by HUD or does not meet the minimum income limit.
2. Household cannot pay the full security deposit at move-in.
3. Household refuses to accept the second offer of an apartment.
4. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
5. Any adult household members failure to attend eligibility interview.
6. Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior).
7. Household is composed entirely of full time students and does not meet the exception outlined in Section 42 of the IRC.
8. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.

9. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.

10. Unit assignment will NOT be the family's sole place of residency. **Qualification for a unit includes occupying the unit on a continuous basis and as a primary residence. Residents may not be absent from the unit for more than 60 consecutive days, or for longer than 180 continuous days for medical reasons.**

LANDLORD REFERENCE

11. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.
12. Evictions reported in the last 5 years.
13. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. More than 1 rent check returned from a financial institution for Non-Sufficient Funds (NSF) in a one-year period.
14. Any evidence of illegal activity including but not limited to drugs, gang, etc.
15. Inappropriate household size for the unit available (see Occupancy Standards).

CREDIT

Please see attached credit criteria.

**** Applicants without a credit history will fail OnSite's "Income to Debt Ratio" criteria and their application will be denied for housing.**

CRIMINAL

Please see attached criminal background criteria.

GRIEVANCE/Appeal Process

Failure to meet one or more of the foregoing screening criteria may be grounds for denial, however, each application is considered as a whole and the above-factors are considered as part of a weighted formula. Should the applicants fail to meet the screening criteria, they will receive a notice in writing indicating that they have the right to appeal the decision. This notice must indicate that the applicant has 14 days to dispute the decision.

An appeal meeting with the Property Supervisor or the Compliance staff will be held within 10 business days of receipt of the applicant's request.

Within five days of the appeal meeting, the property will advise the applicant in writing of the final decision regarding eligibility. Apartments will not be held for those applicants in the appeal process.

ADMINISTRATION OF WAITING LIST

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List even in situations where there are vacancies and the application is processed upon receipt. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants.

The property has one Waiting List that is established and maintained in chronological order based on the date and time of receipt of the Preliminary Application. The Waiting List contains the following information for each applicant:

1. Applicant Name
2. Address and/or Contact Information
3. Phone Number(s)
4. Unit Type/Size
5. Household Composition
6. Preference/Accessibility requirements
7. Income level
8. Date/ Time of Application

Applicants must report changes in writing to any of the information immediately.

Applicants will have the opportunity to decline the first apartment offered and retain their place on the waiting list. Should the applicant decline the offer of the next available unit, they will be removed from the waiting list.

PURGING THE WAITING LIST

The Waiting List will be purged annually. Each applicant will receive a letter from the property, which will request updated information and ask about their continued interest. This letter must be returned within the specified time or the application will be removed from the Waiting List. It is the responsibility of the applicant to maintain a current address with the office in order to receive waitlist correspondence. Any correspondence returned undeliverable will result in the application being removed from the waitlist.

OPENING/CLOSING OF WAITING LIST

The methods of advertising used to announce opening and closing of the Waiting List is contained in our Marketing Plan.

AVAILABILITY OF RESIDENT SELECTION PLAN

The Resident Selection Plan shall be posted in a conspicuous and public area at the site. Changes to the Plan will be sent via U.S. mail to all persons on the active Waiting List. When the Waiting List opens, the Resident Selection Plan will be distributed with applications and is available upon request from management.

ANNUAL RECERTIFICATION REQUIREMENTS

All residents must recertify their eligibility annually. Proposed changes of household composition and student status must be reported to Management immediately.

UNIT INSPECTION REQUIREMENT

Before signing the lease, Kukui Gardens and the resident must jointly inspect the unit. The resident has five days to report any additional deficiencies to Kukui Gardens to be noted on the move-in inspection form.

Annual unit inspections are performed by Kukui Gardens. Agencies providing funding have the right to inspect the unit to ensure the property is physically well maintained and that the residents are provided with decent, safe and sanitary housing.

Residents will receive prior written notification for all unit inspections.

When a resident moves out, a final inspection will be completed. Residents are encouraged to attend the move-out inspection. However, if the resident does not wish to participate in the final inspection, Kukui Gardens management may conduct the inspection alone.

PETS

No pets of any description are allowed on the property. SERVICE or ASSISTANCE animals are not considered pets and are not required to comply with the provisions of the Pet Policy. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service or Assistance animal.

EQUAL HOUSING OPPORTUNITY

Kukui Gardens does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



EAH, INC.

A NONPROFIT HOUSING CORPORATION

*Since 1968 Creating Community by
Developing, Managing and Promoting
Quality Affordable Housing*

INCOME MINIMUMS AND MAXIMUMS

To qualify for a unit, the household's monthly income must fall within the following criteria:

Bedroom Size:	1 Bedroom/1 Bath	2 Bedroom/1 Bath	3 Bedroom/1 Bath	3 Bedroom/1.5 Bath	4 Bedroom/2 Bath
Minimum Income:	\$3,110	\$3,695	\$4,235	\$4,235	\$4,687

Low Income Housing Tax Credit (LIHTC) – 60% AMI

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Maximum Income	\$49,020	\$55,980	\$63,000	\$69,960	\$75,600	\$81,180	\$86,760	\$92,400

Monthly Rent Schedule – 60% AMI

Bedroom Size:	1 Bedroom	2 Bedroom	3 Bedroom/1 Bath	3 Bedroom/1.5 Bath	4 Bedroom/2 Bath
Rent Amount:	\$1,244	\$1,478	\$1,694	\$1,694	\$1,875

3 & 4 Bedroom Market – 110% AMI

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Maximum Income	\$89,870	\$102,630	\$115,500	\$128,260	\$138,600	\$148,830	\$159,060	\$169,400

Monthly Rent Schedule – 110% AMI

Bedroom Size:	3 Bedroom/1 Bath	3 Bedroom/1.5 Bath	4 Bedroom/2 Bath
Rent Amount:	\$3,210	\$3,210	\$3,566

FAMILY COMMUNITIES

Normal Applications	Importance
Ability to Pay Rent	
Minimum monthly gross income-to-rent ratio = 2.5	Extremely
<small>Assets may not contribute to the qualifying income</small>	
Monthly minimum net income (after rent and debt obligations) should exceed a fixed amount: \$800.00	Extremely
Credit History	
Maximum percentage of past due negative accounts: number of derogatory accounts: 25.0%	Moderately
Maximum balance of unpaid collections (includes past due accounts): \$1,000.00	Moderately
Bankruptcy permitted: More than 3 years ago	Very
Residency History	
No landlord tenant court records or unpaid landlord collections: Any number ever	Pass/Fail
Criminal History: Felony Convictions	
Total Considered Felony Convictions	No more than 2
Alcohol	No more than 2 ever
Bad Check	None ever
Criminal - Other	None ever
Drug - Manufacturing/Distribution	None ever
Drug - Meth Manufacturing	None ever
Drug - Use	None ever
Fraud	None ever
Government Obstruction	None ever
Kidnapping	None ever
Motor Vehicle	No more than 2 ever

Property - Destruction Related	None ever	Pass/Fail
Property - Other	None ever	Pass/Fail
Property - Theft Related	None ever	Pass/Fail
Prostitution	None in the last 10 years	Pass/Fail
Sex Offense - Coerced	None ever	Pass/Fail
Sex Offense - Willful	None ever	Pass/Fail
Society - Other	None ever	Pass/Fail
Violent - Fatal	None ever	Pass/Fail
Violent - Non-Fatal	None ever	Pass/Fail
Weapons	None ever	Pass/Fail
Drug - Marijuana Use	-	Not Considered
License	-	Not Considered
Wildlife	-	Not Considered
<i>Criminal History: Misdemeanor Convictions</i>		
Total Considered Misdemeanor Convictions	No more than 2	Pass/Fail
Bad Check	No more than 1 ever	Pass/Fail
Criminal - Other	No more than 1 ever	Pass/Fail
Drug - Manufacturing/Distribution	No more than 1 ever	Pass/Fail
Drug - Meth Manufacturing	No more than 1 ever	Pass/Fail
Drug - Use	No more than 1 ever	Pass/Fail
Fraud	No more than 1 ever	Pass/Fail
Government Obstruction	No more than 1 ever	Pass/Fail
Kidnapping	No more than 1 ever	Pass/Fail
Property - Destruction Related	No more than 1 ever	Pass/Fail
Property - Other	No more than 1 ever	Pass/Fail

Property - Theft Related	No more than 1 ever	Pass/Fail
Prostitution	No more than 1 ever	Pass/Fail
Sex Offense - Coerced	No more than 1 ever	Pass/Fail
Sex Offense - Willful	No more than 1 ever	Pass/Fail
Society - Other	No more than 1 ever	Pass/Fail
Violent - Fatal	No more than 1 ever	Pass/Fail
Violent - Non-Fatal	No more than 1 ever	Pass/Fail
Weapons	No more than 1 ever	Pass/Fail
Alcohol	-	Not Considered
Drug - Marijuana Use	-	Not Considered
License	-	Not Considered
Motor Vehicle	-	Not Considered
Wildlife	-	Not Considered
May not be a registered sex offender		Pass/Fail

The credit decision settings above are configured by the property manager. Based on these settings and other credit data, On-Site Manager, Inc. will calculate a score between 0 and 10 for the application. This score describes the degree to which the applicant meets the criteria. The meaning of the scores is described below:

Score	Recommendation	Explanation
0.0 - 6.9	Decline	Fails to meet the credit decision settings above.
7.0 - 10.0	Accept	Meets or exceeds credit decision settings above.

Have there been any changes in household composition in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Will ALL of the persons in the household be or have been <i>full-time students during five calendar months of this year or plan to be in the next calendar year</i> at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a 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?	<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 child(ren) who is not a Dependant on another'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 V 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 (List the name of the recipient)	Source of Income	Current Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF (Welfare)	\$
	Contributions to the Household (monetary or not)	\$

Household Member Name (List the name of the recipient)	Source of Income	Gross Monthly Amount
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled payments from Investments	\$

	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 <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS MONTHLY INCOME (Add the monthly amounts listed above)		\$
TOTAL GROSS ANNUAL INCOME (Gross monthly amounts listed above x 12)		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$

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 If none, check here <input type="checkbox"/>	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account If none, check here <input type="checkbox"/>	#	Bank	Balance \$
Certificates of Deposit If none, check here <input type="checkbox"/>	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union If none, check here <input type="checkbox"/>	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds If none, check here <input type="checkbox"/>	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$
Mutual Funds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
Stocks If none, check here <input type="checkbox"/>	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
Bonds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
Investment Property			Appraised Value \$

Application

Real Estate Property: Do you own any real property?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, List type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction (month, day, and year)	
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
If yes, 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
If yes, 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
If yes, describe	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	
Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:
Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:
Personal Reference #1:			
Address:			
Relationship:		Phone #:	
Personal Reference #2:			
Address:			
Relationship:		Phone #:	
EMERGENCY CONTACT PERSON:			
In case of emergency notify:			
Address:			
Relationship:		Phone #:	

G. HOUSING REQUIREMENTS

Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No.
If there are no handicap units available, are you still interested in renting another apartment that is <i>not</i> handicap-accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

H. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking is not guaranteed and may be assigned upon lease commencement.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:
Type of Vehicle(2):	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT

I/we authorize EAH Inc. (the Managing Agent) and/or the property owner to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my rental application. I further authorize EAH Inc. and/or the property owner to order a consumer credit report and verify other credit information. I/we hereby give my/our permission for you to verify the information provided above, including but not limited to criminal background screening.

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. Misleading, willful, false statements, misrepresentations or incomplete information in this application will be grounds for rejection of this application.*

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 I/We must pay a security deposit for this apartment prior to occupancy. Applicants are not allowed to reapply with a change in household constituency until one year after the original application date. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER HOUSEHOLD. IF MORE THAN ONE APPLICATION IS RECEIVED, APPLICATIONS WILL BE PLACED AT THE END OF THE APPLICANT LIST.



Send Application to the following address:

Kukui Gardens
1103 Liliha St. #102
Honolulu, HI 96817



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Kukui Gardens

1103 Liliha Street #102

Name of Property

Project No.

Address of Property

Kukui Gardens/EAH Inc.

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.