EAH HOUSING

Hibiscus Hill Apartments

94-1121 KA UKA BLVD.
WAIPAHU, HI 96797

For Office Use Only

Date/Time Received: _____

Received By: _____

Phone/Fax/SMS (808) 676-3533
TDD (877) 447-5991
HI Lic. RB-16985
HI-Management@EAHHousing.org
EAHHousing.org

Please Print clearly

RENTAL APPLICATION FOR HOUSING

Applications are placed in order of date and time received.
Incomplete applications may not be considered.
An applicant must be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

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)

B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the apartment.

	Name List the head of household first (Last, First, MI) & Email address	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head	Email:					☐ Yes ☐ No
Co-Tenant	Email:					☐ Yes ☐ No
3.						☐ Yes ☐ No
4.						☐ Yes ☐ No
5.						☐ Yes ☐ No
6.						☐ Yes ☐ No
7.						☐ Yes ☐ No
8.						☐ Yes ☐ No

Have there been any changes in household composition in the last 12 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 a joint tax return?	☐Yes	☐No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐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 child(ren) who is not a Dependant on another'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 V 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 (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 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 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	$
	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?		☐ Yes ☐ No
If yes, explain:		
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$

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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 ☐	#	Bank		Balance $
	#	Bank		Balance $
	#	Bank		Balance $
Savings Accounts If none, check here ☐	#	Bank		Balance $
	#	Bank		Balance $
	#	Bank		Balance $
Trust Account If none, check here ☐	#	Bank		Balance $
Certificates of Deposit If none, check here ☐	#	Bank		Balance $
	#	Bank		Balance $
	#	Bank		Balance $
	#	Bank		Balance $
Credit Union If none, check here ☐	#	Bank		Balance $
	#	Bank		Balance $
Savings Bonds If none, check here ☐	#	Maturity Date		Value $
	#	Maturity Date		Value $
	#	Maturity Date		Value $
Life Insurance Policy If none, check here ☐	#			Cash Value $
Life Insurance Policy If none, check here ☐	#			Cash Value $
Mutual Funds If none, check here ☐	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks If none, check here ☐	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds If none, check here ☐	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property ☐				Appraised Value $

Real Estate Property: Do you own any real 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?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ 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)? ☐ 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:	

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?
☐ Yes ☐ No.

If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible?
☐ Yes ☐ 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?	☐ Yes	☐ 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.

EQUAL HOUSING OPPORTUNITY

Send the Application to the following:
Hibiscus Hill Apartments
94-1121 Ka Uka Blvd. #A-101 RR
Waipahu, HI 96797
Fax: (808) 676-3533
HI-management@eahhousing.org
HI Lic. RB-16985