EAH HOUSING
A roof is just the beginning

Tax Credit Application for Housing

Kai Olino

'Ele'ele • Hawaii, 96705

TELEPHONE / FAX: 808.645.5760 TDD: 877.477.5991

Bedroom Size Requested: _____**BD**

Household Information

FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN
		Head of Household					

Applicant Day Time Phone:	**Applicant Evening Phone:**
Applicant Cell Phone:	**Applicant Home Phone:**

Do you have any Animals?	**# of Animals:**	**Description:**

Vehicle Make	Vehicle Model	License Plate	Color	Year

Additional Household Information

FULL LEGAL NAME (First, Middle, Last)	LIST ALL THE STATES YOU HAVE LIVED IN	HISPANIC/ LATINO	RACE (LIST ONE OR MORE)	LEP Language

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Residency Information (Past Two Years)

CURRENT **FULL STREET ADDRESS:**				**OWN, RENT OR OTHER:**
CITY:			**STATE:**	**ZIP CODE:**
HOME PHONE NUMBER:	**CELL PHONE NUMBER:**	**EMAIL ADDRESS:**	**MOVE IN DATE:**	**MOVE OUT DATE:**
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT/MORTGAGE:**
PAST **FULL STREET ADDRESS:**				**OWN, RENT OR OTHER:**
CITY:		**STATE:**	**ZIP CODE:**	**Move In Date:** **Move Out Date:**
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT/MORTGAGE:**

Utilities paid by you:		Heat		Electricity		Gas		Other	**«OtherUtilitiesExplain»**
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):							**«UtilitiesCostOverall»**		

Emergency Contact Information

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:

ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**
PHONE NUMBER:	**EMAIL ADDRESS:**		

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted in the past 5 years?		
Have you or anyone in your household ever filed Bankruptcy?		
Have you or anyone in your household willfully or intentionally ever refused to pay rent?		
Have you or any member of your family ever been convicted of a felony or misdemeanor within the past 7 years?		

Household Questions	Y/N	Additional Comments
Do you anticipate any changes in household composition in the next twelve months?		**Name of New Member:**
Is there anyone living with you now who won't be living with you at this community?		**Name of Member Leaving:**
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		**Name of Absent Member:**
Will you or any ADULT household member require a live-in caregiver		**Name of Caregiver:**

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or aide?		**Recipient of Care:**
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?	**Yes or No**	**Explanation:**
Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		**County:** **Section 8 Voucher Number:**
Are you or anyone in your household directly related to a current EAH employee?		**Name of EAH employee:** **EAH employee location:**

Reasonable Accommodations/Modification

Do you require mobility impaired upgrades?	
Do you require vision impaired upgrades?	
Do you require hearing impaired upgrades?	
Special Features?	
Explanation:	

Personal Reference

Name	Address	Relationship	Phone

Optional Information:

Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below:

(Head of Household) **Highest level of Education completed**		
Are you using Public Transportation to get to work?		**If Yes, what type?**
(Co-Head) **Highest level of Education completed**		
Are you using Public Transportation to get to work?		**If Yes, what type?**

Student Information

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 Dependent 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 IV of the Social Security Act)?	☐	Yes	☐	No

Student Information

Member	**Member**
Address of School:	**Address of School:**
Full Time Or **Part Time**	**Full Time** Or **Part Time**

Household Income

Member Name	Income Type	Annual Amount

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Child Support

Do you receive Child Support?	Court Ordered?
When child support is court ordered, but not received, what attempts have been made to collect the child support?	

Household Assets

Member Name	Asset Type	Value	Interest Earned	Cost to Convert

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Household Signatures

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351*

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

KAI OLINO
PREFERENCES

☐ **1 PT**	Head of Household or another person in the household currently employed as a teacher in local schools.
☐ **1 PT**	Head of Household or another person in the household currently considered local essential workers.* **Essential worker defined as healthcare workers, emergency responders, and public transportation workers.*

A maximum of one (1) point will be awarded per household.

For example: If a two-person household applies and one household member is a local teacher and the other household member is a local essential worker, only one (1) point will be awarded.

Prospective applicants may claim a preference that apply on the pre-application. Proof of preference is not required at the time the pre-application is submitted during the initial application period.

If a preference is claimed and you are contacted to continue processing your application, you must submit proof of preference when we contact you to interview. If you are unable to provide necessary preference documentation, your application will be determined as non-preference.

To verify that a prospective housing applicant is employed as a teacher in a local school or local essential worker, management will request the following documentation during the interview:

1. **Employment Verification Letter**: A letter from the applicant's employer confirming their job title, employment status, and duration of employment.
2. **Pay Stubs**: Recent pay stubs to verify ongoing employment and income.
3. **Professional License or Certification**: If applicable, a copy of the applicant's professional license or certification (e.g., teaching credential).
4. **Identification**: Government-issued ID to verify the applicant's identity and match it with other provided documents.

This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law. A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, you may contact our staff for a reasonable accommodation form. The use of the property's Reasonable Accommodation Form is not required. You may provide a letter or document from a third party certifying your disability and accommodation needs.

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61 Okupu Street, ’Ele’ele HI 96705

MOVE-IN QUALIFICATIONS

Unit Type Area Median Income (AMI)	Occupancy	Minimum Income Limit	Maximum Income Limit	Rent Maximum* (Less UA)	Security Deposit*
2-Bedroom 30% AMI Project Based Section 8	2-5 ppl	None	$31,860 - $43,020	Subsidized	$500
3-Bedroom 30% AMI Project Based Section 8	3-7 ppl	None	$35,850 - $49,380	Subsidized	$500
2-Bedroom 40% AMI Project Based Section 8	2-5 ppl	None	$42,480 - $57,360	Subsidized	$500
3-Bedroom 40% AMI Project Based Section 8	3-7 ppl	None	$47,800 - $65,840	Subsidized	$500
2-Bedroom 60% AMI	2-5 ppl	$53,760	$62,720 - $86,040	$1,611	$1,611
3-Bedroom 60% AMI	3-7 ppl	$62,100	$71,700 - $98,760	$1,841	$1,841

* Rents and Deposits are Subject to Change

CONTACT / Management Office

61 Okupu Street, ’Ele’ele, Hawai’i 96705
Phone: (808) 642-5760
Web: EAHHousing.org/apartments/Kai-Olino/
Email: KOP-Management@EAHHousing.org
HI Lic. RB-16985

I acknowledge that the total household income is within the applicable income limit above.

_____

By continuing to apply, I have read and understand the Resident Selection Plan.

Signature:	_____	**Date:**	_____
Signature:	_____	**Date:**	_____
Signature:	_____	**Date:**	_____
Signature:	_____	**Date:**	_____
Signature:	_____	**Date:**	_____
Signature:	_____	**Date:**	_____