EAH HOUSING
A roof is just the beginning

Waiting List Application for Housing

Please send filled application to 95-081
Kipapa Drive, Mililani, Hawaii 96789

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Criteria.

1st Choice: 2nd Choice:

3rd Choice: **Housing Preferences Selected**

Limited English Proficiency (LEP) Requirement: **What is the primary language spoken in the household?**

How did you hear about the property?

Email Address(es):

Household Information

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

Applicant Day Time Phone:		**Applicant Evening Phone:**	
Do you have any Animals?	**# of Animals:**	**Description:** 1. 2.	

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)	DECLINED TO REPORT RACE

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***For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions?**	**Y/N**	**If Yes, provide members name(s).**
1) Ineligible, non-citizen member – not contending eligible immigration status.		
2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.		
3) Members under the age of 6 eligible for a 90-day extension to provide their SSN, if added to the household within the last 6 months.		

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:**
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:**

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

Emergency Contact Information			
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**
PHONE NUMBER:	**EMAIL ADDRESS:**		

Household Questions	**Y/N**	**If Yes Explain**
Do you expect any additions to the household within 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 or aide?		**Name of Caregiver:** **Recipient of Care:**
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?		
Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		
Section 8 Voucher number		

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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?**

Resident History	Y/N	If Yes Explain
Have you or has any member of your household ever been evicted?		
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 household been convicted of any fraud in a federally assisted housing program or been requested to repay for misrepresenting information for such housing program?		
Have you or any member of your household ever been convicted of a felony within in the past seven (7) years?		
Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?		
Have you or any member of your household ever been convicted of engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years?		
Have you or any member of your household ever been convicted of a criminal offense involving sexual misconduct?		
Have you or any member of your household ever been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?		
Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?		

Student Information				
Will all 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
Do you or any household member (18 years or older) attend or plan to attend an "Institution of Higher Learning" - full or part time?				

Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.	
Member Name:	**Member Name:**
Institution:	**Institution:**
Address of School:	**Address of School:**

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Full Time Or **Part Time**	**Full Time** Or **Part Time**

Reasonable Accommodations/Modification	
We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability.	
Do you require mobility impaired upgrades?	
Do you require vision impaired upgrades?	
Do you require hearing impaired upgrades?	
Do you request special features?	

Personal Reference			
Name	**Address**	**Relationship**	**Phone**

Citizenship (For Project-based Section 8 properties ONLY):		
1.	**x**	**Are you a U.S. Citizen?**
2.	**x**	**If no, are you a Non-Citizen with eligible immigration status?**

HUD Section 236/221 D3 Program – Required HUD Regulatory Preferences

(a) This Community receives subsidy under the Section 236 Program and remains subject to regulatory oversight under the Section 236 Program. Property Name shall apply preferences in determining the order of an applicant's placement on the waiting list for a basic rent unit assisted under the Section 236 Program. Pursuant to 24 CFR Part 236 and HUD Handbook 4350.3 REV-1, preference shall be provided to applicants displaced as a result of:

(i) government action, or

(ii) a Presidentially-declared disaster.

(b) In addition to the above, if the Development is also receiving Rental Assistance Payments, the Agent shall apply secondary preferences (in descending order of priority), as follows:

(i) Applicants eligible for Rental Assistance Payments;

(ii) Applicants eligible to pay less than the Section 236 "market rent" approved for the Development; and

(iii) Applicants with income sufficient to pay the Section 236 "market rent" approved for the Development.

For purposes of this subsection, the Section 236 "market rent" shall be the market rent as it appears on the most recently approved Section 236 rent schedule for the Development. Documentation or sources of information, required to verify an Applicant's qualification for a preference under this Section, shall be determined by HUD.

CHECK AS APPLICABLE:

1.		I/we have been displaced by a government action;
2.		I/we have been displaced by a Presidentially declared disaster;
3.		I/we are eligible for Rental Assistance Payments;
4.		I/we are eligible to pay less than the Section 236 "market rent" approved for the Development;
5.		I/we have income sufficient to pay the Section 236 "market rent" approved for the Development;

Income Source Questions	**Yes**	**No**
Do you have full-time or part-time wages?*		
Do you have any seasonal employment?*		
Do you receive public assistance, TANF, AFDC, or food stamps?*		
Do you receive unemployment payments, worker's compensation, or severance packages?*		
Do you receive child support?*		
Do you receive alimony, spousal support, or other maintenance payments?*		
Do you receive regular payments from a pension plan, retirement plan, or annuity?*		
Do you receive Social Security benefits from the Social Security Administration?*		

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Do you receive income from a business owned by members of your household?*		
Do you receive income through an Indian trust?*		
Do you receive any regular gifts or payments from outside of the household?*		
Do you receive veterans or disability benefits?*		
Do you receive rental income from real estate?*		
Do you expect any significant changes in income in the next 12 months?*		

Household Income		
Member Name	**Income Type**	**Annual Amount**

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?	

Asset Source Questions	Yes	No
Do you or anyone in your family have a checking account?		
Do you or anyone in your family have a savings account?		
Do you or anyone in your family have a money market account?		
Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit debit card with a balance on it?		
Do you have Certificates of Deposits?		
Do any members in your household have stocks?		
Does anyone in your household have Bonds?		
Do you or anyone in your family have an IRA?		
Do any members in your household have a 401K Account?		
Do any members in your household have a Keogh Account?		
Does your household have any members with Trust Funds?		
Do you have real estate or capital investments?		
Do any members of your household have any Lump Sum Receipts?		

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Do any members of your household have any Capital Investments?		
Do you have a whole life insurance policy, a universal life insurance policy, or annuities?		
Do any members of your household have any Other Retirement/Pension Funds?		
Do you have personal property?		
Do any members in your household have any other assets not previously listed?		
Within the last two years, have you or has anyone in your household given away assets valued over $1,000 or sold assets for more than $1,000 below their fair market value?		

Household Assets				
Member Name	**Asset Type**	**Value**	**Interest Earned**	**Cost to Convert**

Expense Source Questions	Yes	No
Do you have any childcare expenses?		
Do you have any disability expenses?		
Do you have any medical expenses?		

If yes, to medical expenses....	Y/N	Amount
Are you covered by any medical insurance? If yes how much are your monthly premiums?		
Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out of pocket per month?		
Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month?		
Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year?		
If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, how much do you anticipate out of pocket per month?		

Medical Expenses		
Member Name	**Expense Description**	**Annual Amount**

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Child Care Expenses		
Member Name	**Expense Description**	**Annual Amount**
Disability Expenses		
Member Name	**Expense Description**	**Annual Amount**

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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:** _____