EAH HOUSING

Application for Housing
KEKAHA PLANTATION ELDERLY

MAILING ADDRESS: P.O Box 220 ◆ Kekaha, HI 96752 ◆ TELEPHONE/Fax (808) 337-9900 HI RB#16985

EAH Property Management Use Only				APPLICATION APPROVED: Yes ☐ No ☐
BEDROOM SIZE		TIME OF APPLICATION:		COMMENTS
BARRIER FREE (H/C) UNIT REQUESTED?	YES ☐NO ☐	DATE OF APPLICATION:		
		APPLICATION RECEIVED BY:		
APPLICATION #:		LOTTERY #:		

Please complete the following application and return it to the Property. All Items must be complete in order to determine your eligibility. 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, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested **1st Request:** **2nd Request:**

A. GENERAL INFORMATION: HEAD OF HOUSEHOLD **CO-HEAD Check if N/A ☐**

Name:		Name:	
Home phone:		Home phone:	
Cell Phone		Cell Phone	
Work Phone:		Work Phone:	
Email:		Email:	
Mailing Address:		Mailing Address:	

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

	Name First/Last	Relationship To HEAD	DOB mm/dd/yy	Age	Gender - Enter "Male" or "Female" or "Choose not to respond"	Full Time Student Y/N (K-12/College)	Social Security/TIN* (last four only) 5555
1.		HEAD					
2.		CO-HEAD/Spouse					
3.							
4.							
5.							
6.							
7.							
8.							
9.							

*** For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions?**

YES☐ NO☐ 1) Ineligible, non-citizen member – not contending eligible immigration status.
Household members name: _____

YES☐ NO☐ 2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.
Household members name: _____

YES☐ NO☐ 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.
Household members name: _____

1.	**Limited English Proficiency (LEP) Requirement:** What is the primary language spoken in the household?		
2.	YES☐ NO☐	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:	
3.	YES☐ NO☐ N/A ☐	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:	
4.	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?	
5.	YES☐ NO☐	Do you have any pets that will reside with you if eligible? If yes, please Describe:	
6.	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 INFORMATION Check if N/A ☐

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

D. HOUSING

LANDLORD REFERENCE Please complete all areas below. Please provide the last 2 consecutive years of housing history.	
HEAD OF HOUSEHOLD	**CO-HEAD/Other** (If different from HEAD) Check if N/A ☐
Name	Name
Current Address	**Current Address**
City/Zip Code	**City/Zip Code**
☐ Own ☐ Rent ☐Other	☐ Own ☐ Rent ☐Other
Amount Paid Monthly	**Amount Paid Monthly**
Length of time Lived there From to	**Length of time Lived there From to**
Name of Landlord:	**Name of Landlord:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord	**Phone Number of Landlord**
Additional information if required:	

1st Previous Address: Check if N/A ☐ PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.	
HEAD OF HOUSEHOLD	**CO-HEAD/Other (If different from HEAD) Check if N/A ☐**
Name	**Name**
1st Previous Address	**1st 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 From to	**Length of time Lived there From to**
Name of Landlord:	**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:	

2nd Previous Address: Check if N/A ☐	
HEAD OF HOUSEHOLD	**CO-HEAD/Other (If different from HEAD) Check if N/A ☐**
Name	**Name**
2nd Previous Address	**2nd 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 From to	**Length of time Lived there 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 *Features for persons with disabilities*). If yes, please explain:**
2.	**YES☐ NO☐**	**Do you have a Section 8 Voucher through the Housing 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?**

Citizenship (For project-based Section 8 properties ONLY):

1.	YES☐ NO☐	Are you a U.S. Citizen?
2.	YES☐ NO☐	If no, are you a Non-Citizen with eligible immigration status?

E. DEMOGRAPHIC INFORMATION

Are you or any member of your household a U.S. military Veteran? YES☐ NO☐

The following information is optional:

HEAD: Highest level of Education completed?	☐Some High School	☐High School Graduate	☐College	☐Graduate School
Profession/Job Title	**Are you using Public Transportation to get to work?** YES☐ NO☐ N/A ☐		**If Yes, what type? check one:** ☐BART ☐Bus ☐Ferry ☐other	
Co-HEAD: Highest level of Education completed?	☐Some High School	☐High School Graduate	☐College	☐Graduate School
Profession/Job Title	**Are you using Public Transportation to get to work?** YES☐ NO☐ N/A ☐		**If Yes, what type? check one:** ☐BART ☐Bus ☐Ferry ☐other	

How did you hear about the property?	**Local Paper** ☐	**Housing Authority** ☐	**Internet** ☐	**Referral**	**Other**

The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Household Member Name	**Ethnicity:**	**Race (check one or more)**
1.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
2.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
3.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
4.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
5.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
6.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
7.	☐Hispanic or Latino ☐Non-Hispanic or Latino ☐ Decline to respond	☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian India ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond

8.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Decline to respond	☐ White ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Asian India ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond
9.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Decline to respond	☐ White ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Asian India ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Decline to respond

F. INCOME

Employment Check if N/A ☐

Please provide the following employment information for each household member.

Family Member First Name	**Gross Monthly Amount**	**Business/Source Name Business/Source Address City/State/ZIP code**	**Contact Name Contact Phone Number Contact Fax Number**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Other Sources of Income Check if N/A ☐

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments. LIST GROSS AMOUNTS RECEIVED BELOW.

Household Member First Name	SOC SEC & SSI*	VA BNFTS	PENSION/ RETIRE**	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									

YES☐ NO☐	Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:
YES☐ NO☐ N/A ☐	Do you or any household member receive Dual Entitlement benefits? If yes, please provide the Benefit Claim Number:
YES☐ NO☐ N/A ☐	** Do you or any household member receive retirement benefits as periodic payments? If so, from what type of retirement account? _____

F. ASSETS

YES☐ NO☐	Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A ☐

Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Other Assets/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.
ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.

Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

G. REAL ESTATE /DISPOSED OF ASSETS

YES☐ NO☐ Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) **If "Yes" answer the questions below:**

Family member name	Estimated Cash Value Of Real Property	Rental Income If Any	Property Address/City/State

YES☐ NO☐ Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) **If "Yes" answer the questions below:**

Family Member Name	Market Value When Disposed:	Cash Value Disposed For:

H. ALLOWANCES

1.	YES☐NO☐	Do you pay any out-of-pocket childcare expenses? If yes how much do you pay per month?	$
2.	YES☐NO☐	Is there any household member (18 and over) that is a full time student? If yes, please list:	

Family Member Name	Name of School Attending	Address of School

3.	YES☐NO☐	Are you covered by any medical insurance? If yes how much are your monthly premiums? ☐Medi-Cal ☐Medicare ☐Medi-Cal ☐Medicare ☐Medi-Cal ☐Medicare	$
4.	YES☐NO☐	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?	$
5.	YES☐NO☐	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month?	$
6.	YES☐NO☐	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?	$
7.	YES☐NO☐	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?	$

I. CRIMINAL BACKGROUND

1.	**YES☐NO☐**	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?
2.	**YES☐NO☐**	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
3.	**YES☐NO☐**	Have YOU or ANY MEMBER of your household ever been convicted of a felony within in the past seven (7) years?
4.	**YES☐NO☐**	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?
5.	**YES☐NO☐**	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?
6.	**YES☐NO☐**	Have YOU or ANY MEMBER of your household ever been convicted of a criminal offense involving sexual misconduct?
7.	**YES☐NO☐**	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? (Please note you will be giving the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)
8.	Please list **all** states where **all household members** have ever lived.	

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

IF you answered **"YES"** to any questions listed above in the Criminal Background Section of this application, Please provide an explanation below. Include the date, circumstances, and nature of the offenses:

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer

J. CERTIFICATION AND RELEASE OF INFORMATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

K. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head Of Household: _____ _____ _____
Printed Name Signature Date

Spouse/Co-Head: _____ _____ _____
Printed Name Signature Date

Other Adult: _____ _____ _____
Printed Name Signature Date

Other Adult: _____ _____ _____
Printed Name Signature Date

Other Adult: _____ _____ _____
Printed Name Signature Date

Management: _____ _____
Signature Date

Please complete the attached HUD Form 92006 Supplement to Application for Federally Assisted Housing and return with your completed and signed application.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other:_____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.