EAH HOUSING
A roof is just the beginning

Application for Housing
Kunia Village

92-1770 KUNIA ROAD • KUNIA, HI 96759
MAILING ADDRESS: P.O. BOX 163• KUNIA, HI 96759
BRE# 853495, HI RB-16985 Phone/Fax: 808-439-6375

TIME & DATE OF APPLICATION

EAH Housing Use Only		APPLICATION APPROVED: Yes ☐ No ☐	
APPLICATION RECEIVED BY:			APPLICATION #:
APPLICATION REVIEWED BY:			
BARRIER FREE (H/C) UNIT REQUESTED?	YES ☐ NO ☐		
LOTTERY #:			

Please complete the following application with legible print 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, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested: 2 BR ☐ 3 BR ☐ 4 BR ☐ 1st Choice: 2nd Choice:

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:	

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of your 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 (optional)	Full Time Student Y/N (K-12/College)	Social Security/TIN 555-55-555
1.		HEAD				
2.		CO-HEAD/SPOUSE				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

1.	Limited English Proficiency (LEP) Requirement: What is the primary language spoken in your household?	
2.	YES☐ NO☐	Where there any changes to your household within the last 12 months? If yes, please explain giving name and relationship:
3.	YES☐ NO☐	Do you expect any changes to your household within the next 12 months? If yes, please explain giving name and relationship:
4.	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:
5.	YES☐ NO☐	Do you have a Section 8 Voucher through the Housing Authority? If yes where? Section 8 Voucher number

6.	**YES☐ NO☐**	Do you have a physician's statement that would require you to have an accessible unit? (Design *Features for persons with disabilities*). If yes, please explain:	
7.	**YES☐ NO☐**	If there are no handicap units available, are you still interested in renting another apartment that is *not* handicap-accessible?	
8.	**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?	
9.	**YES☐ NO☐**	Will you or anyone in your household require a live-in care attendant?	
		Name of Live-in Care Attendant:	Relationship if any:
10.	**YES☐ NO☐**	Will you take an apartment when one is available?	

C. STUDENT STATUS

1.	**YES☐NO☐**	Does your household consist of all persons who are full-time students (Examples: College/University, trade school, etc.)?
2.	**YES☐NO☐**	Does your household consist of all persons who have been a full-time student in the previous 5 months?
3.	**YES☐NO☐**	Does your household anticipate becoming an all full-time student household in the next 12 months?

If you answered YES to any of the previous three questions are you:

4.	**YES☐NO☐**	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
5.	**YES☐NO☐**	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
6.	**YES☐NO☐**	Married and filing (or are entitled to file) a joint tax return?
7.	**YES☐NO☐**	Single parent with a dependent child or children and neither you nor your child(ren) are dependent on another individual?
8.	**YES☐NO☐**	Previously enrolled in the Foster Care program (age 18-24)?

D. CITIZENSHIP

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

E. INCOME

Employment **Check if N/A ☐**

Please provide the following employment information for each household member.

Household Member Name (List the name of the recipient)			**Gross Monthly Amount**
	Employment Amount		**$**
	Employer:	Contact Name:	
	Position Held:	Contact Phone:	
	How long employed:	Contact Fax:	
	Employment Amount		**$**
	Employer:	Contact Name:	
	Position Held:	Contact Phone:	
	How long employed:	Contact Fax:	
	Employment Amount		**$**
	Employer:	Contact Name:	
	Position Held	Contact Phone:	
	How long employed:	Contact Fax:	
	Employment Amount		**$**
	Employer:	Contact Name:	
	Position Held	Contact Phone:	
	How long employed:	Contact Fax:	

	Employment Amount		**$**
	Employer:	Contact Name:	
	Position Held	Contact Phone:	
	How long employed:	Contact Fax:	
TOTAL GROSS MONTHLY INCOME (Add the monthly amounts listed above)			**$**
TOTAL GROSS ANNUAL INCOME (Gross monthly amounts listed above x 12)			**$**
Do you anticipate any changes in this income in the next 12 months? **YES**☐ **NO**☐			
If yes, please list family member and explain:			
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR			**$**
Is any member of your household legally entitled to receive income assistance? **YES**☐ **NO**☐			
Is any member of your household likely to receive income or assistance (monetary or not) from someone who is not a member of your household? **YES**☐ **NO**☐			
If yes, please explain:			
Is the income received? **YES**☐ **NO**☐			

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 MONTHLY AMOUNTS RECEIVED BELOW. If a section doesn't apply, cross it out or write N/A.

Household Member Name (List the name of the recipient)	Source of Income	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)	**$**
	Address:	
	City, State, Zip:	
	Veteran's Benefits (provide claim #)	**$**
	Unemployment Compensation	**$**
	Unemployment Compensation	**$**
	Title IV/TANF (Welfare)	**$**
	Contributions to your Household (monetary or not)	**$**
	Full-Time Student Income (18 & over only)	**$**

	Full-Time Student Income (18 & over only)	$
	Financial Aid (grants & scholarships exceeding 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	$
	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	$
Do you anticipate any changes in this income in the next 12 months? **YES**☐ **NO**☐		
If yes, please list family member and explain:		

F. ASSETS

Have you ever filed Bankruptcy? YES☐ **NO**☐ If yes, please describe below:
If your assets are too numerous to list below, please request an additional form. If a section doesn't apply, cross out or write NA.

Checking Accounts **Check if N/A** ☐			
Family Member First Name	**Account #**	**Name of Bank/Financial Institution**	**Balance**
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$

Savings Accounts Check if N/A ☐			
Family Member First Name	**Account #**	**Name of Bank/Financial Institution**	**Balance**
1.			**$**
2.			**$**
3.			**$**
4.			**$**
5.			**$**
6.			**$**
7.			**$**

Trust Accounts Check if N/A ☐			
Family Member Name	**Account #**	**Name of Bank/Financial Institution**	**Balance**
			$
			$
			$

Certificates of Deposit Check if N/A ☐			
Family Member Name	**Account #**	**Name of Bank/Financial Institution**	**Balance**
			$
			$
			$

Savings Bonds Check if N/A ☐			
Family Member Name	**Account Type**	**Maturity date**	**Value**
			$
			$
			$

Life Insurance Policies Check if N/A ☐			
Family Member Name	**Account Type**	**Maturity date**	**Cash Value**
			$
			$
			$

Mutual Funds Check if N/A ☐				
Family Member Name	**Name**	**# Shares**	**Interest/Dividend $**	**Value**
			$	**$**
			$	**$**
			$	**$**

Stocks Check if N/A ☐				
Family Member Name	**Name**	**# Shares**	**Dividend Paid $**	**Value**
			$	**$**
			$	**$**
			$	**$**

Bonds Check if N/A ☐				
Family Member Name	**Name**	**# Shares**	**Interest/Dividend $**	**Value**
			$	$
			$	$
			$	$

Investment Property Check if N/A ☐		
Family Member Name	**Description**	**Appraised Value**
		$
		$

Other Assets/Accounts Check if N/A ☐

Please list any of the following assets that apply to you: MONEY MARKET FUND, TREASURY BILLS, 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	Name of Bank/Financial Institution	Value
1.			$
2.			$
3.			$
4.			$

G. REAL ESTATE /DISPOSED OF ASSETS

Do you own real property? YES☐ NO☐ (Includes land, houses, real estate, in the USA or any other country) **If "Yes" answer the questions below:**		
Family Member Name		
Property Type		
Property Address/City/State		
Market Value		$
Mortgage or Outstanding Loans Balance Due		$
Amount of Annual Insurance Premium		$
Amount of Most Recent Tax Bill		$
Does any member of your household have an asset(s) owned jointly with a person who is NOT a member of your household? **YES☐ NO☐**		
If yes, please describe:		
Do they have access to the asset(s)? **YES☐ NO☐**		

Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last 2 years? (e.g. cash, property, bank accounts) **YES☐ NO☐ If "Yes" answer the questions below:**		
Family Member Name		
Type of Real Estate or Asset		
Fair 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? (e.g. given away money to relatives, set up Irrevocable Trust Accounts)? **YES☐ NO☐**		

If "Yes" answer the questions below:		
Describe the Asset		
Date of Disposition (month, day, and year)		
Amount Disposed For		**$**
Do you have any other assets not listed above (excluding personal property)? YES☐ NO☐		
If yes, please list:		

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 below:	

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? ☐ Medicare ☐ Med-QUEST ☐ Blue Cross/Shiel ☐Kaiser ☐ AARP ☐Other	**$**
4.	**YES☐NO☐**	Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month?	**$**
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?	$
8.	**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?	$

I. HOUSING

LANDLORD REFERENCE **Please complete all areas below, giving 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:	
First 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:	
Second 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:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**

1.	**YES**☐ **NO**☐	**Have you ever been evicted in the past 5 years? If yes, please explain:**
2.	**YES**☐ **NO**☐	**Have you willfully or intentionally ever refused to pay rent?**

J. VEHICLE INFORMATION **Check if N/A** ☐

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

K. 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 or pled guilty or "no contest" to a felony whether or not resulting in a conviction?
4.	**YES☐NO☐**	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or "no contest" to, engaging in acts of violence or threats of violence, including, but no limited to, unlawful activity involving weapons or ammunition, whether or not resulting in a conviction?
5.	**YES☐NO☐**	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or "no contest" to, engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not resulting in a conviction?
6.	**YES☐NO☐**	Have YOU or ANY MEMBER of your household ever been convicted of pled guilty or "no contest" to, a criminal complaint involving sexual misconduct, whether or not resulting in a conviction?
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 given the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)

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:

L. PROGRAM ELIGIBILITY

To be eligible, a household must include a resident or co-resident who is a domestic farm laborer, a retired or disabled farm laborer, or must be a surviving household of a deceased domestic farm laborer. Does anyone in your household meet the eligibility requirement?
Yes ☐ No ☐
If YES, provide name and relationship _____

Name of the farm employed at _____

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

M. 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 Housing's Resident Selection Plan. 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 my application, also to include eviction, loss of assistance, if applicable. As a HUD subsidized property additional fines are imposed: fines of $10,000.00 and five year's 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.

N. RELEASE OF INFORMATION

I/We do hereby authorize EAH, Inc. (the Managing Agent) and/or the property owner to obtain information or materials deemed necessary to determine my/our eligibility for housing. I/we authorize EAH, Inc. and/or the property owner to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my/our rental application. I/we 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 EAH, Inc. and/or the property owner to verify the information provided above, including but not limited to criminal background screening.

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*

Per FmHA regulation, "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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 any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Household Member Name	Gender	Ethnicity	Race (check one or more)
1.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
2.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
3.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
4.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
5.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
6.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
7.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
8.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
9.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander

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 WAITING LIST.