APPLICATION FOR HOUSING

For Use With All Hawaii Housing Programs

Please Print Clearly

This is an application for housing at:	**Project:** Meheula Vista I
	Address: 95-1060A Lehiwa Drive
	Miliani, Hawaii 96789
	Phone (808) 626-9162
Please complete this application and return to:	**Name:** Meheula Vista I - ATTN: Resident Manager
	Address: 95-1060A Lehiwa Drive
	Phone (808) 626-9162

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ 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)

Check utilities paid by you**:** ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

© SPECTRUM ENTERPRISES 2020

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to head**	**Birth Date**	**Age (optional)**	**SS# (last 4 digits)**	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at 100% of the time? ☐ Yes ☐ No

If not, explain custody agreement (proof of custody may be required): _____

_____

1. Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No
If yes, explain:
2. Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:
3. Is there someone not listed above who would normally be living with the household? ☐Yes ☐No
If yes, explain:
4. Are you living with anyone now who will not be moving into this unit with you? ☐Yes ☐No
If yes, explain:

5. 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 (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
8. Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
9. 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

© SPECTRUM ENTERPRISES 2020

10. 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

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	$
12.	Social Security	$
13.	Social Security	$
14.	SSI Benefits	$
15.	SSI Benefits	$
16.	SSI Benefits	$
17.	Pension (list source)	$
18.	Pension (list source)	$
19.	Veteran's Benefits (list claim #)	$
20.	Veteran's Benefits (list claim #)	$
21.	Unemployment Compensation	$
22.	Unemployment Compensation	$
23.	Public Assistance (Title IV/TANF etc.)	$
24.	Contributions to the Household (monetary or not)	$
25.	Full-Time Student Income (18 & Over Only)	$
26.	Financial Aid (excluding loans)	$
27.	Annuities (list sources)	$
28.	Long Term Medical Care Insurance Payments in excess of $180/day	$
29.	Scheduled Payments from Investments	$

Household Member Name	Source of Income	Monthly Amount
30.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
31.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	

© SPECTRUM ENTERPRISES 2020

Household Member Name	Source of Income	Monthly Amount
32.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
33.	**Previous Employment amount (last 60 days)**	$
	Employer:	
	Position Held	
	How long employed:	
34.	**Alimony**	
	Are you ***legally 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.	$
35.	**Child Support**	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive formal/informal (money, items, etc.) child support? ***If court order exists, it will need to be provided with a current payment history from the enforcement agency.***	☐ Yes ☐ No
	If yes, list the amount you receive.	$
36.	**Other Income**	$
37.	**Other Income**	$
38.	**Other Income**	$
39. ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12)		$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do **NOT** leave this blank)		$
41. Do you anticipate any changes in this income in the next 12 months?		☐ **Yes** ☐ **No**
42. Is any member of the household legally entitled to receive income assistance?		☐ **Yes** ☐ **No**
43. 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**
44. ***If yes to any of the above, explain:***		
45. 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.

46. Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

© SPECTRUM ENTERPRISES 2020

47. Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
48. Trust Account	#	Bank	Balance $
49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	# # #	Bank Bank Bank	Balance $ Balance $ Balance $
50. Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
51. Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
52. Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
53. Life Insurance Policy	#		Cash Value $
54. Life Insurance Policy	#		Cash Value $

55. Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
56. Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
57. Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
58. Investment Property				Appraised Value $

59. Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
60. Location of property	
61. Appraised Market Value	$
62. Mortgage or outstanding loans balance due	$

© SPECTRUM ENTERPRISES 2020

63. Amount of annual insurance premium	$
64. Amount of most recent tax bill	$
65. Is the property subject to foreclosure, bankruptcy or eviction?	☐ Yes ☐ No
If yes, describe:	

66. Does any member of the household have an asset(s) owned jointly with a person who NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
67. Do they have access to the asset(s)?	☐ Yes ☐ No

68. Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
69. Market value when sold/disposed	$
70. Amount sold/disposed for	$
71. Date of transaction:	

72. 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:	
73. Date of disposition:	
74. Amount disposed	$

75. Do you have any other assets not listed above (excluding personal property)?		☐ Yes ☐ No
If yes, please list:		

E. ADDITIONAL INFORMATION		
76. Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
77. Have you or any member of your family ever been convicted of a felony?	☐ Yes	☐ No
If yes, describe:		
78. Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe		
79. Have you ever filed for bankruptcy?	☐ Yes	☐ No

© SPECTRUM ENTERPRISES 2020

If yes, describe		
80. Will you take an apartment when one is available?	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

83. Credit Reference #1:	
Address:	
Account #:	Phone #:
84. Credit Reference #2:	
Address:	
Account #:	Phone #:
85. Credit Reference #3:	
Address:	
Account #:	Phone #:
86. Personal Reference #1:	
Address:	
Relationship:	Phone #:
87. Personal Reference #2:	
Address:	
Relationship:	Phone #:
88. Personal Reference #3:	
Address:	
Relationship:	Phone #:

© SPECTRUM ENTERPRISES 2020

89. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
90. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
91. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
92. Do you own any pets?	☐ Yes	☐ No
If yes, describe:		

H. APPLICATION ASSISTANCE

93. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

CERTIFICATION

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. 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

© SPECTRUM ENTERPRISES 2020

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:**	_____