



# OLA KA 'ILIMA ARTSPACE LOFTS

1025 WAIMANU STREET, HONOLULU, HI 96814  
TELEPHONE (808) 439-6286 FAX (808) 439-6286 TDD (877) 447-5991  
[AL-MANAGEMENT@EAHHOUSING.ORG](mailto:AL-MANAGEMENT@EAHHOUSING.ORG)

*Expanding the range of opportunities for all by developing, managing and promoting quality affordable housing and diverse communities since 1968.*

*This document is part of the application and must be submitted with the application.*

## **SUPPLEMENT TO APPLICATION ARTIST PREFERENCE DISCLOSURE: CERTIFICATION FOR OLA KA 'ILIMA ARTSPACE LOFTS**

Anyone who qualifies for affordable housing may apply for residency in Ola Ka 'Ilima Artspace Lofts. Ola Ka 'Ilima Artspace Lofts gives a preference for occupancy to those applicants and or their household member(s) who participate in and are committed to the arts, identifying as artist, artisan, or cultural bearer. Final selection of eligible applicants will be done by the Artist Selection Committee (ASC) through an interview process with the applicant. See Artspace Artist Selection Process & Frequently Asked Questions for more details.

Applicants with a preference will be moved to the top of the waiting list above persons without a preference. The preference so described will at all times be consistent with the requirements of Internal Revenue Service (IRS) Section 42 and future interpretations or guidance from the IRS and will not in any way jeopardize the project's eligibility under Section 42 of the Internal Revenue Code.

<input type="checkbox"/>	Yes. I, or a member of my household, meet the artist preference described above, and we would like to apply for the Artist Preference.
<input type="checkbox"/>	No. Neither I, nor a member of my household, meet the artist preference described above; we will not be applying for the Artist Preference.

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

_____ Printed Name	_____ Applicant Signature	_____ Date
_____ Printed Name	_____ Applicant Signature	_____ Date
_____ Printed Name	_____ Applicant Signature	_____ Date
_____ Printed Name	_____ Applicant Signature	_____ Date



*EAH Housing is an "Equal Opportunity" housing provider and does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. HI Lic. RB-16985 | CA Lic. 00853495 | [www.eahhousing.org](http://www.eahhousing.org)  
(AL Supplement to Application for Housing – Ola Ka 'Ilima Prefs 12.11.18)*







# Ola Ka `Ilima Artspace Lofts

1025 Waimanu Street  
 Honolulu, HI 96814  
 Phone/Fax: (808) 439-6286  
 TDD (877) 447-5991  
 Web: www.eahhousing.org

For Office Use Only
Date/Time Received: _____
Received By: _____

Please print  
clearly

## RENTAL APPLICATION FOR HOUSING

### For Low-Income Housing Tax Credit Properties

Applications are placed in order of date and time received.  
 Incomplete applications may not be considered.

An applicant must be interviewed only after the receipt of this tenant application.

Please complete this application and return to:

**Ola Ka `Ilima Artspace Lofts**  
 c/o1103 Liliha Street, #102  
 Honolulu, HI 96817

Number of bedrooms requested: Please indicate 1, 2 or 3	1st Request:	2nd Request:
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#### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street Apt.# City State ZIP

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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)

#### B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the apartment.

	Name List the head of household first (Last, First, MI) & Email address	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head	_____ Email: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Tenant	_____ Email: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

Have there been any changes in household composition in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Will <b>ALL</b> of the persons in the household be or have been <i>full-time students during five calendar months of this year or plan to be in the next calendar year</i> at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 V of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (List the name of the recipient)	Source of Income	Current 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 (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF (Welfare)	\$
	Contributions to the Household (monetary or not)	\$

**Application**

Household Member Name (List the name of the recipient)	Source of Income	Gross Monthly Amount
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding of 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	\$

	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <b>entitled</b> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <b>entitled</b> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <b>entitled</b> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS MONTHLY INCOME</b> (Add the monthly amounts listed above)		\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Gross monthly amounts listed above x 12)		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>		
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$

Is any member of the household legally entitled to receive income assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to any of the above, explain:				
Is the income received? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D. ASSETS</b>				
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.				
Checking Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
Certificates of Deposit If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds If none, check here <input type="checkbox"/>	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Mutual Funds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks If none, check here <input type="checkbox"/>	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <b>Do you own any real property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , List type of property	
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 (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , describe the asset	
Date of disposition	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please list:</b>	

<b>E. ADDITIONAL INFORMATION</b>	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe</b>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe</b>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe</b>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Briefly describe your reasons for applying:</b>	

#### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Rent amount:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Rent amount:	
	How Long?	From: _____ To: _____
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
EMERGENCY CONTACT PERSON:		
In case of emergency notify:		
Address:		
Relationship:		Phone #:

**G. HOUSING REQUIREMENTS**

Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No.
If there are no handicap units available, are you still interested in renting another apartment that is <i>not</i> handicap-accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

**H. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned by you. Onsite parking is not guaranteed and may be assigned upon lease commencement.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:

Type of Vehicle(2):	License Plate #:
Year/Make:	Color:

Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

**I. PREFERENCE**

A rental preference will be extended to income-eligible applicants who are involved in or committed to the arts. If you consider yourself (or someone in your household) such an applicant, would you like to be considered for this preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT**

I/we authorize EAH Inc. (the Managing Agent) and/or the property owner to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my rental application. I 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 you to verify the information provided above, including but not limited to criminal background screening.

CERTIFICATION: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties, but not limited to, fine or imprisonment or both. I/we acknowledge that my/our income will be verified every year for re-certification purposes. Misleading, willful, false statements, misrepresentations or incomplete information in this application will be grounds for rejection of this application.

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. Applicants are not allowed to reapply with a change in household constituency until one year after the original application date. 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

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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 APPLICANT LIST.

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Send application to the following address:

Ola Ka ‘Ilima Artspace Lofts  
c/o 1103 Liliha Street, #102  
Honolulu, HI 96817

Phone/Fax: (808) 439-6286







# OLA KA 'ILIMA ARTSPACE LOFTS

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*This document is part of the application and must be submitted with the application.*

## **CRIMINAL BACKGROUND & CONSUMER CREDIT REPORT AUTHORIZATION**

I,/We the undersigned, hereby authorize Ola Ka 'Ilima Artspace Lofts to verify my references and background, to include a consumer credit report from the main credit reporting agencies (Experian, Equifax, or Trans Union) and criminal background check (Hawaii Criminal Justice Data Center) on all persons over the age of eighteen intending to reside at the property. This information will be used to determine eligibility, and assess credit worthiness. I also authorize Ola Ka 'Ilima Artspace Lofts to verify other pertinent data including prior addresses, aliases, and landlord verifications.

Ola Ka 'Ilima Artspace Lofts intends to contact the credit reporting agency indicated below. The Fair Credit Reporting Act grants all consumers the right to request a free copy of the credit report within 60 days. If such a request is made, the consumer credit reporting agency must provide requested information within 30 days. To obtain a copy of reports issued contact:

On-Site Manager Inc.  
P.O. Box 1514  
Los Altos, CA 94023-1514  
Ph: (866) 266-7483 Fax: (877) 329-6674

The consumer reporting agency provides data, but does not make decisions to accept or deny applications. It is based upon many factors including the data received in credit reports, that management makes decision on occupancy. The consumer has the right to dispute the accuracy or completeness of information contained in the credit report. All inquiries or disputes should be communicated directly to the consumer credit reporting agency.

_____	_____	_____
Printed Name	Applicant Signature	Date
_____	_____	_____
Printed Name	Applicant Signature	Date
_____	_____	_____
Printed Name	Applicant Signature	Date
_____	_____	_____
Printed Name	Applicant Signature	Date



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(AL Bkgd Auth 11.06.18)*





**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.