

Please Print

Clearly

Applicant

PHASE III

Villages of Moa'e Ku

91-1655 PAHIKA STREET EWA BEACH, HAWAII 96706 Phone (808) 681-3000 Fax (808) 681-3004 TDD (877) 447-5991

Web:	www.eahhousing.org

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

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.

A. GENERAL INFORMATION

Please complete this application and return to:

VILLAGES OF MOA'E KŨ 91-1655 PAHIKA STREET EWA BEACH, HI 96706 FAX: (808)-681-3004

Email: vmk-management@eahhousing.org

PREFERRED BEDROOM SIZE

	□ 1	BDR	M	2	BDF	RM		3 B	DRN
((MAF	RK ALI	SIZES	YOU	ARE	INTERES	STE	OIN)	

Name(s)		<u> </u>					
Current	Address:	Street	710 4110 411 - 11111	Apt.#	City	State	ZIP
Daytime	Phone:		Eveni	ng Phone:			
Do you	RENT	or OWN (check one) A	mount of curre	nt monthly re	ental or mort	gage payment: \$	
If owned		eceive monthly rental incom				□No (check one)	
	В	. HOUSEHOLD COMPOSI	TION - List ALL	persons wh	no will live in	the apartment.	
		Name head of household first (Last, st, MI) & Email address	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head	Email:	om to the contract of the cont	N/A				☐ Yes ☐ No
Co- Tenant	Email:	in handloon of the control of the same regulation in a control of the control of					☐ Yes ☐ No
3.							Yes No
4.							Yes No
5.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes No
6.		_					☐ Yes ☐ No
7.							☐ Yes ☐ No
8.							Yes No

	sehold composition in the last 12 months?	□Yes [No
If yes, explain:	sehold composition in the next twelve months?	□Yes □	No
If yes, explain:	School composition at the next (weive months)	TIG9 F	
Is there someone not listed above who	o would normally be living with the household?	☐Yes [□No
If yes, explain:			
	old be or have been <i>full-time students during <u>five calendar</u></i> e next calendar year at an educational institution (other than	□Yes [□No
a correspondence school) with regular			
F YES, ANSWER THE FOLLOWING C	QUESTIONS:	·····	
Are any full-time student(s) married a		Yes	□No
	aining program receiving assistance under the Job Training		F-7.
Partnership Act? Are any full-time student(s) a TANF or	r a titla IV raginiant?	Yes □Yes	□No □No
	arent living with his/her child(ren) who is not a Dependent on	LITES	<u> </u>
	en are not dependents of anyone other than a parent?	□Yes	□No
	viously under the care and placement of a foster care		
program (under Part B or E of Title V	or the Social Security Act)?	Yes	□No
	C. INCOME		
List ALL sources of income as reques	sted below. If a section doesn't apply, cross out or write NA.		
Household Member Name	Source of Income	Curre	nt Gross
(List the name of the recipient)	Source of Income	Monthi	y Amount
	Social Security	\$	
	Social Security	\$	
	SSI Benefits	\$	
	SSI Benefits	\$	
	Pension (list source)	\$	
	Address:		<u> </u>
	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)	\$	

(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)	\$
Market on the second of the se	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	\$
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	Ι Ψ
	Position Held	· · · · · · · · · · · · · · · · · · ·
	How long employed:	
	Thew long employed.	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	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 <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\\$
	Other Income	} \$
	Other Income	\$
OTAL GROSS MONTHLY INCOME	(Add the monthly amounts listed above)	\$
	Gross monthly amounts listed above x 12)	
		\$ Dv Dv-
o you anticipate any changes in this	income in the next 12 months?	│
yes, explain:		

Is any member of	of the hous	sehold legally er	ntitled to rece	eive income as	sistance?		□Yes □ No
Is any member of	of the hous	ehold likely to r	eceive incon	ne or assistand	ce (monetary or not) from		
someone who is			isenoid (as ii:	sted on page 2	2, etc.)?	ha 1844 k ann ha a an ad a a fa a an ag an ang g	□Yes □ No
If yes to any of t	ne above,	explain:		n-mannan tamanan mananan manan	h NATA (A CANA Marka) da chia da chia da chia (A chia da chia da chia (A chia da chia da chia (A chia da chia (A chia da chia (A chia da chia	***************************************	
	··········						
Is the income re	ceived?			D ADDETS			☐Yes ☐ No
	If you	ır assets are to If a s	o numerous	D. ASSETS s to list here, on't apply, cro	s please request an addition ss out or write NA.	nal forn	n.
Checking Acco		#		Bank		Baland	re \$
•	·	#		Bank	***************************************	Baland	
If none, check h	ere 🔛	#		Bank		Baland	
				Dank		Daluik	
Savings Accou							
(Bank/Credit Un	ion/etc.)	#		Bank		Baland	ce \$
If none, check h	ere 🗌	#		Bank		Baland	ce \$
		#		Bank		Baland	ce \$
Trust Account		#	Bank		Balance \$		
If none, check h	ere 🗌						
Certificates of	Deposit	#		Bank		Balance \$	
If none, check h	ere 🗌	#	Bank		Balan	ce \$	
			·		THE STREET CONTROL OF		
Retirement Acc 401K, 403b, IRA		#		Bank		Balan	ce \$
		#		Bank		Balan	ce \$
If none, check h	ere 🔲	#		Bank		Balan	ce \$
Savings Bonds	5	#	Maturity Date		Value \$		
If none, check h	ere 🗌	#	Maturity Date		Value \$		
Life Insurance If none, check h							
Life Insurance		#				Cash	Value \$
If none, check h		#				Cash '	Value \$
Mutual Funds	Name:		#Shares:		Interest or Dividend \$	Value	
If none,	Name:		#Shares:		Interest or Dividend \$	Value	\$
check here	Name:		#Shares:		Interest or Dividend \$	Value	\$
Stocks	Name:		#Shares:		Dividend Paid \$	Value	
If none,	Name:		#Shares:		Dividend Paid \$	Value	\$
check here	Name:		#Shares:		Dividend Paid \$	Value	\$
Bonds	Name:		#Shares:		Interest or Dividend \$	Value	\$
If none, check here	Name:		#Shares:		Interest or Dividend \$	Value	\$

Investment Property	Appraised Value \$
Pool Estate Property: Do you own any roof property?	
Real Estate Property: Do you own any real property? If yes, Type of property	Yes No
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$
Door on womber of the bounded by	E
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	
Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, List type of property	
Market value when sold/disposed Amount sold/disposed for	\\$ \$
Date of transaction (month, day, and year)	0
Have you disposed of any other assets in the last 2 years (Example: Given away money to relati	ves, Yes No
set up Irrevocable Trust Accounts)?	
If yes, describe the asset	
Date of disposition	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION	
Are you or any member of your family currently using an illegal substance? Have you or any member of your family ever been convicted of a felony?	Yes No
If yes, describe	T Les L IVO
Have you as any manufacture from the control of the	
Have you or any member of your family ever been evicted from any housing? If yes, describe	│ ☐ Yes ☐ No
Have you ever filed for bankruptcy?	Yes No
If yes, describe	
Will you take an apartment when one is available?	☐ Yes ☐ No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION

Address: Prior Landlord Prior Landlo	Current Landlord Address:	List rental history		ease print CL	EARLY. Attach a separate sheet if r	more room needed.
Phone No.: Fax No.: Rent amount. Unit Address How Long? From: To: To: Address. Phone No.: Fax No.: Rent Amount. Unit Address Phone No.: Fax No.: Rent Amount. Unit Address Phone No.: Rent Amount. Unit Address Relationship: Phone #: Phone	Phone No; Fax No: Rent amount: Unit Address Prior Landlord Prior L	_ ,	Name:			
Fax No: Rent amount: Unit Address How Long? From: To: To: Name Address: Phone No: Fax No: Rent Amount: Unit Address: Phone No: Fax No: Rent Amount: Unit Address: Phone No: Fax No: Rent Amount: Unit Address: How Long? From: To: To: To: To: To: To: To: To: To: To: To: T	Fax No: Rent amount: Unit Address How Long? From: To: Name Address: Phone No: Fax No: Rent Amount: Unit Address: Phone William Phone More Please specify below: Yes No No Are you currently receiving Section 8 rental assistance? Please specify below: Yes No Are you currently receiving other type of rental assistance? Please specify below: Yes No Yes No Are you currently receiving other type of rental assistance? Please specify below: Yes No Yes No Are you currently receiving other type of rental assistance? Please specify below: Yes No No Yes No No Yes No No Yes No No No No No No No N	Current Landlord				
Rent amount: Unit Address How Long? From: To: To: Mame Address Fax No. Rent Amount: Unit Address How Long? From: To: Fax No. Rent Amount: Unit Address How Long? From: To: Fax No. Rent Amount: Unit Address How Long? From: To: To: Fax No. Rent Amount: Unit Address How Long? From: To: Yes No Are you currently receiving other type of rental assistance or have a Housing Choice Voucher? Yes No No Yes Yes No Yes Yes No Yes Yes No Yes Yes	Rent amount: Unit Address How Long? From: To: Name					
Unit Address How Long? From: To:	Unit Address					
How Long? From: To: Name	How Long? From: To:					
Prior Landlord Address: Phone No.: Fax No.: Rent Amount: Unit Address: How Long? From: To: Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher? Yes No Are you currently receiving other type of rental assistance? Please specify below: Personal Reference #1: Address: Relationship: Personal Reference #2: Address: Relationship: Phone #: MERGENCY CONTACT PERSON: In case of emergency notify: Address: Relationship: Phone #: S. HOUSING REQUIREMENTS Do you have a statement from your physician which requires you to have a handicap-accessible unit? Yes No. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? 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 #: Vear/Make: Color:	Prior Landlord Address: Phone No.: Fax No.: Rent Amount: Unit Address: How Long? From: To: Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher? Are you currently receiving other type of rental assistance? Please specify below: Personal Reference #1: Address: Relationship: Phone #: Personal Reference #2: Address: Relationship: Phone #: MERGENCY CONTACT PERSON: In case of emergency notify: Address: Relationship: Phone #: MERGENCY CONTACT PERSON: In case of emergency notify: Address: Relationship: Phone #: 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: Do you own any pets?					
Prior Landlord Address: Phone No.: Fax No.: Rent Amount: Unit Address: How Long? From: To. Are you currently receiving Section 3 rental assistance or have a Housing Choice Voucher? Are you currently receiving other type of rental assistance? Please specify below: Personal Reference #1: Address: Relationship: Personal Reference #2: Address: Relationship: Personal Reference #2: Address: Relationship: Phone #: MERGENCY CONTACT PERSON: In case of emergency notify: Address: Relationship: Phone #: But there are no handicap units available, are you still interested in renting another apartment that is not yes No handicap-accessible? 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:	Prior Landlord Address: Phone No.: Fax No.: Rent Amount. Unit Address: How Long? From: To: Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher? Are you currently receiving other type of rental assistance? Please specify below: Personal Reference #1: Address: Relationship: Phone #: MERGENCY 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? Yes No. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? 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: Do you own any pets?		How Long?	From:	To:	
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Fax No.: Rent Amount. Unit Address: How Long? From: To: To:	Fax No. Rent Amount: Unit Address: How Long? From: To: To:	Prior Landlord	Address:	1		
Rent Amount: Unit Address: How Long? From: To: Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	Rent Amount: Unit Address: How Long? From: To: Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?		Phone No.:			
Unit Address:	Unit Address:		Fax No.:			
Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?		Rent Amount:			
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Are you currently receiving other type of rental assistance? Please specify below: Yes No	Are you currently receiving other type of rental assistance? Please specify below:		How Long?	From:	То: .	
Are you currently receiving other type of rental assistance? Please specify below:	Are you currently receiving other type of rental assistance? Please specify below:					
Are you currently receiving other type of rental assistance? Please specify below:	Are you currently receiving other type of rental assistance? Please specify below:	Are you currently receiving 5	Section 8 rental assi	stance or hav	re a Housing Choice Voucher?	TVos TNo
Personal Reference #1: Address: Relationship:	Personal Reference #1: Address: Relationship:					Thes had
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In case of emergency notify: Address: Relationship: Phone #:	In case of emergency notify: Address: Relationship: Phone #:	Relationship:		H.V*	Phone #:	
In case of emergency notify: Address: Relationship: Phone #:	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? Yes No. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? 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): Year/Make: Color: Type of Vehicle(2): License Plate #: Year/Make: Color:	EMEDGENCY CONTACT DE	(DOON)			
Address: Relationship: Phone #: G. HOUSING REQUIREMENTS Do you have a statement from your physician which requires you to have a handicap-accessible unit? Yes No. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? 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): Year/Make: Color: Type of Vehicle(2): Year/Make: Color:	Address: Relationship: Phone #:	***************************************				
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i i i tes i i No		Do you own any pets?				☐ Yes ☐ No
	, ,	If yes, describe:				

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.

<u>CERTIFICATION</u>: 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.

SIGNA	TI	/RE	(5)	
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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.



Send or FAX Application to the following address:

Villages of Moa`e Kū 91-1655 Pahika Street Ewa Beach, Hawaii 96706 FAX: (808) 681-3004

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EAH Housing | CalBRE Lic. #00853495 | HI Lic. RB-16985 VILLAGES OF MOA'E KŪ application— Revised 2016.06.24 Page 7 of 8

VILLAGES OF MOA'E KŪ

91-1655 PAHIKA STREET, EWA BEACH, HAWAII PHONE (808) 681-3000 FAX (808) 681-3004 TDD (877) 447-5991

ing community by developing, managing and promoting quality affordable housing since 1968.

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

CRIMINAL BACKGROUND & CONSUMER CREDIT REPORT AUTHORIZATION

I,/Weauthorize Villages of Moa'e Kū, Phase I to verify my references and credit report from the main credit reporting agencies (Experian, Equipackground check (Hawaii Criminal Justice Data Center) on all intending to reside at the property. This information will be used to credit worthiness. I also authorize Villages of Moa'e Kū, Phase I to verify prior addresses, aliases, and landlord verifications.	ifax, or Trans Union) and crimina persons over the age of eighteer to determine eligibility, and assess
Villages of Moa'e Kū, Phase I intends to contact the credit reporting Credit Reporting Act grants all consumers the right to request a free days. If such a request is made, the consumer credit reporting information within 30 days. To obtain a copy of reports issued contact the credit reporting to the consumer credit reporting to	copy of the credit report within 60 g agency must provide requested
On-Site Manager Inc. P.O. Box 1514 Los Altos, CA 94023-1514 Phone: (866) 266-7483 F	ax: (877) 329-6674
The consumer reporting agency provides data, but does not mapplications. It is based upon many factors including the data management makes decision on occupancy. The consumer has the completeness of information contained in the credit report. All communicated directly to the consumer credit reporting agency.	received in credit reports, that e right to dispute the accuracy or
Applicant Signature	Date

Date