



Tax Credit Application for Housing

Kukui Gardens

1103 LILIHA STREET 102 HONOLULU HI 96817

TELEPHONE (808)-532-0033

Bedroom Size Requested: 1 2 3 4

Household Information

| FULL LEGAL NAME (First, Middle, Last) | Gender | RELATIONSHIP | SOCIAL SECURITY/ ALIEN REG. # | GOVERNMENT ISSUED PHOTO ID # | BIRTH DATE | FULL TIME STUDENT Y/N | VETERAN |
|--|---------------|-------------------|-------------------------------------|--|------------|-----------------------------|---------|
| | | Head of Household | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Day Time Phone: | | | | Applicant Evening Phone: | | | |
| CellPhone» | | | | HomePhone» | | | |
| Do you have any Animals? | | # of Animals: | | Description: 1. «PetType1» _____ «PetColor1» _____ 2. «PetType2» _____ «PetColor2» _____ | | | |
| Vehicle Make | Vehicle Model | License Plate | Color | Year | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Additional Household Information

| FULL LEGAL NAME (First, Middle, Last) | LIST ALL THE STATES YOU HAVE LIVED IN | HISPANIC/LATINO | RACE (LIST ONE OR MORE) |
|--|--|--|--|
| | | Hispanic or Latino Not Hispanic or Latino | American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White |
| | | Hispanic or Latino Not Hispanic or Latino | American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White |
| | | Hispanic or Latino Not Hispanic or Latino | American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White |
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Residency Information (Past Two Years)

| | | | | | |
|---|---------------------------|---------------------------------|----------------------|-------------------------------|--------------------------------|
| CURRENT FULL STREET ADDRESS: | | | | OWN, RENT OR OTHER: | |
| CITY: | | | STATE: | | ZIP CODE: |
| HOME PHONE NUMBER: | CELL PHONE NUMBER: | EMAIL ADDRESS: | MOVE IN DATE: | MOVE OUT DATE: | |
| | | | | CURRENT RESIDENCE | |
| LANDLORD NAME: | | PROPERTY/LANDLORD PHONE: | | MONTHLY RENT/MORTGAGE: | |
| PAST FULL STREET ADDRESS: | | | | OWN, RENT OR OTHER: | |
| CITY: | | STATE: | | ZIP CODE: | |
| | | | | | |
| LANDLORD NAME: | | PROPERTY/LANDLORD PHONE: | | MONTHLY RENT/MORTGAGE: | |
| | | | | | |
| Utilities paid by you: | | Heat | | Electricity | |
| | | | | Gas | |
| | | | | Other | «OtherUtilitiesExplain» |
| Approximate monthly cost of utilities paid by you (excluding phone and cable TV): | | | | | |

Emergency Contact Information

| | | | |
|---|--|-----------------------|---------------|
| IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT: | | | |
| NAME: | | | |
| ADDRESS: | | CITY: | STATE: |
| | | | |
| PHONE NUMBER: | | EMAIL ADDRESS: | |
| | | | |

Resident History

| | Y/N | If Yes Explain |
|---|-----|----------------|
| Have you or any member of your household ever been evicted in the past 5 years? | | |
| Have you or anyone in your household ever filed Bankruptcy? | | |





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| | | |
|---|--|--|
| Have you or anyone in your household willfully or intentionally ever refused to pay rent? | | |
| Have you or any member of your family ever been convicted of a felony or misdemeanor within the past 7 years? | | |

| Household Questions | Y/N | Additional Comments |
|--|-----|--|
| Do you anticipate any changes in household composition in the next twelve months? | | Name of New Member: |
| Is there anyone living with you now who won't be living with you at this community? | | Name of Member Leaving: |
| Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)? | | Name of Absent Member: |
| Will you or any ADULT household member require a live-in caregiver or aide? | | Name of Caregiver: Recipient of Care: |
| Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? | | |
| Do you or anyone in your household have a Section 8 Voucher through the Housing Authority? | | County: Section 8 Voucher Number: |

| Reasonable Accommodations/Modification | |
|--|--|
| Do you require mobility impaired upgrades? | |
| Do you require vision impaired upgrades? | |
| Do you require hearing impaired upgrades? | |
| Special Features? | |
| Explanation: | |

| Personal Reference | | | |
|--------------------|---------|--------------|-------|
| Name | Address | Relationship | Phone |
| | | | |
| | | | |
| | | | |

| Optional Information: | | |
|--|--|--------------------|
| Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below: | | |
| (Head of Household) Highest level of Education completed | | |
| Are you using Public Transportation to get to work? | | If Yes, what type? |
| (Co-Head) Highest level of Education completed | | |
| Are you using Public Transportation to get to work? | | If Yes, what type? |

| Student Information | | | | |
|--|--|------------------------------|-----------------------------|----|
| 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? | | <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? | | Yes | | No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | | Yes | | No |
| Are any full-time student(s) a TANF or a title IV recipient? | | Yes | | No |
| 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 |





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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: _____ |

