

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	SOC SECU ALIEN		GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN
		Head of Household						
Day Time Phone:					Applicant Evening	p Phone:		
CellPhone»					HomePhone»			
Do you have any Animals? # of Animals:				Description:       1. «PetType1» «PetColor1»       2. «PetType2» «PetColor2»				
Vehicle Make Vehicle Model			License P		Color		Year	

<b>Additional House</b>	hold 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
		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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Move In Date: **Move Out Date:** 

Other

MONTHLY RENT/MORTGAGE:

«OtherUtilitiesExplain»

Telephone (808)-532-0033

			Hispan	ic or Latino	American Indian or Alaska Native Asian
			Not Hi	spanic or Latino	Black or African American
					Native Hawaiian or Other Pacific Islander White
			Hispan	ic or Latino	American Indian or Alaska Native
					Asian Black or African American
			Not Hi	spanic or Latino	Native Hawaiian or Other Pacific Islander
					White
			Hispan	ic or Latino	American Indian or Alaska Native
					Asian Black or African American
			Not Hi	spanic or Latino	Native Hawaiian or Other Pacific Islander
					White
					A section to the second section and sectio
			Hispan	ic or Latino	American Indian or Alaska Native Asian
			Not Hi	spanic or Latino	Black or African American
				•	Native Hawaiian or Other Pacific Islander White
Residency Inform	nation (Past	Two Years)			
CURRENT FULL STREET AD		,	-		OWN, RENT OR OTHER:
CORRENT TOLESTREET ADI	JRE33.				OWN, REINT OR OTHER.
CITY:				STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE	EMAIL ADDRESS:		MOVE IN DATE:	MOVE OUT DATE:
	NUMBER:				CURRENT RESIDENCE
LANDLORD NAME: PROPERTY/LANDLO			ORD PHONE: MOR		MONTHLY RENT/MORTGAGE:
		, , ,			
PAST FULL STREET ADDRESS:				OWN, RENT OR OTHER:	

<b>Emergency Contact Information</b>			
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		

PROPERTY/LANDLORD PHONE:

Electricity

ZIP CODE:

Gas

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?		



STATE:



CITY:

LANDLORD NAME:

**Utilities** paid by

Heat

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



HI Lic. RB-16985   CA Lic. 853495	1103 Liliha street 10	2 Honolulu	HI 96817				
	Telephone (8	08)-532-003	33				
Have you or anyone in your house	hold 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 Question	ns	Y/N	Additional Comme	ents			
	household composition in the next		Name of New Member:				
twelve months?  Is there anyone living with you no	w who won't be living with you at						
this community?			Name of Member Leaving	j:			
Are there any absent household m			Name of Absent Member:				
conditions would live with you (Fo			Traine of Austin Members	•			
military or living in another state							
	member require a live-in caregiver		Name of Caregiver:				
or aide?			Recipient of Care:				
	tody of all minors (50% or more of						
the time) listed under the Househ							
	old have a Section 8 Voucher through		County:				
the Housing Authority?			Section 8 Voucher Number	er:			
Passanahla Accome	modations/Modification	n e					
		/11					
Do you require mobility impaired							
Do you require vision impaired up							
Do you require hearing impaired u	ıpgrades?						
Special Features?	Explanation:						
	Explanation						
<b>Personal Reference</b>							
	Address		Deletienshin	Phone			
Name	Address		Relationship	Phone			
Optional Information:			1.5.6				
	ation on your level of education and tra	ansportation	needs? If yes, please answer	the quest	ions be	elow:	
(Head of Household) Highest leve	•		163/				
•	g Public Transportation to get to work	(?	If Yes, what type?				
	el of Education completed	2	If Vac subat turna?				
Are you usin	g Public Transportation to get to work	\f	If Yes, what type?				
Student Informatio	n						
Will all of the persons in the house	ehold be or have been full-time studen	ts during fiv	e calendar months of	Yes		No	
-	calendar year at an educational institut	tion (other tl	nan a correspondence				
school) with regular faculty and st If Yes, Answer the Following Ques							
Are any full-time student(s) married					Yes		No
•	training program receiving assistance unc	der the Job Tr	aining Partnership Act?		Yes		No
Are any full-time student(s) a TANF of	3. 3		<u> </u>		Yes		No
•	parent living with his/her child(ren) who is	s not a Deper	ndent on another's tax return		Yes		No
1 ' ' ' ' '	ents of anyone other than a parent?			L	J L		J







HI Lic. RB-16985   CA Lic. 853495	1103 Liliha stri	eet 102 Honolulu HI 968	317			
	TELEPHO	ONE (808)-532-0033				
Is any student a person who was previou	ısly under the care and placeme	ent of a foster care prograr	m (under Part	B or E of	Yes No	
Title IV of the Social Security Act)?						
Student Information						
Member Name:		Member Name:				
Institution:		Institution:				
Address of School:		Address of School:				
Full Time Or	Part Time	Full Time	Or	Part Time		
Income Source Quest	ons			Yes	No	
Do you have full-time or part-time wage	s?*					
Do you receive public assistance, TANF,	AFDC, or food stamps?*					
Do you receive unemployment payment	s, worker's compensation, or se	verance packages?*				
Do you receive child support?*						
Do you receive alimony, spousal support	, or other maintenance paymer	nts?*				
Do you receive regular payments from a	pension plan, retirement plan,	or annuity?*				
Do you receive Social Security benefits for						
Do you receive income from a business						
Do you receive income through an India	n trust?*					
Do you receive any regular gifts or paym	ents from outside of the house	hold?*				
Do you receive veterans or disability ber	efits?*					
Do you receive income from financial aid						
Do you receive military pay from any bra	nch of the military?					
Do you receive any scheduled payments						
Do you receive long term medical care in		\$180 per day?				
Do you receive income from annuities?		. ,				
Do you expect any significant changes in	income in the next 12 months	?*				
Do you receive any other income from a	ny sources?					
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Household Income						
		F	A	I A		
Member Name	Income 1	ype	Annua	l Amount		







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Child Support				
Do you receive Child Support?	Court Ordered?			
When child support is court ordered, but not received, what attempts have been made to collect the child support?				

Asset Source Questions	Yes	No
Do you have a checking, savings, or money market account?		
Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit		
debit card with a balance on it?		
Do you have Certificates of Deposits?		
Do you have any Money Market Funds?		
Do any members in your household have Stocks?		
Does anyone in your household have Bonds?		
Do any members in your household have a 401K Account?		
Do any members in your household have a Keogh Account?		
Does your household have any members with Trust Funds?		
Do you have real estate or capital investments?		
Do any members of your household have any Lump Sum Receipts?		
Do any members of your household have any Capital Investments?		
Do you have a whole life insurance policy, a universal life insurance policy, or annuities?		
Do any members of your household have any Other Retirement/Pension Funds?		
Do you have personal property?		
Do any members in your household have any other assets not previously listed?		
Within the last two years, have you or has anyone in your household given away assets		
valued over \$1,000 or sold assets for more than \$1,000 below their fair market value?		
Do any member of the household have an asset(s) owned jointly with a person who is		
NOT a member of the household?		

Household Asse	ets				
<b>Member Name</b>	Asset Type	Value	Interest Earned	<b>Cost to Convert</b>	







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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:



