

LA'ILANI APARTMENTS

74-984 Manawale'a Street, Kailua-Kona, HI 96740
 Phone: (808) 329-2684 Fax: (808) 331-8101



All household members 18 years and over are required to sign the application. All applications must be fully completed. Every line must be filled in. If a question does not apply, please mark N/A. Please include copies of any income. **All incomplete applications will not be accepted for placement on the waiting list.** Applicants are responsible for notifying HAPI of any changes to the application.

PROJECT INFORMATION

Location: Project's office is located at **74-984 Manawale'a Street, Kailua-Kona, HI 96740**
 Housing units are located on Manawale'a Street and Kealakehe Street above the town of Kailua-Kona.

Number of Units: 32 ---- 1 Bedroom Units
 144 --- 2 Bedroom Units
 24 ----- 3 Bedroom Units
 200 Total Units

Type of Structures: 25 Two-Story buildings with 8 units in each building.

Units: Amenities Included:
 Range with hood, refrigerator, double kitchen sinks, carpeting, telephone/cable television jack, solar assisted hot water heater.

On Property: Resident manager, Management office, 4 coin operated laundry rooms, basketball court, pavilion, landscaped grounds.

ELIGIBILITY AND RENTAL RATES

		80% AMI RENT	100% AMI RENT
Current Rent:	1 Bedroom/1 Bath /Approx 400 sq ft living area	\$1,425.00	\$1,786.00
	Bedroom/1 Bath /Approx 620 sq ft living area	\$1,714.00	\$2,142.00
	bedroom/2 Bath /Approx 840 sq ft living area	\$1,981.00	\$2,476.00
Minimum Income:	1 Bedroom	\$3,573.00	\$4,465.00
	2 Bedroom	\$4,285.00	\$5,355.00
	3 bedroom	\$4,953.00	\$6,190.00

Maximum Income:

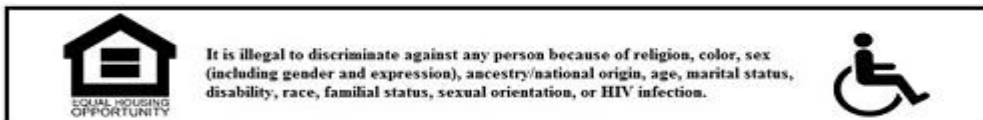
Hawaii	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80% of Median	\$53,360	\$60,960	\$68,560	\$76,160	\$82,320	\$88,400	\$94,480	\$100,560
100% of Median	\$66,700	\$76,200	\$85,700	\$95,200	\$102,900	\$110,500	\$118,100	\$125,700

Utilities: Rent will include water, garbage, and 1 parking space. Other services, I.E. electricity, Telephone, cable television and additional parking will be the tenant's responsibility.

Security Deposit: A security deposit equivalent to one month's rent shall be paid by every tenant.

Questions and completed applications should be directed to:

Hawaii Affordable Properties, Inc.
 La'ilani Apartments Management Office
 74-984 Manawale'a Street
 Kailua-Kona, HI 96740
 Phone: (808) 329-2684 Fax: (808) 331-8101



It is illegal to discriminate against any person because of religion, color, sex (including gender and expression), ancestry/national origin, age, marital status, disability, race, familial status, sexual orientation, or HIV infection.



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 74-984 Manawale'a Street
 Kailua-Kona, HI 96740
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Hawaii Affordable
 Properties, Inc

RENTAL APPLICATION

PLEASE PRINT

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Please be sure that **ALL QUESTIONS** are answered. If the question does not apply, please write "n/a."

A. GENERAL INFORMATION

Applicant Name(s) _____

Mailing Address _____

Residence Address _____
Street Apt. # City Zip Code

Daytime Phone # _____ Evening Phone # _____

Email Address _____

No. of bedrooms in current unit _____ Do you rent or own? _____

Amount of current monthly rental/mortgage payment \$ _____

If owned, do you receive rental income from your property? Yes _____ No _____

BEDROOM SIZE REQUESTING: (Check only one)

1 Bedroom


2 Bedroom

3 Bedroom

B. HOUSEHOLD COMPOSITION


List ALL persons who will be living in the apartment.

Name	Relationship to Head	M/F	Over 18 years Yes/No	SSN
	Head			



EQUAL HOUSING
OPPORTUNITY

It is illegal to discriminate against any person because of religion, color, sex (including gender and expression), ancestry/national origin, age, marital status, disability, race, familial status, sexual orientation, or HIV infection.



Do you anticipate any additions to this household in the next twelve months? Yes_____ No_____

If yes, explain _____

Is anyone in the household a full time student? Yes _____ No _____

If yes, list name(s) and answer the questions below:

Student Name(s) _____

- a. Is the full time student married and filing a joint tax return? Yes ____ No _____
- b. Is the student a title IV recipient? Yes ____ No _____
- c. Is the student enrolled in a job training program receiving?
Assistance under the Job Training Partnership act? Yes ____ No _____
- d. Is the full time student an AFDC recipient? Yes ____ No _____
- e. Is the full time student a single parent living with his/her?
minor child who is not a dependent on another's tax return? Yes ____ No _____

C. INCOME: List all sources of income as requested below:

FAMILY MEMBER NAME

SOURCE OF INCOME

_____		a.	Social Security...Monthly Amount \$ _____
_____			Social Security...Monthly Amount \$ _____

_____		b.	SSI Benefits.....Monthly Amount \$ _____
_____			SSI Benefits.....Monthly Amount \$ _____

_____		c.	Pension (1).....Monthly Amount \$ _____
_____			Pension (2).....Monthly Amount \$ _____

			(1) _____
			(2) _____

_____		d.	Veterans Benefits...Monthly Amount \$ _____ Claim # _____
_____			Veterans Benefits...Monthly Amount \$ _____ Claim # _____

_____		e.	Unemployment Comp...Monthly Amount \$ _____
_____			Unemployment Comp...Monthly Amount \$ _____
_____			Unemployment Comp...Monthly Amount \$ _____

_____		f.	AFDC.....Monthly Amount \$ _____
_____			AFDC.....Monthly Amount \$ _____
_____			AFDC.....Monthly Amount \$ _____

g. Wages...Gross.....Monthly Amount \$ _____
Employer _____
Position Held _____
How Long Employed _____

Wages...Gross.....Monthly Amount \$ _____
Employer _____
Position Held _____
How Long Employed _____

Wages...Gross.....Monthly Amount \$ _____
Employer _____
Position Held _____
How Long Employed _____

h. Full Time Student Income (Only Full Time Students 18 & over)
Monthly Amount \$ _____
Full Time Student Income (Only Full Time Students 18 & over)
Monthly Amount \$ _____

i. Are you entitled to receive alimony? Yes _____ No _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____

j. Are you entitled to receive child support? Yes _____ No _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____
Monthly Amount \$ _____ Source _____

k. Interest Income...Monthly Amount \$ _____ Source _____
Interest Income...Monthly Amount \$ _____ Source _____
Interest Income...Monthly Amount \$ _____ Source _____

l. Other Income..... (Any income not noted above)
Monthly Amount \$ _____ Source _____
Other Income..... (Any income not noted above)
Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Based on total of monthly amounts listed above x 12)
\$ _____

Do you anticipate any changes in this income in the next twelve months? Yes _____ No _____
If yes, explain _____

D. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Saving Account(s) # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Trust Account(s) # _____ Bank _____ Balance \$ _____
Certificates # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Credit Union # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Mutual Fund Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____
Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____
Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____

Stocks Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____
Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____
Name _____ #Shares _____ Dividend Paid \$ _____ Balance \$ _____

Savings Bond(s) # _____ Maturity Date _____ Value \$ _____
_____ Maturity Date _____ Value \$ _____
_____ Maturity Date _____ Value \$ _____

Life Insurance Policy # _____ Face Value \$ _____
_____ Face Value \$ _____
_____ Face Value \$ _____

Personal Property Held As Investment: Type _____ Appraised Value \$ _____

Real Property: Do you own any property? Yes _____ No _____
If yes, type of property _____
Location _____
Appraised Market Value \$ _____
Mortgage or outstanding loans balance due \$ _____
Amount of annual insurance premium \$ _____
Amount of most recent tax bill \$ _____

Have you sold/disposed of any property in the last two years? Yes _____ No _____

La'ilani Apartments

RENTAL APPLICATION

Hawaii Affordable
Properties, Inc

If yes, type of property _____

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction _____

Have you disposed any other assets in the last two years (Ex: Given away money to relatives, set up irrevocable trust accounts)? Yes _____ No _____

If yes, describe asset(s), date of disposition, & amount disposed _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____

If yes, list _____ Value \$ _____

_____ Value \$ _____

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes _____ No _____

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? Yes _____ No _____

If yes, describe _____

Have you or any member of your family been evicted from any housing? Yes _____ No _____

If yes, describe _____

Have you or any member of your family ever file 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

Minimum 2 Year rental history required.

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Previous Landlord Information: Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Three credit references:

Name _____ Acct. # _____
Address _____ Phone # _____

Name _____ Acct. # _____
Address _____ Phone # _____

Name _____ Acct. # _____
Address _____ Phone # _____

Three personal non-related references:

Name _____ Relationship _____
Address _____ Phone # _____

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.

Applicant Signature

Date

Co-Applicant Signature

Date

AUTHORIZATION

I/We do hereby authorize **Hawaii Affordable Properties, Inc.** and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by **Hawaii Affordable Properties, Inc.** This includes, but not limited to, background checks, rental history, employment records, credit history and all assets.

Applicant Signature

Date

Co-Applicant Signature

Date