

# 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	\$1,160.00	\$1,472.00
	2 Bedroom/1 Bath /Approx 620 sq ft living area	\$1,375.00	\$1,750.00
	3 bedroom/2 Bath /Approx 840 sq ft living area	\$1,573.00	\$2,006.00
Minimum Income:		80% AMI RENT	100% AMI RENT
	1 Bedroom	\$2,900.00	\$3,680.00
	2 Bedroom	\$3,438.00	\$4,375.00
	3 bedroom	\$3,932.00	\$5,015.00

Maximum Income:

Hawaii	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80% of Median	\$46,720	\$53,360	\$60,000	\$66,640	\$72,000	\$77,360	\$82,640	\$88,000
100% of Median	\$58,400	\$66,700	\$75,000	\$83,300	\$90,000	\$96,700	\$103,300	\$110,000

**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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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

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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 # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_

In Case of Emergency

Notify \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**G. VEHICLE & PET INFORMATION**

VEHICLES: List all vehicles that you own. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

#1 Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

#2 Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

PETS: Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_



**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