LAILANI APARTMENTS

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

La'ilani Apartments is an affordable rental housing project offering 200 apartments to families earning between 80 and 100 percent of the area median income (AMI) located in Kailua-Kona. Lai'ilani Apartments provides thirty-two (32) one-bedroom, one hundred forty-four (144) two-bedrooms, apartments and twenty-four (24) two-bedroom townhouse apartments which include a range and refrigerator.

Lailani Apartments is managed/operated by Hawaii Affordable Properties, Inc. in accordance with the Federal Fair Housing Act as well as all state and local fair housing and civil rights laws. Lailani Apartments (Management) does not discriminate against any person based on race, color, religion, gender, national origin, age, sex, familial status, handicap, disability, veteran status, or any other basis protected by applicable state or local laws.

ELIGIBILITY REQUIREMENTS

Max Occupancy, Rental Rates, and Minimum Income Requirements:

Unit Size	Min-Max. Occupants	80-100% AMI	Minimum Income 80% Gross	Minimum Income 100% Gross
1 BDRM/1 BA	1-4 Persons	$1,815-$2,268	$4,538	$5,670
2 BDRM/1 BA	2-6 Persons	$2,178-$2,722	$5,445	$6,805
3 BDRM/2 BA	3-8 Persons	$2,517-$3,146	$6,293	$7,865

Maximum Annual Income Limits:

Median	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80% AMI	$67,760	$77,440	$87,120	$96,800	$104,560	$112,320	$120,080	$127,840
100% AMI	$84,700	$96,800	$108,900	$121,000	$130,700	$140,400	$150,100	$159,800

Rent and Income Limits are subject to change

Security Deposit:	Security deposits are equivalent to one (1) month of rent which is paid prior to placement.
Utilities:	Rent will include water, sewer, trash collection (except bulky items). Tenants must pay for other utilities such as electricity, telephone, cable, phone, and internet/WiFi.
Amenities:	Solar assisted water heater, on-site laundry facility, basketball court, beautifully landscaped grass courtyard with a pavilion, and access to public transportation nearby.
Application Submission:	By Mail: 74-984 Manawale'a St. Kailua-Kona, HI 96740 In-Person: Monday-Friday, between 8:00 am to 5:00 pm (excluding holidays)

EQUAL HOUSING OPPORTUNITY

TENANT SELECTION CRITERIA & PROCESS

Application Procedures

Each applicant must complete an application and are required to provide information regarding their income, assets, birthdates, social security numbers, previous housing landlord reference(s), and other applicable information listed on the application. Application must be completed. If an item(s) does not apply, answer "**no**" or "**N/A**." Do **not** leave anything blank. Corrections or changes are to be made by lining through the original entry and entering the correct data; changes must be initialed by the person making the change.

Signed and dated applications will be processed on a first-come, first-serve basis. The application must be completed and signed by all adult household members. **Incomplete applications will not be accepted**. Only completed applications that meet basic income qualifications will be considered for tenancy. If an application is not completely answered, the date the application is fully completed and submitted will be the date that the application is considered accepted. All applications must be submitted to Lailani Apartments LLC.

1. Each applicant must complete a Rental Application and be willing to submit credit history, rental history, criminal background, federal and state sex offender registry inquiry as well as income and asset verification procedures required by HUD and/or LIHTC.
2. Applicant interviews will be held to obtain signed verification forms for all income/asset information prior to any offer of a unit.
3. Each applicant will be subject to the selection criteria listed below:
   a. Applicant household income must not exceed current years maximum income limits as determined by HUD.
   b. Minimum income of two and a half times the monthly rent for the multifamily properties is required. This does not apply to section 8 participants.
   c. Satisfactory rental history from current and previous landlords.
   d. Satisfactory credit rating for all adults in household.
   e. Satisfactory criminal background history for all adults in household.
   f. Use of unit as primary place of residence
4. The project will strive for occupancy that reflects proportionately.
5. The applicants are responsible for completing the application accurately. Misrepresentation of information is grounds for exclusion.

Grounds For Rejection: Applicants may be denied for any of the following reasons. This list may not be all inclusive.

1. Failure to present all adult members of the household at the interview or some other time acceptable to management, prior to completion of the initial certification.

2. Total family income exceeds the applicable income limits published by HUD and/or HHFDC.
3. Household fails to respond to Management's letters
4. Credit report showing outstanding collections, poor credit score and/or negative lines of credit.
    a. Total balance owed on delinquent accounts exceeds $5,000.00.
    b. Outstanding Balance with a Utility Company
    c. A Balance is owed to a prior Landlord
    d. Unsatisfactory credit history, which may include history of late payments, judgements, bad debt write-off, unpaid liens and/or government tax liens. Extraordinary medical debt may be exempted. A minimum beacon score will be used.
5. Applicants have failed to provide adequate verification of income, or we are unable to adequately verify income and/or income sources.
6. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
7. Negative landlord or other reference which may include failure to comply with the lease, poor payment history, poor housekeeping habits which are unsanitary or hazardous, creating a nuisance to neighbors and or management, or past eviction. People who based upon past performance or history represent a threat to the safety or quiet enjoyment of the premises to other residents.
8. Subject of a summary possession (eviction) judgment.
9. Any evidence of illegal activity including drugs, gangs, etc.
10. Falsification of information on the application
11. Has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program
12. Criminal history includes but not limited to a felony conviction, drug related conviction, crimes involving violence or sexual crimes. A conviction for such activity will be given consideration. Arrests without conviction will not be considered absent extraordinary circumstances.
    a. **Sex Offender** – **<u>Lifetime.</u>**
       A sex offender is any person required to register as a sex offender and/or listed in the United States Department of Justice National Database for Registered Sex Offenders.
    b. **Distribution and/or Manufacture of a controlled substance** – **<u>Lifetime.</u>**
    c. **All other Drug-Related** – <u>Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.</u>
       Drug related activity includes all convictions for using drugs and/or possession of drug paraphernalia.
    d. **Violent Criminal Activity** – **<u>Lifetime</u>**.

1. Violent criminal activity includes all felony crimes against people and/or property.
2. Violent criminal activity, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.
3. Criminal sexual conduct, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.

e. **Non-Violent Crimes** - Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.

1. Non-violent crimes include all other felony convictions not listed above.
2. Criminal activity that may threaten the health, safety, or welfare of other tenants.
3. Criminal activity that may threaten the health or safety of managing agent staff, contractors, subcontractors, or agents.

f. **Multiple Convictions** - Ten (10) years from the date of applicants' last conviction.

1. Multiple Convictions are ten (10) or more misdemeanor convictions in a lifetime.

***Note**: The purpose of conducting criminal background checks is to provide decent, sanitary, and safe housing to all residents as well as to eliminate the direct threat to the safety and wellbeing of all residents, staff, and personal property.

13. Negative personal references that indicate adverse or poor reflections of the household.
14. Household cannot pay full security deposit at move-in.
15. All members of the household are full-time students. The (3) three exceptions are: Single full-time student in job training, married full-time student filing joint tax return or single full-time student with children collecting welfare (title IV Soc. Sec), in job training or if children are not dependents of anyone outside the household. This rule applies throughout the tenancy of a LIHTC property.
16. After receiving the letter offering an apartment, applicants have seven (7) calendar days to respond to management regarding the available apartment. If an applicant declines an available apartment when notified in writing, his/her name will be removed from the waiting list.
17. Failure to respond to any periodic purge letter or written offer of interest for a unit within 30 days will result in the applicant's name being removed from the waiting list. If the applicants want to be reconsidered, they must reapply at a date when the waiting list if open. Exceptions may be made for validated medical condition.

18. If an applicant is denied, management will notify the applicant in writing indicating the reason. Applicants may contact managing agent's office for explanation of rejection and/or submit new application for occupancy.

Consideration of Circumstances

The Managing Agent will consider all relevant circumstances when deciding whether to deny admission based on an applicant's history except in the situations for which denial of admission is mandated. In the event the Managing Agent receives unfavorable information with respect to an applicant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent with its policies, Managing Agent may consider factors that might indicate a reasonable probability of favorable future conduct. The Managing Agent will consider the following facts and circumstances prior to making its decision:

1. The seriousness of the case, especially with respect to how it would affect other residents' safety or property
2. The length of time since the violation occurred, including the age of the individual at the time of the conduct, as well as the family's recent history and the likelihood of favorable conduct in the future
3. Arrests without conviction will not be considered absent extraordinary circumstances

Types of Income counted (examples):

1. All wages, salaries, commissions, fees, tips, bonuses, and other compensation before taxes (gross income).
2. Income from the operation of a business or profession or rental income (self-employed).
3. Interest from checking/savings accounts, CDs, IRAs, stocks, dividends, etc. There is no limit on the amount of assets one can have. Assets disposed of in the last two years will also be part of asset calculations.
4. Payments from social security, annuities, insurance policies, retirement, pensions, disability, and death benefits.
5. Unemployment, disability, TDI, workers compensation.
6. Public assistance other than SNAP (food stamps).
7. Alimony and child support payments.
8. Regular pay, special pay, and allowances of a member in the armed forces.

Assignments of Units

Subject to availability of waiting list applicants, vacancy considerations, or requirements to accommodate residents with disability, minimum occupancy standards may be changed.

Preference for the handicap-accessible units will be given to those applicants who can derive the greatest benefit from the special features of these units if they present doctor's note certifying the need for such a unit

If a household without disability is allowed to occupy a handicapped-accessible unit, that household will be required to move to another unit provided one is available, when a disabled applicant household is accepted.

Establishment of Waiting List

1. Date of receipt of fully completed application at the Locations establishes priority of position on the waiting list. Applications are date-stamped upon receipt.
2. If the existing waiting list contains so many names that the average wait for a unit is a year or more, the project may decline to accept applications. In this case, the waiting list is closed.
3. The waiting list is purged periodically, but no less than once each year.
4. It is the applicant's responsibility to keep the management office informed of any address or telephone number change(s). Failure to do so, and if any mail is returned, will result in the applicant's name being removed from the waiting list. It will then be necessary for the applicant to reapply later when the waiting list is open.

Eligibility Process:

Upon receipt of the application, a background and credit report will be pulled for all adults in the household. Once the initial credit and background screening is completed, eligible applicants will be contacted in writing to begin the application eligibility process. Applicants must respond within the specified time, or their application will be cancelled. Applicants will be required to submit requested documentation in a timely manner. To be income eligible, third-party verifications are required to verify Applicant's income, assets, and landlord & personal references. Applicants will be required to attend an eligibility interview. Once applications are approved by the Managing Agent, Applicants will be notified of unit availability. At times when there are no vacancies, approved applicants will be put on a waitlist and will be contacted as a unit becomes available.

Annual Recertification Requirements:

All residents must recertify annually. Proposed changes in household composition and student status must be immediately reported to Management. A request to add an additional household member(s) must be in writing and approved by Management as well as the State of Hawaii and Honolulu County Section 8 Program if applicable, prior to a new member(s) moving into the unit.

Occupancy Standards

Occupancy standards will be applied in a manner consistent fair housing requirements. Applicants will be housed in a unit size appropriate for their household. Household members include, but are not limited to the following:

1. All full-time family members
2. All anticipated children, defined as the following:
   a. Children expected to be born to a pregnant woman.
   b. Children in the process of being adopted by an adult family member.
   c. Children whose custody is being obtained.
   d. Foster children who will reside in the unit.
   e. Children who are temporarily in a foster home will return to the family.
   f. Children in joint custody arrangements are present in the household 50 percent or more of the time.
3. Children who are away at school and who live at home during recesses.
4. Live-in aides.
5. Foster adults living in units.

Compliance

Management shall comply with the provisions of Federal, States and local laws prohibiting discrimination in housing on the basis or marital status, race, color, religion, ancestry, sex, sexual orientation, age, national origin, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Condition (ARC), physical disability, familial status, or any other arbitrary basis.

Hawaii Affordable Properties is an "Equal Opportunity" Housing Provider. Hawaii Affordable Properties do not discriminate based on handicapped status in the admission or access to, or treatment of employment in its assisted programs and activities.

PLEASE KEEP FOR YOUR REFERENCE

Disclaimer: terms and conditions unless mandated by law are subject to change in Landlord's sole discretion at any time

ADDITIONAL REQUESTED INFORMATION

Email Contact Information:

Head of Household Email:	
Co-Tenant Email:	
Other Member: ______________	
Other Member: ______________	

If you provide an email address, please check your email as some correspondence will be sent via email. Please also check your spam folder in case emails are mistakenly flagged as spam.

Phone Number Contact Information:

Head of Household Phone:	
Co-Tenant Phone:	
Other Member: ______________	
Other Member: ______________	

As a reminder any changes in contact information applicants are responsible for reporting in writing to La'ilani Apartments.

Requested Move-In Date: ____

☐ *Relocating from mainland or neighbor islands* ☐ *Urgent / hard deadline*

I would like to be added to the waitlist: ☐ Yes ☐ No

Please remove me from the waitlist after: ____

***Note:** Only completed applications will be added to the waitlist. Applications on waitlist will expire after 12 months. Please re-apply or contact the office to convey your maintained interests in a unit at La'ilani Apartments.*

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REQUESTED DOCUMENTS FOR PROCESSING APPLICATION

The following is a list of items that, if applicable to you or anyone in your household, will need to be provided for your application to be considered complete. We recommend that you provide these documents along with your initial application for faster processing. **For each household member, make sure to include all income and assets applicable**. **Do not omit items**. Failure to disclose any income/assets could result in application cancellation.

1. **Employment Information**: Six (**6**) consecutive Paystubs
2. **Self-Employment Information**: Current Schedule C Form, Financial Statement for current six (6) months, and GET taxes.
3. **Welfare Benefits/TANF**: Notification of Benefits, IM Division, address and worker's name.
4. **Social Security &/or SSI Benefits**: Award Letter
5. **Pension &/or Retirement**: Address, ID numbers or any documents verifying pension/retirement amount.
6. **Child Support**: Copy of Court Letter and Latest Paystub.
7. **Unemployment Benefits (UIB), Workman's Compensation, &/or Temporary Disability Benefits (TDI)**: Bring verification of application for UIB/Worker's Comp/TDI. If you have already received a letter of determination, bring the letter. If you are already receiving benefits, bring the determination letter, payment card or a copy of check (UIB-only), and statement from insurance company (TDI & Workman's Compensation only).
8. **HUD/Section 8 Voucher** – Please get **confirmation** from your caseworker that your voucher covers our full rent amount. In addition, *let them know that tenants are responsible for electricity for their unit and that each unit has their own individual water heater*. Have them conduct a rent reasonability test with our actual rent for the 96740 zip-code and your actual income/asset situation.
9. **Financial Assistance**: Benefit Letter for Scholarship or Grant and Tuition Breakdown. Do not include financial assistance loans.
10. **All Bank Accounts**: Most recent/current statement.
11. **Other Assets**: Stocks, Bonds, Real Estate, Property Assessment form, etc.
12. **Minimum of 2 Years of Taxes**: Provide Tax documents (i.e. 1040 and W2)
13. **Important Documents**: **Original copy of Birth certificate, passport, social security. (Required for all household members regardless of age). Passports must be valid and not expired. We will not accept copies.**

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	**Project:** Lailani Apartments **Address:** 74-984 Manawalea Street Kailua-Kona, HI 96740
Please complete this application and return to:	**Name:** Lailani Apartments **Address:** 74-984 Manawalea Street Kailua-Kona, HI 96740

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: ______________________________

Address: ______________________________
Street Apt.# City State ZIP

Daytime Phone: ____________________ Evening Phone: ____________________

No. of BR's in current unit: ____________________ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $ ____________________

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you**:** ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

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

Bedroom size requested: (Select Only One) ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to head**	**Birth Date**	**Age (optional)**	**SS# (last 4 digits)**	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

If not, explain custody agreement (proof of custody may be required): ________________________________

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1. Have there been any changes in household composition in the last twelve months?	☐ Yes ☐ No
If yes, explain:	
2. Do you anticipate any changes in household composition in the next twelve months?	☐ Yes ☐ No
If yes, explain:	
3. Is there someone not listed above who would normally be living with the household?	☐ Yes ☐ No
If yes, explain:	
4. Are you living with anyone now who will not be moving into this unit with you?	☐ Yes ☐ No
If yes, explain:	

5. 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? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
8. Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
9. 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
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	$
12.	Social Security	$
13.	SSI Benefits	$
14.	SSI Benefits	$
15.	Pension (list source)	$
16.	Pension (list source)	$
17.	Veteran's Benefits (list claim #)	$
18.	Veteran's Benefits (list claim #)	$
19.	Unemployment Compensation	$
20.	Unemployment Compensation	$
21.	Public Assistance (Title IV/TANF etc.)	$
22.	Contributions to the Household (monetary or not)	$
23.	Full-Time Student Income (18 & Over Only)	$
24.	Financial Aid (excluding loans)	$
25.	Annuities (list sources)	$
26.	Long Term Medical Care Insurance Payments in excess of $180/day	$
27.	Scheduled Payments from Investments	$
28.	Retirement Account Payments (including RMDs)	$
29.	Income From Rental Property	$

Household Member Name	Source of Income	Gross Monthly Amount
30.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
31.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Gross Monthly Amount
32.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
33.	**Previous Employment amount (last 60 days)**	$
	Employer:	
	Position Held	
	How long employed:	
34.	**Alimony**	
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
35.	**Child Support**	
	Do you receive formal/informal (money, items, etc.) child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
36.	**Other Income**	$
37.	**Other Income**	$
38.	**Other Income**	$

39. ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12)	$	
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do **NOT** leave this blank)	$	
41. Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
42. Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
43. Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?	☐ **Yes**	☐ **No**
44. ***If yes to any of the above, explain:***		
45. Is the income received?	☐ **Yes**	☐ **No**

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

47. Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

48. Trust Account	#	Bank	Balance $
49. Debit cards not associated with a checking account	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
50. Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
51. Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
52. Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
53. Life Insurance Policy	#		Cash Value $
54. Life Insurance Policy	#		Cash Value $

55. Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
56. Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
57. Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $

58. Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
59. Location of property	
60. Appraised Market Value	$
61. Mortgage or outstanding loans balance due	$
62. Amount of annual insurance premium	$
63. Amount of most recent tax bill	$
64. Is the property subject to foreclosure, bankruptcy or eviction?	☐ Yes ☐ No
If yes, describe:	

65. Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No

If yes, Type of property:	
66. Market value when sold/disposed	$
67. Amount sold/disposed for	$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
70. Date of disposition:	
71. Amount disposed	$

72. Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
74. Have you or any member of your family ever been convicted of a felony?	☐ Yes	☐ No
If yes, describe:		
75. Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe		
76. Have you ever filed for bankruptcy?	☐ Yes	☐ No
If yes, describe		
77. Will you take an apartment when one is available?	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:
81. Credit Reference #2:	
Address:	
Account #:	Phone #:
82. Personal Reference #1:	
Address:	
Relationship:	Phone #:
83. Personal Reference #2:	
Address:	
Relationship:	Phone #:
84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

86. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
87. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
88. Do you own any pets?		☐ Yes	☐ No
If yes, describe:			

H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

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. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (***Must be dated***):

______________________________ ____________________
(Signature of Tenant) Date

______________________________ ____________________
(Signature of Co-Tenant) Date

______________________________ ____________________
(Signature of Co-Tenant) Date

______________________________ ____________________
(Signature of Co-Tenant) Date