

Print Name: _____

DATE RECEIVED _____

KEKUILANI COURT APPLICATION

**Mail to: Hawaii Affordable Properties, Inc.
Kekuilani Courts
91-1083 Kekuilani Lp.
Kapolei, Hawaii 96707**

This is an application for subsidized housing located at 91-1083 Kekuilani Loop, Kapolei Hawaii 96707. Please complete this application and return it to Kekuilani Court at the address listed at the top of this page. Applications are placed in order of date received and priority listing. Kekuilani Court will process applications, which are filled out completely and signed.

- Incomplete Applications will not be considered, so please answer all questions. If an area does not apply to you indicate this with "N/A".**

Applicants will be subjected to criminal background and tenancy history check. Submittal of this application is authorization for Hawaii Affordable Properties, Inc. to solicit a criminal background and tenancy history check.

A credit report and criminal background check will be collected on each applicant and may be used to help determine an applicant's willingness and ability to pay rent on time and abide by House Rules.

I hereby authorize background tenancy history, consumer-reporting agencies, and State of Hawaii criminal history agency to provide Hawaii Affordable Properties, Inc. consumer reports relating to me.

I understand that if any information is falsified or not completely disclosed, this application may be denied and may be grounds for disqualification for future applications for any properties managed by Hawaii Affordable Properties, Inc.

**** Federal preference on suspension until further notice. All applicants must update their application every six months by phone or in writing. Applicants not updated will be cancelled and removed from the waiting list.**

Agreed and Accepted by:

APPLICANTS SIGNATURE _____ Date _____

CO-APPLICANTS SIGNATURE _____ Date _____

.....
For Office Use Only: Applicants Updated Information

6 month 12 Month 18 Month



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.



KEKUILANI COURTS

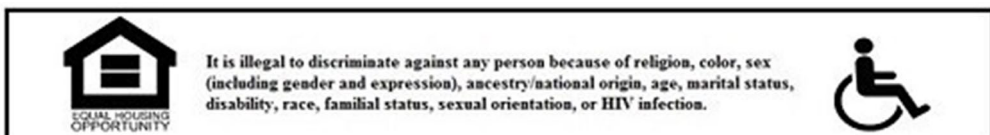
91-1083 Kekuilani Courts

Kapolei, Hawaii 96707

Phone: (808) 674-0405 Fax: (808) 674-0426 Email: kekuilanicourts@gmail.com

INSTRUCTIONS: PLEASE PRINT AND COMPLETE. ANSWER EACH SECTION AND ITEM. IF NO ANSWER WRITE "N.A." IN THE SPACE PROVIDED, SIGN AND DATE THE APPLICATION

APPLICANT'S NAME			
1. _____	(Last)	(First)	(M)
_____	(Social Security #)	(Birth Date)	
CO-APPLICANT'S NAME			
2. _____	(Last)	(First)	(M)
_____	(Social Security #)	(Birth Date)	
MAILING ADDRESS			
_____	(Number)(Street)	(Apt) (City)	(State)
_____	(Zip Code)	(Home Phone)	(Business
_____	Phone)		
LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU. (DO NOT LIST APPLICANT & CO-APPLICANT)			
	<u>Full Name</u>	<u>Date of Birth</u>	<u>Social Security or Alien Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
LIST EVERYONE ON THE APPLICATION WHO IS WORKING, THEIR EMPLOYERS, THEIR PAY RATES			
	<u>Employers Name</u>	<u>Position</u>	<u>Hours</u> <u>ANNUAL GROSS PAY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
	<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>SOURCE</u>
	Welfare _____		Veterans' _____
	Social Security _____		Veteran's _____
	Unemployment _____		Child _____
	Worker's Comp. _____		Alimony _____
	Retirement _____		Family _____
	Pension _____		Other _____
			Comp _____
			Pension _____
			Support _____
			Support _____
<p>Do you receive Section 8? Yes () No () If yes, is it a Voucher () or Certificate ()</p> <p>Do you receive Rental Supplement? Yes () No ()</p>			



DOES ANYONE ON THE APPLICATION HAVE THE FOLLOWING ASSETS?

CHECKING Yes () No ()

Financial Institution Name _____ Account No. _____ Balance _____

STOCKS/MUTUAL FUNDS Yes () No ()

Name Stock, Etc. _____ #of Shares & Value _____

SAVINGS Yes () No ()

Financial Institution Name _____ Account No. _____ Balance _____

BONDS Yes () No ()

Denomination _____ #Bonds & Value _____

PROPERTY/REAL ESTATE Yes () No ()

Location _____ Estimated Value _____ Estimated Equity _____

LIFE INSURANCE Yes () No ()

Company Name _____ Cash Value _____

OTHER ASSETS

	YES	NO	BALANCE
1. IRA/KEOGH/DEFERRED COMP.	()	()	_____
2. TRUST FUND	()	()	_____
3. JOINT ACCOUNT	()	()	_____
4. REAL PROP. (LAND/BUILDING)	()	()	_____
5. INVESTMENT (COIN COLLECTION/ANTIQUES, ETC.)	()	()	_____
6. PROFIT SHARING	()	()	_____

HAVE YOU EVER RENTED ON YOUR OWN? () Yes () No
DO YOU PRESENTLY OCCUPY A RENTAL UNIT? () Yes () No

How Long at Present Rental Address? _____ No. of Bedrooms _____ Rent Amount _____ Are Utilities Included? _____

Name of Present Landlord _____ Landlord's Address _____ City/State/Zip _____ Phone Number _____

Name of Previous Landlord _____ Landlord's Address _____ City/State/Zip _____ Phone Number _____

1) _____

2) _____

How long at this rental? _____ Reason for Leaving? _____

HAVE YOU OR ANY PERSON (S) LISTED ON THE APPLICATION BEEN CONVICTED FOR ANY CRIME? () Yes () No

 List Offense and Date

APPLICANT CERTIFICATION

I/We/Hereby Certify/That all of the information listed on this application is accurate and complete to the best of my/our knowledge. I/We understand that a security deposit for this apartment must be paid prior to occupancy should this application be accepted. I/We understand eligibility for housing will be based on HUD income/occupancy limits and by Hawaiian Affordable Properties Inc. Tenant Selection Criteria. I/We understand that withholding, and/or listing false information is grounds for: (1) Denial of admission to this program and future programs; (2) Immediate eviction and termination of Rental Agreements; (3) Payment of back charges; (4) Prosecution under the Laws of the County, State and Federal Governments.

 Applicant's Signature Date Co-Applicant's Signature Date