

Hale Wai Vista I

A Low Income Housing Tax credit Property

APPLICATION FOR HOUSING

Application Instructions — PLEASE READ CAREFULLY

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

All forms must be signed and dated by all persons at least 18 years of age

(Original signatures are required)

Please PRINT CLEARLY with BLACK ink.

- 1) **COMPLETE ALL AREAS.** If an item(s) does not apply to you, answer “NO” or “N/A.” Do not leave anything blank. If you need to make corrections simply draw a line across and initial. Do not use liquid paper, correction tape, white out, etc. Applications will be rejected if not properly corrected.
- 2) **SIGNATURES** are required by all adult applicants (18 and older).
- 3) **INCOME:** Include employers address, telephone and fax numbers on application. All sources of earned and unearned income and assets must be reported for all household members, including minors.
- 4) **ASSETS:** Include bank information — branch and telephone number, if applicable.

Applicants will be notified by mail of acceptance to wait list.

Review project Qualifications before completing application.

RETURN APPLICATIONS TO:

Resident Manager's Office

86-084 Farrington Hwy

Waianae, Hawaii 96792

(808) 696-8258

Mail or drop off application to the above address.



**PARKING
INFORMATION:**

- Current motor vehicle registration (ownership) and automobile insurance will be monitored by the Managing Agent.

THE PROJECT TEAM

Developer/Owner:
Hawaii Housing Development Corp

Private Financing:
Central Pacific Bank

Private Permanent and Tax Credit Financing
Hawaii Community Reinvestment Corp
Hawaii Housing Finance LLC

Government Financing:
Hawaii Housing Finance & Development Corp
(RHTF Loan and LIHTC Award)
City and County of Honolulu
(CDBG and HOME Grants)

Managing Agent:
Locations
Property Management Division

**FOR APPLICATION &
INFORMATION:**

Contact:
SARAI ROBERTS
Resident Manager

Locations

Property Management Division
614 Kapahulu Avenue
Honolulu, Hawaii 96815
Phone: (808) 696-8258
Fax: (808) 696-8259
(RB-17095)
Email: propertymgmt@locationshawaii.com
Website: www.locationsrentals.com



***A LIHTC
Affordable
Rental Project
for
Families in
Waianae***



This brochure updated on 06/01/2018 and the information contained herein was accurate as of this date.

**86-084 Farrington Hwy
Waianae, Hawaii 96792**



Hale Wai Vista I Project Information



PROJECT AND APARTMENT FEATURES

Unit Available & Unit Type

- 3 - 2 bedroom/1 bath/ 622 sq ft handicap-accessible units
- 1 - 3 bedroom/1 bath/ 751 sq ft handicap-accessible units
- 56 - 2 bedroom/1 bath/ 595 sq ft
- 4 - 2 bedroom/1 bath/ 622 sq ft
- 20- 3 bedroom/1 bath/ 751 sq ft

Appliances

- Range/oven with range hood
- Garbage disposal
- 18 cu ft refrigerator/freezer

~~Decorative lighting~~

- Vinyl tile flooring
- Mini-blinds window covering

Property Amenities

- Locked Lobby Doors
- Security camera system
- Tenant parking stalls
- Visitor parking will be available
- Coin-Op Laundry Facility on each floor.
- Onsite Resident Manager's Office

MAXIMUM HOUSEHOLD INCOME

INCOME RESTRICTION: Under the Low Income Housing Tax Credits Program, the tenant income cannot exceed 50% of Honolulu's current median income. The following maximum household income is applicable. Please review the table below.

Household size	Annual Income Limit	Annual Income Limit
	30% AMI	50% AMI
1	\$25,320	\$42,200
2	\$28,920	\$48,200
3	\$32,550	\$54,250
4	\$36,150	\$60,250
5	\$39,060	\$65,100
6	\$41,940	\$69,900
7	\$44,850	\$74,750
8	\$47,730	\$79,550

RENT SCHEDULE

Unit size	Rental Amount	No. of Apts
2 bedroom (30% AMI)	\$677/month	5 apts
2 bedroom (50% AMI)	\$1177/month	51 apts
2 bedroom -end unit (50% AMI)	\$1202/month	7 apts
3 bedroom (50% AMI)	\$1,374/month	21 apts

OTHER QUALIFYING CRITERIA

CREDIT RATING: Credit evaluation will be done for all tenants.

LANDLORD REFERENCES: Tenants must have good landlord references.

MINIMUM INCOME: A gross monthly income of 2.5 times the monthly rent amount.

- *Section 8 certificate holders need not meet the minimum gross income requirement.*
- *Food stamps and housing subsidy may be accepted to help meet minimum income criteria.*
- **NOT A PET-FRIENDLY ENVIRONMENT**

UTILITIES

UTILITIES: Tenants must pay for the following utilities:

- Electricity
- Telephone, CATV

Water and sewer are INCLUDED in the monthly rent!



614 Kapahulu Ave., Suite 102, Honolulu, Hawaii 96815

PROJECTS TENANT SELECTION POLICY

It is the goal of Locations, to provide safe, sanitary, and pleasant housing at affordable rents for households, including those which may include physically disabled members, who meet the income requirements as defined by the Housing and Urban Development (HUD) for low income households.

I. APPLICATION PROCEDURES

- A. Each applicant must complete a Rental Application and be willing to submit to credit history, rental history, criminal background and federal and state sex offender registry inquiry, as well as income and asset verification procedures required by HUD and/or LIHTC.
- B. Signed and dated applications will be processed on a first-come, first-served basis. If an application is not completely answered, the date of it being fully completed will be the date that the application is considered received for rental purposes.
- C. Applicant interviews will be held to obtain signed verification forms for all asset/income information prior to any offer of a unit.
- D. Each applicant will be subject to the selection criteria listed below:
 - 1. Applicant household income must not exceed current year's maximum income limits as determined by HUD.
 - 2. Satisfactory rental history from current and previous landlord.
 - 3. Satisfactory Credit rating.
 - 4. Satisfactory Criminal Background History
 - 5. Use of unit as primary place of residence.
 - 6. Minimum income of two times the monthly rent for the elderly properties and two and a half times the monthly rent for the multi-family properties. This requirement does not apply to Section 8 participants.
- E. All applicants must comply with third party certification of income/assets. All tenants must comply with annual recertification procedures in a timely fashion.
- F. The project will strive for occupancy that reflects proportionately the area's population in conformity with the Affirmative Fair Housing Marketing Plan.
- G. The applicant(s) are responsible for completing the application accurately. Misrepresentation of information is grounds for exclusion.

II. **GROUND FOR REJECTION** Applicants may be denied for any of the following reason(s). This list may not be all inclusive.

- A. 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.
- B. 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. Persons who, based upon past performance or history, represent a threat to the safety or quiet enjoyment of the premises to other residents.
- C. Subject of a summary possession (eviction) judgment.
- D. Unsatisfactory credit history, which may include history of late payments, judgments, bad debt write-off, unpaid liens and/or government tax liens. Extraordinary medical debt may be exempted. A minimum beacon score will be used.
- E. Falsification of information on the application.
- F. Anyone convicted of more than one misdemeanor in the last five (5) years of: (1) any drug-related criminal activity; (2) violent criminal activity; (3) other criminal activity that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents; or (4) other criminal activity that would threaten the health, safety of the property owner, or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.
- G. Anyone convicted of a misdemeanor in the last three (3) years and one (1) year following release from incarceration.
- H. Anyone convicted of a felony in the last five (5) years and one (1) year following release from incarceration.
- I. The following types of crimes are deemed to threaten the health, safety, or quiet enjoyment of the property to other residents may be cause for denial. This list is not all inclusive and further considerations may be made by the Managing Agent and/or the Property Owner.
 - 1. Any drug-related criminal activity;
 - 2. Violent criminal activity;
 - 3. Anyone convicted of more than one crime;
 - 4. Anyone convicted of a sex related crime (no time limit);
 - 5. If any household member has been evicted for drug-related criminal activity;
 - 6. If the Owner/Landlord determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - 7. If any member of the household is subject to a lifetime registration requirement under federal and state sex offender registration program(s).
- J. 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.

- K. 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 applicant wants to be reconsidered, they must reapply at a date when the waiting list is open. Exceptions may be made for validated medical condition.
- L. If an applicant is denied, management will notify the applicant in writing indicating the reason.

III. **VERIFICATION PROCESS**

- A. All applicants must comply with initial third party certification of their income/assets.
- B. All applicants must provide MOST CURRENT COPIES of the following documents. We will not be able to complete your application unless all applicable documents are provided to us.
 - TAX RETURN (most recent filed)
 - SOCIAL SECURITY (current year) and/or SSI letter (letter must show a date within the last 90 days) from the Social Security Administration. If you do not have it, please go to the Social Administration Office at: 300 Ala Moana Blvd., Suite #1-114, call 1-800-772-1213, or log onto: <http://www.socialsecurity.gov/onlineservices> to request an updated letter.
 - SAVINGS account statement (most current) for EACH savings account.
 - CHECKING account statements for six (6) consecutive months (most current) for EACH checking account.
 - CERTIFICATE OF DEPOSIT (CD) for each account.
 - PENSION payment stub.
 - SIX (6) PAY STUBS (most current), if you are currently employed.
 - SECTION 8 paperwork.
 - WORKER'S COMP grant letter or copy of payment.
 - Public assistance (WELFARE) letter.
 - STOCKS/BONDS certificates.
 - ANNUITY pay stub (most current).
 - DIVORCE DECREE.
 - REAL PROPERTY TAX assessment notice (current).
 - MORTGAGE statement (current).
 - PROPERTY DEED or Assignment of Lease.
 - RENTAL AGREEMENT if your property is rented to others.
 - INSURANCE POLICIES.

IV. **ASSIGNMENT OF UNITS**

- A. Subject to availability of waiting list applicants, vacancy considerations, or requirements to accommodate residents with disability, minimum occupancy standards may be changed.
- B. 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 a doctor's note certifying the need for such a unit.
- C. In the event that 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.

V. **ESTABLISHMENT OF WAITING LIST**

- A. Date of receipt of fully completed application at the office of Prudential Locations establishes priority of position on the waiting list. Applications are date-stamped upon receipt.
- B. 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.
- C. The waiting list is purged periodically, but no less than once each year.
- D. 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.

VI. **COMPLIANCE**

Management shall comply with the provisions of Federal, State and local laws prohibiting discrimination in housing on the basis of 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.

***Locations is an "Equal Opportunity" Housing Provider.
Locations does not discriminate on the basis of handicapped status
in the admission or access to, or treatment of employment
in its federally assisted programs and activities.***



For Hearing Impaired: 808-643-8255

B. HOUSEHOLD COMPOSITION

	Name	Relationship to Head	Birth Date	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

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Disability	\$
	Disability	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Net Income from Business	\$
	Net Income from Business	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Military Pay	\$
	Military Pay	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Workman's Comp	\$
	Workman's Comp	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	Monthly Amount
		\$
		\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
.....		
.....		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

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.

	Account No.	Bank	Balance	
Checking Accounts			\$	
			\$	
			\$	
Savings Accounts			\$	
			\$	
			\$	
Trust Account			\$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work			\$	
Certificates of Deposit			\$	
			\$	
			\$	
			\$	
Money Market Accounts			\$	
			\$	
Savings Bonds	Account No.	Maturity Date	Value	
			\$	
			\$	
			\$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares	Interest or Dividend	Value
			\$	\$
			\$	\$
Stocks	Name	#Shares	Dividend Paid	Value
			\$	\$
			\$	\$
Bonds	Name	#Shares	Interest or Dividend	Value
			\$	\$
			\$	\$
Investment Property			Appraised Value \$	



Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:

Credit Reference #2:	
Address:	
Account #:	Phone #:

Credit Reference #3:	
Address:	
Account #:	Phone #:

Personal Reference #1:	
Address:	
Relationship:	Phone #:

Personal Reference #2:	
Address:	
Relationship:	Phone #:

Personal Reference #3:	
Address:	
Relationship:	Phone #:

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.			
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any pets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:			

CERTIFICATION
I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further I/We hereby 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 application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date