

HUALALAI ELDERLY PHASE 1

75-256 HUALALAI ROAD
KAILUA-KONA, HI 96740

PRIME LOCATION IN THE HEART OF KAILUA-KONA

JUST BELOW THE PINES CONDOMINIUM

ONE BEDROOM APARTMENTS

MONTHLY RENT IS 30% OF INCOME

FEATURING:
GREAT LOCATION, OUTDOOR PAVILION, COVERED LOUNGE
AND LAUNDRY

ELIGIBILITY REQUIREMENTS – 62 YEARS AND OLDER OR MEET THE HUD DEFINITION OF
“DISABLED.”

ADDITIONAL REQUIREMENTS FOR ELIGIBILITY MAY APPLY

PLEASE FILL IN ALL LINES OF APPLICATION. IF AN AREA DOES NOT
PERTAIN TO YOU, FILL IN WITH “N/A”

Mail Completed Applications to:

Hawaii Affordable Properties, Inc.
75-256 Hualalai Rd. #C-1
Kailua-Kona, HI 96740



CALL 331-2221 FOR MORE INFORMATION

HUALALAI ELDERLY
KAILUA-KONA, HAWAII
RENTAL APPLICATION

PLEASE PRINT

Please complete this application and return to **Hawaii Affordable Properties, Inc.** at the address listed at the bottom of this page. Complete applications are placed in order of date and time received. An applicant may be interviewed only after **Hawaii Affordable Properties, Inc.** receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Mailing Address: _____
Street/P.O. Box Apt. City, State Zip

Tel. # _____ No. of Bedrooms in Current Unit _____

Do You Own _____ or Rent _____.

If Rental, Amount of Current Monthly Rental Payment \$ _____.

Check Utilities Paid by You:

Heat _____
Electricity _____
Gas _____
Other _____

Approximate Monthly Cost of
Utilities Paid by You (excluding
phone & cable TV) \$ _____

Hawaii Affordable Properties, Inc. is an Equal Housing Opportunity Company, with projects in compliance with 504 and Fair Housing Regulations. **Hawaii Affordable Properties, Inc.** accommodates any applicants who need assistance in filling out this application.



EQUAL HOUSING
OPPORTUNITY



RETURN TO:

Hawaii Affordable Properties, Inc.
75-256 Hualalai Rd. #C-1
Kailua Kona, HI 96740

List ALL persons who will live in the apartment. List Head of Household First:

NAME	RELATIONSHIP	BIRTHDATE	AGE	SS NO.
1. _____	HEAD	_____	_____	_____
2. _____				
3. _____				

Is anyone in this household a full time student? Yes _____ No _____
 Name(s) _____

B. 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. Pension. Monthly Amount \$ _____ Pension. Monthly Amount \$ _____ Source of Pension(s) _____
_____	c. Veterans Benefits. . Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits. Monthly Amount \$ _____ SSI Benefits. Monthly Amount \$ _____
_____	e. Unemployment Comp. Monthly Amount \$ _____ Unemployment Comp. Monthly Amount \$ _____
_____	f. AFDC. Monthly Amount \$ _____
_____	g. 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. Alimony Monthly Amount \$ _____ Source _____
_____	j. Child Support. Monthly Amount \$ _____ Source _____
_____	k. Interest Income. Monthly Amount \$ _____ Source _____ Interest Income. Monthly Amount \$ _____ Source _____
_____	l. Other Income. Monthly Amount \$ _____ Source _____ Other Income. Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12)

\$ _____

Do you anticipate any changes in this income in the next 12 months? YES _____ NO _____
IF YES, Explain: _____

C. ASSETS

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

Trust Accounts # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Certificates # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Credit Union # _____ Name _____ Balance \$ _____
_____ Name _____ Balance \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____
_____ Maturity Date _____ Value \$ _____

Whole Life Insurance Policy # _____ Face Value \$ _____

Cash value of Life Insurance Policy \$ _____

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 2 Years? Yes _____ No _____

If YES, Type of Property _____

Market Value When Sold/Disposed \$ _____

Amount Sold/Disposed For \$ _____

Date of Transaction _____

1. 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 Asset _____

Date of Disposition _____

Amount Disposed \$ _____

2. Do You Have Any Other Assets Not Listed Above (Excluding Personal Property)? Yes _____ No _____

If YES, List _____

E. PROGRAM INFORMATION

1. Are You Displaced? Yes _____ No _____
If YES, Displacement Agency _____
 2. Is Your Current Unit Condemned/Substandard? Yes _____ No _____
If YES, Describe _____
 3. Are you paying More Than 50% of Your Gross Income for Rent and utilities?
Yes _____ No _____
 4. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by FMHA? Yes _____ No _____
If so, do you realize you will be eligible for a \$400 and medical deduction? Please realize that your eligibility must be verified.
 5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes _____ No _____
 6. If so, would you like to request an adapted unit? Yes _____ No _____
 7. Are You Currently Living in Subsidized Housing? Yes _____ No _____
 8. Have You Ever Resided in a Project Financed and/or Subsidized by the Government?
Yes _____ No _____ If YES, Name & Address _____
 9. Have You Ever Been Evicted from Public Housing or Any Other Federal Housing Program? Yes _____ No _____
If YES, Where _____ When _____
Describe Reasons _____
 10. Have You Ever Been Evicted From Other Housing? Yes _____ No _____
 11. Have you ever been convicted of a felony? Yes _____ No _____
 12. Are you currently using illegal drugs? Yes _____ No _____
 13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
Yes _____ No _____
 14. Are you now or will you become a part time or full time student prior to move-in?
Yes _____ No _____
 15. How Did You Hear About This Housing? _____
-
16. Will You Take an Apartment When One is Available? Yes _____ No _____
 17. Briefly Describe Your Reasons for Applying _____
-

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:
Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____
Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES:

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

H. PERSONAL NON-RELATED REFERENCES:

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

In Case of Emergency Notify: _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: 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 _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

PETS: Do you own any pets? Yes _____ No _____
If YES, Describe _____

J. CERTIFICATION/AUTHORIZATION

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. I/We understand that my eligibility for housing will be based on Farmers Home Administration or Section 8 income limits and by **Hualalai Elderly** 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.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

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 administrated/managed by **Hawaii Affordable Properties, Inc.** I further authorize **Hawaii Affordable Properties, Inc.** to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

FOR FMHA 515 PROGRAM
APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION:

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Race_____ Ethnic Group_____ Sex_____



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.