



Kahului Town Terrace

170 HO'OHANA STREET
 KAHULUI, HI 96732
 Phone (808) 439-6273 Fax (808) 439-6273
 TDD (877) 447-5991
 Web: www.eahhousing.org
 CA – BRE #853495, HI – RB-16985

For Office Use Only
Date/Time Received: _____
Received By: _____

Please Print
clearly

RENTAL APPLICATION FOR HOUSING For Low-Income Housing Tax Credit Properties

Applications are placed in order of date and time received.
 Incomplete applications may not be considered.

An applicant must be interviewed only after the receipt of this tenant application.

Please complete this application and return to: Kahului Town Terrace
 170 Ho'ohana Street
 Kahului, HI 96732
 FAX: 1 (808)-439-6273

PREFERRED BEDROOM SIZE 1 BDRM 2 BDRM 3 BDRM
 (Mark all unit sizes interested in)

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: Street _____ Apt.# _____ City _____ State _____ ZIP _____

Daytime Phone: _____ Evening Phone: _____

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)

B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the apartment.						
	Name List the head of household first (Last, First, MI) & Email address	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head	_____ Email: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Tenant	_____ Email: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Have there been any changes in household composition in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Will ALL of the persons in the household be or have been <i>full-time students during five calendar months of this year or plan to be in the next calendar year</i> at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 V 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 (List the name of the recipient)	Source of Income	Current Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF (Welfare)	\$
	Contributions to the Household (monetary or not)	\$

Application

Household Member Name (List the name of the recipient)	Source of Income	Gross Monthly Amount
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled payments from Investments	\$

	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 entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$

	Child Support	
	Are you entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

	Other Income	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS MONTHLY INCOME (Add the monthly amounts listed above)	\$
--	----

TOTAL GROSS ANNUAL INCOME (Gross monthly amounts listed above x 12)	\$
--	----

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, explain:

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
---	----

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 (monetary or not) 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.				
Checking Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
Certificates of Deposit If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds If none, check here <input type="checkbox"/>	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Mutual Funds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks If none, check here <input type="checkbox"/>	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any real property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , List type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction (month, day, and year)	
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
If yes , describe the asset	
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
If yes, please list:	

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
If yes, describe	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	
Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. REFERENCE INFORMATION

(Must be a total of 5 years)

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:
Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:
Personal Reference #1:			
Address:			
Relationship:		Phone #:	
Personal Reference #2:			
Address:			
Relationship:		Phone #:	
EMERGENCY CONTACT PERSON:			
In case of emergency notify:			
Address:			
Relationship:		Phone #:	

G. HOUSING REQUIREMENTS

Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No.
If there are no handicap units available, are you still interested in renting another apartment that is <i>not</i> handicap-accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

H. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking is not guaranteed and may be assigned upon lease commencement.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:
Type of Vehicle(2):	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT

I/we authorize EAH, Inc. (the Managing Agent) and/or the property owner to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my rental application. I further authorize EAH, Inc. and/or the property owner to order a consumer credit report and verify other credit information. I/we hereby give my/our permission for you to verify the information provided above, including but not limited to criminal background screening.

CERTIFICATION: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties, but not limited to, fine or imprisonment or both. I/we acknowledge that my/our income will be verified every year for re-certification purposes. Misleading, willful, false statements, misrepresentations or incomplete information in this application will be grounds for rejection of this application.

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. Applicants are not allowed to reapply with a change in household constituency until one year after the original application date. 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

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER HOUSEHOLD. IF MORE THAN ONE APPLICATION IS RECEIVED, APPLICATIONS WILL BE PLACED AT THE END OF THE APPLICANT LIST.



Send or FAX Application to the following address:

Kahului Town Terrace
170 Ho’ohana Street
Kahului, Hawaii 96732
FAX: 1 (808) 439-6273

