



RENTAL HOUSING APPLICATION

WHITMORE CIRCLE APARTMENTS 05-2013

111 Circle Makai Street, Wahiawa, Oahu, Hawaii 96786

Mgmt. Use Only: _____
Date Received Time

Notice: Provide ALL requested information in application. Do not leave any blanks. If an section does not apply to you just mark the item or section 'N/A'. Read and follow instructions. Be thorough and complete. Print clearly or type. Incomplete and/or illegible applications will be rejected. Acceptance of your application is subject to review by Mark Development, Inc.

***Whitmore Circle Apartments is an Elderly project defined as: A tenant ("head") or co-tenant ("co-head") of the household is 62 years old or older OR is an individual with a disability regardless of age.**

HEAD OF HOUSEHOLD: _____
(Last) (First) (Middle Initial)

Residence Address: _____

Mailing Address (If Different): _____

Home Phone No. _____ Work Phone No. _____ Cell No. _____

Does the head or co-head of the household qualify for status as an Elderly Household which will grant them \$400 and medical deductions? Yes No (Will be verified)

Do you or any member of your household require specific accommodations, as a person with a disability? Yes No
Type of accommodation: _____

Have you lived in a government subsidized project? Yes No
If yes, give name of project: _____ and date you lived there: _____

Have you received any kind of rental assistance? Yes No
If yes, give program and dates your received assistance: _____

Do you currently Rent or Own
Amount of current monthly rental or mortgage payment \$_____ No. of Bedrooms in Current Unit: _____

If owned, do you receive monthly rental income from the property? Yes No
Utilities paid by you: Electric Gas Water Sewer Other: _____
Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____
Bedroom size requested: One Bedroom Two Bedrooms

Do you have a Section 8 Voucher? If "yes", answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State or <input type="checkbox"/> County Voucher? Number of bedrooms your voucher is approved for?	#
How much do you pay monthly (family share)?	\$
What is your monthly maximum allowed voucher rent?	\$
Is your household composition on this application the same as the Section 8 household composition?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Will you take a unit when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the unit. List the head of household first.

	Full Name	Relationship to Head of Household	Date of Birth mm/dd/yy	Age	Social Security No.	Citizen?	Full Time Student
Head		Head				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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:

Are any full-time students(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 Title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents of anyone outside the household, 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

STUDENT INFORMATION: List information for household members that are **Full-Time Students ONLY, age 18 or older.**

Name:	Semester Start Date:	Semester End Date:
Institution:		
Address:	City:	State: Zip:
Name:	Semester Start Date:	Semester End Date:
Institution:		
Address:	City:	State: Zip:



FAMILY HOUSEHOLD COMPOSITION: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1. Head of Household Name: _____
 Race: (Select One) American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other _____

Ethnicity: (Select One)
 Hispanic or Latino
 Non-Hispanic or Non-Latino
 Sex: Male Female
 Disabled: Yes No

2. Household Member Name: _____
 Race: (Select One) American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other _____

Ethnicity: (Select One)
 Hispanic or Latino
 Non-Hispanic or Non-Latino
 Sex: Male Female
 Disabled: Yes No

3. Household Member Name: _____
 Race: (Select One) American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other _____

Ethnicity: (Select One)
 Hispanic or Latino
 Non-Hispanic or Non-Latino
 Sex: Male Female
 Disabled: Yes No

4. Household Member Name: _____
 Race: (Select One) American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other _____

Ethnicity: (Select One)
 Hispanic or Latino
 Non-Hispanic or Non-Latino
 Sex: Male Female
 Disabled: Yes No

5. Household Member Name: _____
 Race: (Select One) American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other _____

Ethnicity: (Select One)
 Hispanic or Latino
 Non-Hispanic or Non-Latino
 Sex: Male Female
 Disabled: Yes No



INCOME

List **ALL** projected sources of income as requested below. If a section does not apply, cross out or write N/A. Do Not leave anything blank. Refer to "Income Checklist" for information and details located on the last page of the application.
If additional space is required, please make copies of form and attach to application.

Household Member Name	Source of Income	Gross Monthly Amount
Name:	Social Security Income	\$
Name:	Social Security Income	\$
Name:	SSI Benefits	\$
Name:	SSI Benefits	\$
Name:	Welfare Benefits	\$
Name:	Welfare Benefits	\$
Name:	Pension list source & address:	\$
Name:	Pension list source & address:	\$
Name:	Veteran's Benefits list claim no.:	\$
Name:	Veteran's Benefits list claim no.:	\$
Name:	Unemployment Compensation	\$
Name:	Unemployment Compensation	\$
Name:	Title IV/TANF	\$
Name:	Title IV/TANF	\$
Name:	Contributions to the Household (monetary or not)	\$
Name:	Full-Time Student Income (18 & Over Only)	\$
Name:	Full-Time Student Income (18 & Over Only)	\$
Name:	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	\$
Name:	Interest Income list source:	\$
Name:	Interest Income list source:	\$
Name:	Long Term Medical Care Insurance Payment (in excess of \$180/day)	\$
Name:	Long Term Medical Care Insurance Payment (in excess of \$180/day)	\$
Name:	Scheduled Payments from Investments	\$
Name:	Monthly Cash Gifts list source:	\$
Name:	Monthly Cash Gifts list source:	\$
Name:	Employment/Work Income	\$
Employer:		Ph:
Address:		Contact:
City, State, Zip:	Position Held:	How long employed?
Name:	Employment/Work Income	\$
Employer:		Ph:
Address:		Contact:
City, State, Zip:	Position Held:	How long employed?



Name:	Employment/Work Income	\$
Employer:		Ph:
Address:		Contact:
City, State, Zip:	Position Held:	How long employed?
Name:	Employment/Work Income	\$
Employer:		Ph:
Address:		Contact:
City, State, Zip:	Position Held:	How long employed?
Name:	Alimony	
Are you legally 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 the amount you receive.		\$

Name:	Child Support	
Are you legally 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.		\$
Name:	Other Income list source:	\$
Name:	Other Income list source:	\$
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 twelve 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 (monetary or not) from someone who is not a member of the household as listed on Page 1?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to any of the above, explain below:		

ASSETS		
List ALL household assets (excluding personal property) as requested below. If a section does not apply, cross out or write N/A. Do Not leave anything blank. Refer to "Asset Checklist" for information and details located on the last page of the application. If additional space is required, please make copies of the asset section form and attach to application.		
Household Member Name	Asset Type/Account Information	Balance or Value
Name:	Cash on Hand	\$
Name:	Cash on Hand	\$
Name:	Checking Acct. No.:	\$
Institution:		
Address:		City, State, Zip:
Name:	Checking Acct. No.:	\$
Institution:		
Address:		City, State, Zip:



Name:	Checking	Acct. No.:	\$
Institution:			
Address:		City, State, Zip:	
Name:	Savings	Acct. No.:	\$
Institution:			
Address:		City, State, Zip:	
Name:	Savings	Acct. No.:	\$
Institution:			
Address:		City, State, Zip:	

Name:	Savings	Acct. No.:	\$	
Institution:				
Address:		City, State, Zip:		
Name:	Trust Account	Acct. No.:	\$	
Institution:				
Address:		City, State, Zip:		
Name:	Certificate of Deposit	Acct. No.:	\$	
Institution:				
Address:		City, State, Zip:		
Name:	Certificate of Deposit	Acct. No.:	\$	
Institution:				
Address:		City, State, Zip:		
Name:	Savings Bond	Bond No.:	Maturity Date:	\$
Name:	Savings Bond	Bond No.:	Maturity Date:	\$
Name:	Life Insurance	Policy. No.:	Cash Value	\$
Institution:				
Address:		City, State, Zip:		
Name:	Life Insurance	Policy. No.:	Cash Value	\$
Institution:				
Address:		City, State, Zip:		
Name:	401 K	Fund Manager/Account No:	Value	\$
Name:	401 K	Fund Manager/Account No:	Value	\$
Household Member Name	Asset Type/Account Information			Balance or Value
Name:	IRA	Fund Manager/Account No:	Value	\$
Name:	IRA	Fund Manager/Account No:	Value	\$
Name:	Deferred Comp Plan	Fund Manager/Account No:	Value	\$



Name: Mutual Funds					
Fund Symbol:	No. Shares	Interest or Dividend paid last 12 months:	\$	Current Value	\$
Fund Symbol:	No. Shares	Interest or Dividend paid last 12 months:	\$	Current Value	\$
Name: Stocks					
Stock Symbol:	No. Shares	Dividend Paid last 12 months	\$	Current Value	\$
Stock Symbol:	No. Shares	Dividend Paid last 12 months	\$	Current Value	\$
Name: Bonds					
Bond Symbol	No. Shares	Interest or Dividend paid last 12 months:	\$	Current Value:	\$
Bond Symbol:	No. Shares	Interest or Dividend paid last 12 months:	\$	Current Value:	\$
Name:		Investment Property		Appraised Value	\$
Description: _____ :					

Real Estate Property. Does any household member own any property? If "yes", answer the following:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Property:					
Location of Property:					
Appraised Market Value:					\$
Mortgage or outstanding loans balance:					\$
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 1? If "yes", explain below:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have access to the asset(s)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years? If "yes", answer the following:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Property:					
Market Value when sold/disposed:					\$
Date of transaction:		Amount sold/disposed for:			\$
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If "yes", answer the following:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the asset:					
Date of disposition:		Amount disposed:			\$
Do you have any other assets not listed above (excluding personal property)? If "yes", please list below:					<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$
					\$

SPECIAL EXPENSES AND ELDERLY HOUSEHOLDS

To be clear in regard to government definitions, we will now go over a checklist of expenses. Please answer yes or no to the following and if yes, provide the amounts. Do you or any adult member have the following expenses? *Do not include any amounts that you are reimbursed for by an outside agency or other source.*

Child Care incurred due to adult household member's Schooling/Employment/Search for Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you have any handicap assistance expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$



Will this be an “Elderly” Household (62 years and older, handicapped or disabled) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, skip to the next section. If yes, do you or any household member have the following expenses? <i>Do not include any amounts that you are reimbursed for by an outside agency or other source.</i>		
Health Care Professionals & Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription/Non-prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyeglasses/Contact Lenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Medical Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MONTHLY MEDICAL EXPENSES				
List ESTIMATED MEDICAL MONTHLY EXPENSES of ALL persons who will live in the unit.				
Name of Household Member	Medicare	Health Insurance	Medical Expenses	Disability Expenses
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

ADDITIONAL INFORMATION	
Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household smoke tobacco or any other plant material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for drug offenses? If yes, have you or any member of your household successfully completed a drug rehabilitation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for any criminal activity or crime(s) of violence, or property theft offenses, or firearm offenses excluding traffic violation(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been served eviction notices or been evicted from any rental housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an outstanding balance owed for rent or other charges? If yes, amount owed: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes” to any of the above, provide name(s) of household members involved, date(s) of incidents, and details and mitigating circumstances/explanations on the “Explanation Sheet” below. Or attach separate sheet with requested information. If “Explanation Sheet” not completed or submitted, application will be considered incomplete.	

Explanation Sheet	
Name of Household Member(s):	
Date of incident(s):	Details, mitigating circumstances and explanations below:



REFERENCE INFORMATION				
List CURRENT and PREVIOUS LANDLORDS (for the past 5 years)				
	Name of Landlord	Mailing Address	Phone Number	Dates of Tenancy
Current				
Previous				
Previous				

LIST CREDIT REFERENCES			
Name of Reference	Mailing Address	Account No.	Phone Number

LIST PERSONAL REFERENCES			
Name of Reference	Address	Relationship	Phone Number

PET INFORMATION
Do you own any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: Type of Pet: _____ Breed: _____ Size: _____ lbs.
Pets are NOT allowed without approval of Mark Development, Inc. and must comply with the project's House Rules..

VEHICLE INFORMATION	
List cars, trucks, or other vehicles that you operate and maintain. All Vehicles must be Registered, Licensed, and Insured. Only vehicles that fit in Parking Space will be allowed.	
Vehicle 1	Vehicle 2
Type of Vehicle:	Type of Vehicle:
Year/Make/Model:	Year/Make/Model:
License Plate No.: Color:	License Plate No.: Color:
Insurance Carrier:	Insurance Carrier:
Owner:	Owner:
Person responsible for car payments:	Person responsible for car payments:
Person responsible for payment of registration, safety check, insurance:	Person responsible for payment of registration, safety check, insurance:



Vehicle 3	Vehicle 4
Type of Vehicle:	Type of Vehicle:
Year/Make/Model:	Year/Make/Model:
License Plate No.: Color:	License Plate No.: Color:
Insurance Carrier:	Insurance Carrier:
Owner:	Owner:
Person responsible for car payments:	Person responsible for car payments:
Person responsible for payment of registration, safety check, insurance:	Person responsible for payment of registration, safety check, insurance:

ACKNOWLEDGEMENT, CERTIFICATION AND SIGNATURE LINES

ACKNOWLEDGEMENT - It is understood that in order to keep my/our application “active” for this project, I/We must contact Mark Development, Inc., IN WRITING when I/We have a change in household, income, assets, address or phone number. It is also understood that in order to keep my application “active”, I must contact Mark Development, Inc., IN WRITING, every six (6) months. Failure to do so may result in the removal of my application from the waiting list.

If Mark Development, Inc. is unable to contact me/us at the address provided, my/our application will be cancelled.

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 primary residence. I/We understand I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the Tenant Selection Criteria for this specific project as established by Mark Development, Inc.. 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. I/We hereby authorize Mark Development, Inc. to verify any information contained in the rental application at any time, including but not limited to, verification of residency, employment, income, assets and landlord references. I/We understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorizes Mark Development, Inc. to obtain such reports as allowed by the Fair Credit Reporting Act and any information related to criminal activities.. This is for preliminary screening use only and does not obligate Mark Development, Inc. to execute a rental agreement or deliver possession of the premises. **All adult applicants 18 years and older and emancipated applicants under the age of 18 must sign application.**

Head

Date

Co-Head

Date

Adult over 18 yrs.

Date

Adult over 18 yrs.

Date



Whitmore Circle Apartments

INCOME CHECKLIST

It is important that you include all income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance.

- 1. Employment Income** *(This does not include employment income of children younger than 18 or live-in aides.):*
Wages Bonuses Salaries Tips
Overtime Pay Fees Commissions Full-Time Student Income (18 & Over Only)
Any other amounts adult household members earn from working for other people or from their own business.
- 2. Benefit Payments** *(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income [SSI]):*
Social Security Annuities SSI Insurance Policy Payments
Worker's Compensation Pensions Disability Pay or Benefits Retirement Fund Benefits
Unemployment Benefits Death Benefits Severance Pay Veteran's Benefits
Title IV/TANF
Any other benefit payments (e.g. veterans, disability, black lung sick benefits, dependent indemnity compensation)
- 3. Welfare Assistance** *(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disable person.)*
- 4. Alimony and/or child support** *(This includes adoption assistance payments.)*
- 5. Interest, dividends, and other income from household assets:** *(Interest from bank accounts or bonds, Dividends from stocks or mutual funds, Income distributed from trust funds, Money from renting household assets, Any other interest, dividends, or rent, including children's unearned income.)*
- 6. Lottery winnings paid in periodic payments**
- 7. Money or gifts regularly given by persons not living in the unit** *(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.)*
- 8. Any other sources of income**

ASSET CHECKLIST

It is important that you include all Assets owned by each member of your household. The following is a list of items the government counts as assets in determining eligibility for federal housing assistance.

- 1. Cash held in savings and checking account, safe deposit boxes, homes, etc.**
- 2. Revocable Trusts**
- 3. Equity in Rental Property or other Capital investment**
- 4. Stocks, Bonds, Mutual Funds, Treasury Bills, Certificates of Deposit, Money Market Accounts**
- 5. Individual Retirement and Keogh Accounts**
- 6. Retirement and Pension Fund** *(amount that can be withdrawn less penalties and costs while employed without retiring or terminating employment)*
- 7. Cash Value of Life Insurance Policies** *(surrender value before death of a whole life/universal life policy)*
- 8. Personal Property held as Investments**
- 9. Lump sum receipts or one-time receipts** *(inheritance; capital gains; on-time lottery winnings; victim's restitution; insurance settlements and claims; and other amounts not intended as periodic payments)*
- 10. Mortgage or Deed of Trust held by household member**

