



IMI IKENA APARTMENTS

511 IMI PLACE, WAILUKU, HAWAII 96793

TELEPHONE (808) 871-8444 FAX (808) 871-8447 TDD (877) 447-5991

Creating community by developing, managing and promoting quality affordable housing since 1968.

Aloha Applicant:

We would like to thank you for your interest in Imi Ikena Apartments. Our goal is to provide quality affordable housing for the people of Hawaii in accordance with the Low Income Housing Tax Credit program and the County of Maui's Affordable Housing Fund Program.

Enclosed you will find an Information Sheet, Resident Selection Plan, Application for Housing, and a Criminal Background and Consumer Credit Report Authorization Form. ***We ask that you take a few moments to review all documents before you start to fill out the application.*** The information contained therein should answer most questions you may have. If you have questions or are not sure what information to provide, please call our office and ask for assistance.

An application fee will apply. The application fee is the actual cost incurred to run a credit and criminal background check. The charge is per adult member of the household 18 years of age and older and is currently \$30.00 per adult. The application fee will not be collected until an applicant is being considered for placement.

Completed applications received will be date and time stamped when they are received, and will be processed on a first come, first served basis. Incomplete applications will not be processed and will be returned.

It is imperative that you provide all of the information asked for on the application to help avoid unnecessary delays in processing. Please note that simply completing an application does not guarantee that you will be placed on the wait list.

You will receive a written response in the mail from our management staff to advise you of the status of your application.

Once again, thank you for your interest in Imi Ikena Apartments. If you have any questions, please don't hesitate to give us a call.

Sincerely,

EAH Housing
Property Manager for Imi Ikena Apartments

Applications will be accepted at

Imi Ikena Apartments
c/o Kahului Town Terrace
170 Ho'ohana Street
Kahului, HI 96793



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





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Information Sheet – Imi Ikena Apartments

<u>Location:</u>	511 Imi Place, Wailuku, Hawaii
<u>Date of Opening:</u>	October/November 2013
<u>Number of units:</u>	28 multifamily units consisting of 2 and 3 bedroom units.
<u>Eligibility Requirements:</u>	Applicants must be 18 years of age or older.
<u>Income Limits for Applicants:</u>	Maximum annual household income must not exceed 50% of the Area Median Income limit as established by the United States Department of Housing and Urban Development (HUD).
<u>Handicapped/Disabled Applicants:</u>	Accessible units serving persons with mobility and/or sensory impairments are available.
<u>Security Deposit:</u>	A security deposit equivalent to one month's rent is required.

Imi Ikena Apartments is financed using a combination of Internal Revenue Service Low Income Housing Tax Credits (LIHTC) and the County of Maui's Affordable Housing Fund Program monies.

Based on various financing requirements, the property income limits are 30%, and 50% of the area median income, adjusted by household size, for the Maui County area. The income limits are established by the United States Department of Housing and Urban Development (HUD) will be used to determine if a household is eligible to reside at the property.

Rent structure for Imi Ikena Apartments is as follows:

Area Median Income %	Unit Size	Estimated Square Footage	*Rent	# of Units
30 / 50	2	885	\$489 / \$912	2 / 22
50	3	1119	\$1037	3

*Rents are subject to change based on utility allowance adjustment and maximum allowable rents as established by the United States Department of Housing and Urban Development (HUD) or the Housing Division, Department of Housing and Human Concerns (DHHC), County of Maui



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Revised 10.23.13



CREDIT SCREENING and CRIMINAL BACKGROUND CHECKS

Applicant s will be subject to credit worthiness screening as well as criminal background checks. Other criteria are also considered to determine if an applicant is qualified. A listing of criteria which will be considered and reasons for rejection of applications is contained in the Imi Ikena Apartments Resident Selection Plan.



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Revised 10.23.13





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RESIDENT SELECTION PLAN

Imi Ikena Apartments is a planned 28 unit, multi-family community in Wailuku, Maui that will provide affordable housing for households within the 50% of the Area Median Income Limit. The property will provide rental housing without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, sexual orientation or HIV status. Imi Ikena Apartments will make reasonable accommodations to individuals whose disability so requires. Reasonable Accommodation Request forms are available upon request from management. Imi Ikena Apartments is an Equal Opportunity Housing Facility, admitting people in accordance with Local, State and Federal Fair Housing laws, the Low Income Housing Tax Credit Program (LIHTC) and the County of Maui's Affordable Housing Fund Program.

INCOME LIMITS

To qualify for a unit, the household's gross income may not exceed the maximum income limit per household size and may not be lower than the income minimum* per household size. The income maximums and minimums are attached and are subject to change.

**The apartment may be rented if proof is obtained indicating satisfactory and timely rental payment history for the past twelve (12) months in the amount equal to or greater than the rent charged for that unit size.*

APPLICATION PROCEDURES

Applications will only be distributed when the Waiting List is open. Applications will not be distributed when the Waiting List is closed.

Applications are available now. You can obtain an application by calling (808) 871-8444 or by downloading from the EAH website at www.eahhousing.org/pages/apartmentdetail/113

Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verification.

APPLICATION FEES APPLY

Application fees are the actual cost incurred to run a credit and criminal background check. The charge is per adult member of the household 18 years of age and older and is currently \$30.00 per adult. The application fee will not be collected until a resident is being considered for placement.

All application entries are to be made in ink or typed. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be dated and initialed by the person making the change.

Initial placement of residents will be done through a lottery. Once the lottery has taken place, applications will be processed as follows:

Signed and dated applications will be processed on a first-come, first-served basis. The application must be completed and signed by the head of household and all household members 18 years of age and older before it can be placed on the waiting list. Incomplete applications will not be accepted. If an application is not completely answered, the date of it being received once fully completed will be the date that the application is considered accepted for rental purposes.

PREFERENCES

Every applicant must meet the Property's Resident Selection Plan standards for acceptance as a resident.

For units designed as accessible for persons with mobility, visual or hearing impairments, households containing at least one person with such impairment will have first priority.

UNIT TRANSFER POLICY

A Unit Transfer List is maintained for those residents who have been approved for transfer on the basis of a disability or change in household status. Transfers for accessibility or medical reasons will have priority over those for changes in household composition. Residents on the Unit Transfer List will have priority over the applicants on the Waiting List.

In order to transfer to another building in the property, the family must meet the initial eligibility requirements of the LIHTC Program or the transfer will not be allowed.

During the initial term of the Lease, no unit transfers will be allowed.

OCCUPANCY STANDARDS

Occupancy standards are the criteria established for matching a household with the most appropriate size and type of apartment. The following occupancy guidelines will be followed to avoid over utilization of the units as follows:

Bedroom Size	Household Maximum
2	5
3	7

To determine the proper bedroom size for which a household may qualify, the following household members are to be included:

1. All full-time members of the household, and
2. Live-in attendants.
3. Foster children
4. Unborn children
5. Children in the process of adoption.

CHANGES IN HOUSEHOLD COMPOSITION

During the initial term of the Lease, no changes in household composition will be allowed. Only those household members listed on the application at time of move in will be allowed to reside in the unit during this time. Exceptions considered would include unborn children and legal adoptions:

GROUND FOR REJECTION

1. Total family income exceeds the applicable income limits published by HUD or does not meet the minimum income limit.
2. Household cannot pay the full security deposit at move-in.
3. Household refuses to accept the second offer of an apartment.
4. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
5. Any adult household members fail to attend eligibility interview.
6. Household is composed entirely of full time students and does not meet the exception outlined in Section 42 of the IRC.
7. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
8. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
9. Unit assignment will NOT be the family's sole place of residency.

LANDLORD REFERENCE

10. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the

household.

11. Evictions reported in the last 5 years.
12. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. More than 1 rent check returned from a financial institution for Non-Sufficient Funds (NSF) in a one-year period.
13. Any evidence of illegal activity including but not limited to drugs, gang, etc.
14. Inappropriate household size for the unit available (see Occupancy Standards).

CREDIT

15. Unpaid Collections and grossly delinquent due balances exceed \$800.
16. Filing of a bankruptcy within the past year.
17. Record of any un-cleared or non-discharged bankruptcy.
18. Any amount showing owed to a landlord or property management company.
19. Any landlord/tenant court record in the last 5 years.

CRIMINAL

20. Conviction of any adult household member of a felony.
21. Conviction of any household member of more than one (1) misdemeanor in the past three (3) years.
22. A registered sex offender is part of the household.

GRIEVANCE/APPEAL PROCESS

Failure to meet one or more of the foregoing screening criteria may be grounds for rejection, however, each application is considered as a

whole and the above-factors are considered as part of a weighted formula. Should the applicants fail to meet the screening criteria, they will receive a notice in writing indicating that they have the right to appeal the decision. This notice must indicate that the applicant has 14 days to dispute the decision.

An appeal meeting with the Property Supervisor or the Compliance staff will be held within 10 business days of receipt of the applicant's request.

Within five days of the appeal meeting, the property will advise the applicant in writing of the final decision regarding eligibility. Apartments will not be held for those applicants in the appeal process.

ADMINISTRATION OF WAITING LIST

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List even in situations where there are vacancies and the application is processed upon receipt. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants.

The property has one Waiting List that is established and maintained in chronological order based on the date and time of receipt of the Preliminary Application. The Waiting List contains the following information for each applicant:

1. Applicant Name
2. Address and/or Contact Information
3. Phone Number(s)
4. Unit Type/Size
5. Household Composition
6. Preference/Accessibility requirements
7. Income level
8. Date/ Time of Application

Applicants must report changes in writing to any of the information immediately.

Applicants will have the opportunity to decline the first apartment offered and retain their place on the waiting list. Should the applicant decline the offer of the next available unit, they will be removed from the waiting list.

PURGING THE WAITING LIST

The Waiting List will be purged periodically. Each applicant will receive a letter from the property, which will request updated information and ask about their continued interest. This letter must be returned within the specified time or the application will be removed from the Waiting List. It is the responsibility of the applicant to maintain a current address with the office in order to receive waitlist correspondence. Any correspondence returned undeliverable will result in the application being removed from the waitlist.

OPENING/CLOSING OF WAITING LIST

The methods of advertising used to announce opening and closing of the Waiting List is contained in our Marketing Plan.

AVAILABILITY OF RESIDENT SELECTION PLAN

The Resident Selection Plan shall be posted in a conspicuous and public area at the site. Changes to the Plan will be sent via U.S. mail to all persons on the active Waiting List. When the Waiting List opens, the Resident Selection Plan will be distributed with applications and is available upon request from management.

ANNUAL RECERTIFICATION REQUIREMENTS

All residents must recertify their eligibility annually. Proposed changes of household composition and student status must be reported to Management immediately.

NO PETS POLICY

No pets of any description are allowed on the property. SERVICE or ASSISTANCE animals are not considered pets and are not required to comply with the provisions of the Pet Policy. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service or Assistance animal.

EQUAL HOUSING OPPORTUNITY

Imi Ikena Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



EAH Housing
A NONPROFIT HOUSING CORPORATION

*Since 1968 Creating Community by
Developing, Managing and Promoting
Quality Affordable Housing*



INCOME MINIMUMS AND MAXIMUMS

Maximum household income based on published Income Limits effective February 1, 2013 by the United States Department of Housing and Urban Development (HUD) or the Housing Division, Department of Housing and Human Concerns (DHHC), County of Maui (subject to change)

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
30% of Median	\$17,850	\$20,400	\$22,950	\$25,450	\$27,500	\$29,550	\$31,600
50% of Median	\$29,750	\$34,000	\$38,250	\$42,450	\$45,850	\$49,250	\$52,650

Minimum monthly income is equivalent to 2.5 times the monthly rent:

	2 Bedroom	3 Bedroom
30% of Median	\$1,222	N/A
50% of Median	\$2,280	\$2,592

NOTE: Applicants who have Section 8 are exempt from the minimum income requirement.



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 170 HO`OHANA STREET
 KAHULUI, HAWAII 96793
 Phone (808) 871-8444 Fax (808) 871-8447
 TDD (877) 447-5991
 Web: www.eahhousing.org

<p align="center">For Office Use Only</p> <p>Date/Time Received:</p> <hr/> <p>Received By:</p> <hr/>

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:

Imi Ikena Apartments
c/o Kahului Town Terrace
170 Ho`ohana Street
Kahului, HI 96793

PREFERRED BEDROOM SIZE

☐ **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

Application

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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

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.



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c/o Kahului Town Terrace
170 Ho`ohana Street
Kahului, Hawaii 96793





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511 IMI PLACE, WAILUKU, HAWAII 96793

TELEPHONE (808) 871-8444 FAX (808) 871-8447 TDD (877) 447-5991

Creating community by developing, managing and promoting quality affordable housing since 1968.

This document is part of the application and must be submitted with the application.

CRIMINAL BACKGROUND & CONSUMER CREDIT REPORT AUTHORIZATION

I/We _____ the undersigned, hereby authorize Imi Ikena Apartments to verify my references and background, to include a consumer credit report from the main credit reporting agencies (Experian, Equifax, or Trans Union) and criminal background check (Hawaii Criminal Justice Data Center) on all persons over the age of eighteen intending to reside at the property. This information will be used to determine eligibility, and assess credit worthiness. I also authorize Imi Ikena Apartments to verify other pertinent data including prior addresses, aliases, and landlord verifications.

Imi Ikena Apartments intends to contact the credit reporting agency indicated below. The Fair Credit Reporting Act grants all consumers the right to request a free copy of the credit report within 60 days. If such a request is made, the consumer credit reporting agency must provide requested information within 30 days. To obtain a copy of reports issued contact:

On-Site Manager Inc.

P.O. Box 1514

Los Altos, CA 94023-1514

Ph: (866) 266-7483 Fax: (877) 329-6674

The consumer reporting agency provides data, but does not make decisions to accept or deny applications. It is based upon many factors including the data received in credit reports, that management makes decision on occupancy. The consumer has the right to dispute the accuracy or completeness of information contained in the credit report. All inquiries or disputes should be communicated directly to the consumer credit reporting agency.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date



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

