

# LA'ILANI APARTMENTS

74-984 Manawale'a Street, Kailua-Kona, HI 96740

Phone: (808) 327-4996 Fax: (808) 327-4998



All household members 18 years and over are required to sign the application. All applications must be fully completed. Every line must be filled in. If a question does not apply, please mark N/A. Please include copies of any income. **All incomplete applications will not be accepted for placement on the waiting list.** Applicants are responsible for notifying HAPI of any changes to the application.

## **PROJECT INFORMATION**

- Location: Project's office is located at **74-984 Manawale'a Street, Kailua-Kona, HI 96740.** Housing units are located on Manawale'a Street and Kealakehe Street above the town of Kailua-Kona.
- Number of Units: 32 ---- 1 Bedroom Units  
144 --- 2 Bedroom Units  
24 ----- 3 Bedroom Units  
200 Total Units
- Rental Assistance: 120 Units are set aside for families earning eighty percent (80%) or less of the Median income. A monthly rent subsidy payment of up to \$175.00 per unit for the 120 units is available to qualified applicants.
- Type of Structures: 25 Two-Story buildings with 8 units in each building. 4 ground floor units and 4 units on the upper floor in each building.
- Amenities: Units: Range with hood, refrigerator, double kitchen sinks, carpeting, telephone/cable television jacks, solar assisted hot water heater.
- On Property: Resident manager, Management office, 4 coin operated laundry rooms, basketball court, pavilion, landscaped grounds.

## **ELIGIBILITY AND RENTAL RATES**

- Eligibility : 80% of median income for 120 units (subsidized units).  
No income limits for 80 units (market units).  
Additional eligibility requirements may apply.

	<u>Market Rent</u>	<u>Subsidized Rent</u>
Rental cost for units:		
1 Bedroom/1 Bath /Approx 400 sq ft living area	\$ 850.00	\$ 675.00
2 Bedroom/1 Bath /Approx 620 sq ft living area	\$ 950.00	\$ 775.00
3 bedroom/2 Bath /Approx 840 sq ft living area	\$1200.00	\$1025.00

Minimum Income: 1 Bedroom - \$1688.00, 2 Bedroom - \$1938.00, 3 Bedroom - \$2563.00

Utilities: Rent will include water, garbage, and 1 parking space. Other services, I.E. electricity, Telephone, cable television and additional parking will be the tenant's responsibility.

Security Deposit: A security deposit equivalent to one month's rent shall be paid by every tenant.

### **Questions and completed applications should be directed to:**

Hawaii Affordable Properties, INC  
La'ilani Office  
74-984 Manawale'a Street  
Kailua-Kona, HI 96740  
Phone: (808) 327-4996 Fax: (808) 327-4998



**Application for Housing  
LA'ILANI APARTMENTS  
74-984 Manawale'a Street  
Kailua-Kona, HI 96740**

PLEASE PRINT

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Please be sure that **ALL QUESTIONS** are answered. If the question does not apply, please write "n/a."

**A. GENERAL INFORMATION**

Applicant Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street Apt. # City Zip Code

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

No. of bedrooms in current unit \_\_\_\_\_ Do you rent or own? \_\_\_\_\_

Amount of current monthly rental/mortgage payment \$ \_\_\_\_\_

If owned, do you receive rental income from your property? Yes \_\_\_\_\_ No \_\_\_\_\_

OCCUPANCY STANDARDS:	Bedroom	Household Minimum	Household Maximum
	1	1	3
	2	1	5
	3	1	7

BEDROOM SIZE REQUESTING: (Check only one)

1 Bedroom

2 Bedroom

3 Bedroom

**B. HOUSEHOLD COMPOSITION**

List ALL persons who will be living in the apartment.

Name	Relationship to Head	M/F	Over 18 years Yes/No	SSN
	Head			

Do you anticipate any additions to this household in the next twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Is anyone in the household a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s) and answer the questions below:

Student Name(s) \_\_\_\_\_

- a. Is the full time student married and filing a joint tax return? Yes \_\_\_\_ No \_\_\_\_\_
- b. Is the student a title IV recipient? Yes \_\_\_\_ No \_\_\_\_\_
- c. Is the student enrolled in a job training program receiving Assistance under the Job Training Partnership act? Yes \_\_\_\_ No \_\_\_\_\_
- d. Is the full time student an AFDC recipient? Yes \_\_\_\_ No \_\_\_\_\_
- e. Is the full time student a single parent living with his/her minor child who is not a dependent on another's tax return? Yes \_\_\_\_ No \_\_\_\_\_

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**C. 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.	SSI Benefits.....Monthly Amount \$ _____	
_____		SSI Benefits.....Monthly Amount \$ _____	
_____	c.	Pension (1).....Monthly Amount \$ _____	
_____		Pension (2).....Monthly Amount \$ _____	
Source of Pension(s)		(1) _____	
		(2) _____	
_____	d.	Veterans Benefits...Monthly Amount \$ _____	Claim # _____
_____		Veterans Benefits...Monthly Amount \$ _____	Claim # _____
_____	e.	Unemployment Comp...Monthly Amount \$ _____	
_____		Unemployment Comp...Monthly Amount \$ _____	
_____		Unemployment Comp...Monthly Amount \$ _____	
_____	f.	AFDC.....Monthly Amount \$ _____	
_____		AFDC.....Monthly Amount \$ _____	
_____		AFDC.....Monthly Amount \$ _____	
_____	g.	Wages...Gross.....Monthly Amount \$ _____	
		Employer _____	
		Position Held _____	
		How Long Employed _____	

\_\_\_\_\_  
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. Are you entitled to receive alimony? Yes \_\_\_\_\_ No \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

\_\_\_\_\_  
j. Are you entitled to receive child support? Yes \_\_\_\_\_ No \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

\_\_\_\_\_  
k. Interest Income...Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Interest Income...Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Interest Income...Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

\_\_\_\_\_  
l. Other Income..... (Any income not noted above)  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_  
Other Income..... (Any income not noted above)  
Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME (Based on total of monthly amounts listed above x 12)  
\$ \_\_\_\_\_

Do you anticipate any changes in this income in the next twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**D. ASSETS**

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Saving Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Account(s) Certificates

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

Credit Union

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

Mutual Fund

Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____
Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____
Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____

Stocks

Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____
Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____
Name	_____	#Shares	_____	Dividend Paid \$	_____	Balance \$	_____

Savings Bond(s)

#	_____	Maturity Date	_____	Value \$	_____
#	_____	Maturity Date	_____	Value \$	_____
#	_____	Maturity Date	_____	Value \$	_____

Life Insurance Policy

#	_____	Face Value \$	_____
#	_____	Face Value \$	_____
#	_____	Face Value \$	_____

Personal Property Held As Investment: Type \_\_\_\_\_ Appraised Value \$ \_\_\_\_\_

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/dispensed of any property in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property \_\_\_\_\_  
 Market value when sold/dispensed \$ \_\_\_\_\_  
 Amount sold/dispensed for \$ \_\_\_\_\_  
 Date of transaction \_\_\_\_\_

Have you disposed any other assets in the last two years (Ex: Given away money to relatives, set up irrevocable trust accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe asset(s), date of disposition, & amount disposed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list \_\_\_\_\_ Value \$ \_\_\_\_\_  
 \_\_\_\_\_ Value \$ \_\_\_\_\_

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**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family been evicted from any housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family ever file for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you take an apartment when one is available? Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe your reasons for applying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**F. REFERENCE INFORMATION**

**Minimum 2 Year rental history required.**

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_

Previous Landlord Information: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_

Three credit references:

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Three personal non-related references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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**G. VEHICLE & PET INFORMATION**

VEHICLES: List all vehicles that you own. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

#1 Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

#2 Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

PETS: Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

## 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 prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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## 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 administered/managed by **Hawaii Affordable Properties, Inc.** This includes, but not limited to, background checks, rental history, employment records, credit history and all assets.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date