

HALE MAHAOLU – APPLICATION FOR RENTAL HOUSING

Please Print Clearly



Applicant Name (First, MI, Last):

Mailing Address:

Primary Phone:

City State, Zip:

Other Phone:

Alternate Contact Information

Alternate Contact Person:

Alternate Contact Phone Number:

Relationship:

A. Family Composition – Household Member(s) Applying for Housing

Household Member	Relationship to Applicant	First Name	M.I.	Last Name
Applicant	self			
Co-Applicant				
3				
4				
5				
6				

****For additional family members attach a separate sheet, if necessary****

Household Member	Place of Birth: City, State, Country	Date of Birth (MM/DD/YYYY)	Occupation	Social Security number or Alien Registration number
Applicant				XXX-XX-
Co-Applicant				XXX-XX-
3				XXX-XX-
4				XXX-XX-
5				XXX-XX-
6				XXX-XX-

B. Income & Family Assets

(Attach a separate sheet, if necessary)

Current Employment: Identify each working member by Household Member from Family Composition in Section A.

Household Member	Employer's Name	GROSS pay per hour or month	Work hours per week	Estimated Annual GROSS Pay This Year	Next Year
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

Current Self Employment/Business Income (Include Rental Income):

Identify each working member by Household Member from Family Composition in Section A.

Household Member	Business Name	NET income per month	Estimated Annual NET income This Year	Next Year
		\$	\$	\$
		\$	\$	\$



Other Income: Identify each income by Household Member from Family Composition in Section A.

Household Member	Source	Gross Monthly Amount	Household Member	Source	Gross Monthly Amount
	Social Security:	\$		Veteran's Pension:	\$
	Supplemental Security (SSI):	\$		Veteran's Educational Benefits:	\$
	Unemployment Compensation:	\$		Legally Entitled Child Support from:	\$
	Workers' Compensation:	\$		Other Child support from:	\$
	Retirement from:	\$		Legally Entitled Alimony:	\$
	Pension from:	\$		Support from Adult Children:	\$
	Scheduled Payments from Investments or Annuities:	\$		Financial Aid (excluding loans):	\$
	Welfare Assistance Type:	\$		Other:	\$

Assets: Identify each asset by Household Member from Family Composition in Section A.
(Attach a separate sheet, if necessary)

Household Member	Checking / Savings / CD's / IRA's / Direct Express <i>List names of Institution, Bank, Credit Union, etc.</i>	Total Value Amount	Household Member	Stocks/Mutual Funds List Names	# of shares	Total Estimated Value
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
Household Member	List all real property: Location Est. Market Value Est. Equity		Household Member	List all Bonds: Denomination	# of bonds	Total Estimated Value
						\$
						\$
						\$
Household Member	List all Trust Accounts: Location Est. Market Value Est. Equity		Household Member	List all Life Insurance Accounts:	Whole/ Term	Total Face Value
						\$
						\$

C. Additional Information & Criminal History



Note: Disability. It is not necessary to give us details about your disability. Decline disability Disclosure (#1, 2, 3)

1. Do you claim a disability? Yes No
2. Do you need an accommodation in housing features as a result of your disability? Yes No
3. Mobility-impaired persons may qualify for an adapted unit. Do you require to have a mobility-impaired unit? Yes No
(If yes, Mobility Impaired forms must be completed and turned in with application)
4. Does household currently occupy a HUD-assisted unit? Yes No
5. Have you or any member of your household been evicted from any housing? Yes No
6. Is any household member a student? Yes No
7. Are you or any member of your household currently using illegal substances? Yes No
Federally Funded/Subsidized Housing Prohibits the Use of Controlled Substances including Medical Marijuana
8. Are any members of the household subject to lifetime sex offender registration in any state? Yes No
9. Have you or any other person on your application been convicted of any offense against the law within the past 25 years?
 Yes No *(If YES, list each offense and the date. Attach a separate sheet, if necessary. **Omit traffic violations and any offense tried in juvenile court**):* _____

10. List all states where all members of the household have resided *(attach a separate sheet, if necessary)*: _____

D. Rental History

Present Landlord:	How Long?	Home Phone:
Landlord Mailing Address:		Work Phone:
Reason for leaving:		
Previous Landlord:	How Long?	Home Phone:
Landlord Mailing Address:		Work Phone:
Reason for leaving:		
Previous Landlord:	How Long?	Home Phone:
Landlord Mailing Address:		Work Phone:
Reason for leaving:		

E. Housing Preferences



CHECK all the housing site(s) where you wish to live. Hale Mahaolu will not check or choose of your behalf. Application will be rejected if no housing site(s) is selected. If you are offered a unit at a housing site of your choice and you don't accept it, this will be counted as a refusal. After two (2) refusals, your application will be taken off that respective housing site's waiting list. Only one active application per household per site allowed.

SENIORS: (age 62+)

- AKAHI**, Kahului (877-0544) *(No Subsidy)*
- ELUA**, Kahului (872-4180)
- ELIMA**, Kahului (893-0002)
- EKOLU**, Wailuku (242-4377)
- EHIKU**, Kihei (891-8588)
- EHA**, Makawao (573-1647)
- EONO**, Lahaina (661-5957)
- LOKENANI HALE** (age 55+), Wailuku (243-9272) *(No Subsidy)*
- HOME PUMEHANA**, Kaunakakai, Molokai (553-5788)
- HALE KUPUNA 'O LANAI**, Lanai City, Lanai (565-6615)

INDIVIDUALS / FAMILIES: (Head of Household age 18+)

- LAHAINA SURF**, Lahaina (661-3771) *(No Mobility Impaired Units)*
- KOMOHANA HALE**, Lahaina (661-5957) *(No Subsidy)*
- LUANA GARDENS**, Kahului (871-9009)
- KULAMALU HALE**, Pukalani (868-4148) *(No Subsidy)*

Note: Housing Sites listed above have a No Pet Policy

NOTE: Hale Mahaolu Ewalu Phase I senior housing property is not included in this application.

Note: Senior Housing Sites have maximum one bedroom only.

**** ALL HALE MAHAOLU SITES HAVE A NO SMOKING POLICY & DRUG FREE HOUSING POLICY ****

Federally Funded/Subsidized Housing Prohibits the Use of Controlled Substances including Medical Marijuana



F. Applicant Certification

I certify that the above information is correct to the best of my knowledge; that the unit being applied for will be my (our) permanent residence and agree not to maintain a separate subsidized rental unit; that I am not falsifying or withholding any information from HALE MAHAOLU, and I understand that false statements or information may be punishable under Federal Law. **IF HALE MAHAOLU IS UNABLE TO CONTACT ME (US) AT THE ADDRESS PROVIDED, MY (OUR) APPLICATION WILL BE CANCELLED.** I also understand that HALE MAHAOLU assumes NO responsibility for applications NOT received.

I authorize HALE MAHAOLU to obtain and verify information about the income, assets, personal data, and conduct of all persons listed in my family. I also authorize the sources of such information (which may include, but not be limited to employers, social workers, landlords, resident managers, housing managers, welfare workers, parole officers, court records, drug treatment centers, clinics, physicians, or the police department) to release such requested information. I authorize Hale Mahaolu to phone me collect if necessary.

Signature (Applicant)

Date

Signature (Co-applicant)

Date

Optional Information

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that federal laws prohibiting discrimination 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 nor to discriminate against you in any way. However, if you choose not to furnish it, the owner may be required to note the race/national origin and sex of individual applicants on the basis of observation or surname.

Marital Status	Race / National Origin	Sex
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino	<input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed by HALE MAHAOLU

Received by:

Date:

Time:

Confirmation of Acceptance/Rejection sent by:

Date:

MAIL TO: HALE MAHAOLU 200 HINA AVENUE, KAHULUI, MAUI, HAWAII 96732 *P:(808) 872-4100 *TDD 1-800-545-1833ext.432