



HALE MAHAOLU – HOUSING APPLICATION

General Information:

Hale Mahaolu is a private, nonprofit housing corporation that develops, owns and manages low- and moderate-income housing units throughout Maui County for families, seniors, and/or those with disabilities.

- Housing applications may be dropped off at any Hale Mahaolu location (Monday thru Friday, 8:00 a.m. to 12:00 p.m.) or mailed in to 200 Hina Avenue, Kahului, Hawaii 96732.
- Print clearly in ink.
- Complete all information as required. Incomplete applications will not be accepted.
- Signatures required by all adults (head / co-head of household).
- Applicant must be a U.S. Citizen or national or noncitizen with eligible immigration status.
- Check all of the Housing Preferences you want to apply with. Hale Mahaolu will not choose on your behalf.
- Some housing sites are for seniors only; other sites are listed as for “family” for singles and families with head of household over the age of 18.
- There are income limits at most sites. The household gross income must be less than or equal to the established HUD maximum income limit for the household size. Contact the Housing Site for specific information.
- Completed applications are processed in the order they are received, on a first come, first served basis.
- Each Housing Site maintains and manages its own wait list. An applicant may only have one (1) active application on each individual housing site wait list.
- After receiving the application, each housing site checked on the Housing Preference will respond to applicant in writing with its preliminary determination of eligibility. If the application is accepted, your name will be placed on a waitlist on a first-come-first served basis for upcoming vacancies. Prior to placement, you will be notified in writing and additional information and forms (verification of current income, assets, etc.) will be required.
- All Hale Mahaolu housing sites have a No Smoking Policy and Drug Free Policy. Federally funded / subsidized housing prohibits the use of controlled substances **including** medical marijuana.
- Hale Mahaolu provides equal housing opportunity; we do not discriminate on the basis of race, color, religion, sex, disability, national origin and familial status.

Application will be denied or removed from the waitlist for the following reasons:

- Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to, admit the household.
- Any household member has engaged in illegal drug use.
- The Owner/Managing Agent determines that there is reasonable cause to believe that a household member’s illegal use or a pattern of illegal use of drugs may interfere with the health, safety, or right of peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.) Federally funded / subsidized housing prohibits the use of controlled substances **including** medical marijuana.
- Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Owner/Managing Agent shall establish standards that prohibit admission to any Federally-assisted property to sex offenders subject to a lifetime registration requirement under a state sex offender’s registration program.

- The Owner/Managing Agent determines that there is reasonable cause to believe that a household member's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Within 25 years before the admission decision, you had a conviction for:
 - Violent criminal activity;
 - Drug-related criminal activity;
 - Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 - Other criminal activity that would threaten the health or safety of the Owner/Managing Agent, or any employee, contractor, subcontractor, or agent of the Owner who is involved in the housing operations.
- Negative landlord reference.
- Falsifying of information on the application.
- Unsatisfactory credit history.
- Verbal and/or physical harassing, threatening and/or intimidating Hale Mahaolu's personnel and its volunteers, contractors, vendors, etc.
- Demonstrated aggressive and/or repeated behavior that may result in serious or repeated interference with the rights and quiet enjoyment of other tenants.

Move In Qualifying Criteria:

- A personal (physical – face to face) interview must be conducted at the site prior to the offer of a unit.
- Applicants must sign and submit verification consent forms.
- During the admission screening process, applicants must successfully pass criminal and credit history background checks in the state where the housing is located and other states where the household members are known to have resided.
- Applicant must have acceptable rental history from landlord(s) as listed on application.

Unit Assignment:

- Units are assigned by existing resident accommodation requests, VAWA regulation and wait list status.
- When a unit is offered, you are allowed one first refusal per housing site that you are waitlisted. You will remain on the respective wait list and maintain your status. A second refusal will result in your application being cancelled from that particular site.
- You will be notified of a unit when your name comes up on the waitlist. Notification may be less than 30 days.

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	Last Name	Student? (Y/N)
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	Estimated Annual GROSS Pay 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	Estimated Annual NET income 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



- Yes No 1. Do you require to have a mobility-impaired unit?
(If yes, Mobility Impaired forms must be completed and turned in with application)
- Yes No 2. Does household currently occupy a HUD-assisted unit?
- Yes No 3. Have you or any member of your household been evicted from any housing?
- Yes No 4. Are you or any member of your household currently using illegal substances?
Federally Funded/Subsidized Housing Prohibits the Use of Controlled Substances including Medical Marijuana
- Yes No 5. Are any members of the household subject to lifetime sex offender registration in any state?
- Yes No 6. Have you or any other person on your application been convicted of any offense against the law within the past 25 years?

(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 at that site. 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+ unless otherwise noted)

- 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.

** 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"/> Asian <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <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