



## 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 individuals, families, seniors, and/or those with disabilities.

- Original housing applications may be dropped off at any Hale Mahaolu housing location (Monday thru Friday, 8:00 a.m. to 12:00 p.m.) or mailed in to 200 Hina Avenue, Kahului, Hawaii 96732.
- Complete all information as required including the HUD 92006 Supplement to Application for Federally Assisted Housing form. Print clearly in ink. **Incomplete applications will not be accepted.**
- Signatures required by all adult household members.
- Assistance in subsidized housing may be restricted to the following: U.S. Citizen(s) or nationals; and/or noncitizen(s) with eligible immigration status.
- Applicant must select Housing Preferences. Hale Mahaolu will not choose on your behalf. Some housing sites are for seniors only; other sites are listed as “family” for individuals 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 current HUD maximum income limit for the household size. Site specific information can be found on the Hale Mahaolu website under Housing.
- 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.
- Accepted applications will be processed and placed on a waitlist on a first-come-first-served basis for upcoming vacancies. You will be notified in writing of your placement status. 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 owned and/or managed 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; sex, including gender identity or expression; sexual orientation; color; religion; marital status; familial status; ancestry/national origin; disability; age; or human immunodeficiency virus (HIV) infection, as stated in Hawaii Revised Statutes, Chapter 515 and Title VIII of the Civil Rights Acts of 1968, as amended by the Fair Housing Amendments of 1988.

### 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.
- 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 10 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, disruptive, disrespectful and/or repeated behavior that may result in serious or repeated interference with the rights and quiet enjoyment of others.

**Move In Qualifying Criteria:**

- A personal (physical – face to face) interview must be conducted at the housing 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.
- 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 housing 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



## A. General Information

<b>Applicant Name (First, MI, Last):</b>			
<b>Mailing Address:</b>		<b>Primary Phone:</b>	
<b>City State, Zip:</b>		<b>Email:</b>	

### Alternate Contact Information

<b>Alternate Contact Person:</b>			
<b>Contact Phone Number:</b>		<b>Relationship:</b>	

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

\*If any adult household member is a full-time student for more than five calendar months/year please indicate below\*

Household Member	Relationship to Applicant	First Name	Last Name	Student?*(Y/N)
Applicant	<b>self</b>			
Co-Applicant				
3				
4				
5				
6				

### NUMBER OF HOUSEHOLD MEMBERS INCLUDED IN THIS APPLICATION:

Household Member	Place of Birth: City, State, Country	Date of Birth (MM/DD/YYYY)	Occupation	Social Security or Alien Registration number <i>(Optional. Disclosure required at initial screening)</i>
Applicant				
Co-Applicant				
3				
4				
5				
6				

## B. Income & Family Assets

*(Attach a separate sheet, if necessary)*

**CURRENT EMPLOYMENT:** Identify each employed 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 <b>GROSS</b> Monthly Income
		\$		\$
		\$		\$
		\$		\$

**SELF EMPLOYMENT / BUSINESS INCOME (Include Rental Income):**

Identify each self-employed member by Household Member from Family Composition in Section A.



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

**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 name of Institution, Bank, Credit Union, etc.</i>	Total Value Amount	Household Member	Stocks/Mutual Funds <i>List Names</i>	Total Estimated Value
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Household Member	List all real property owned: Location      Est. Market Value      Est. Equity	Household Member	List all Bonds: Denomination	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, visual or hearing impaired modified unit?  
(please check appropriate box)
- Yes  No 2. Does household currently hold a HUD rental housing voucher?
- Yes  No 3. Have you or any member of your household been evicted by court action from any housing?
- Yes  No 4. Are you or any member of your household currently using illegal substances?  
*NOTE: 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?  
If yes, list below.
- Yes  No 6. Have you **or any other person on your application** been convicted of any criminal offense  
against the law within the past 10 years? If yes, list below.

(If YES, list each offense and the date. Attach a separate sheet, if necessary. **Omit traffic violations and any offense tried in juvenile court**): \_\_\_\_\_

7. List all cities & states where **each** member of the household has 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 on 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 first refusal at that housing 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. Each property manages its own waitlist. Must qualify for waitlist placement at time of application.

**Project Based Subsidized Units** = Resident rent portion determined in accordance with HUD / Rural Development Federal Guidelines. Resident pays approximately 30% of qualified income.

**Non Subsidized** = No financial rental assistance included. Resident is responsible for the entire monthly amount of rent. HUD Section 8 Housing Vouchers or other rental assistance may be accepted.

<b><u>SENIORS:</u></b> (age 62+ unless otherwise noted)	<b><u>INDIVIDUALS / FAMILIES:</u></b> (Head of Household age 18+)
<p><i>Project Based Subsidized Units:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>ELUA</b>, Kahului (872-4180)*</li> <li><input type="checkbox"/> <b>ELIMA</b>, Kahului (893-0002)</li> <li><input type="checkbox"/> <b>EKOLU</b>, Wailuku (242-4377)*</li> <li><input type="checkbox"/> <b>EHIKU</b>, Kihei (891-8588)**</li> <li><input type="checkbox"/> <b>EHA</b>, Makawao (573-1647)</li> <li><input type="checkbox"/> <b>EONO</b>, Lahaina (661-5957)**</li> <li><input type="checkbox"/> <b>HOME PUMEHANA</b>, Kaunakakai, Molokai (553-5788)*</li> <li><input type="checkbox"/> <b>HALE KUPUNA 'O LANAI</b>, Lanai City, Lanai (565-6615)**</li> </ul> <p><i>Non Subsidized:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>AKAHI</b>, (age 62+), Kahului (877-0544)</li> <li><input type="checkbox"/> <b>LOKENANI HALE</b> (age 55+), Wailuku (243-9272)</li> <li><input type="checkbox"/> <b>KAHULUI LANI PH I &amp; II</b> (age 55+), Kahului (868-0180) <i>(No Pet Policy except for permitted service animals or emotional support animals)</i></li> <li><input type="checkbox"/> <b>EWALU II</b> (age 62+), Pukalani (573-5500)</li> </ul> <p>All senior housing properties offer accessible units. Senior housing properties offer studio or one-bedroom units. *Mobility Impaired Under 62 Eligible to Apply **Disabled Under 62 Eligible to Apply</p> <p>Note: Hale Mahaolu Ewalu Phase I (age 62+) –Waitlist managed by the County of Maui Section 8 housing office.</p>	<p><i>Project Based Subsidized Units:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>LAHAINA SURF</b>, Lahaina (661-3771) (1-2-3 br units) <i>(No Mobility Impaired Units)</i></li> <li><input type="checkbox"/> <b>LUANA GARDENS</b>, Kahului (871-9009) (1-2-3-4 br units)</li> </ul> <p><i>Non Subsidized:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>KOMOHANA HALE</b>, Lahaina (661-5957) (1 br units) <i>(Workforce Housing: must be employed Fulltime (min. 30 hours/wk) in Lahaina or retired from Lahaina business)</i></li> <li><input type="checkbox"/> <b>KULAMALU HALE</b>, Pukalani (868-4148) (1-2 br units)</li> </ul> <p>Mobility Impaired units offered at above properties unless otherwise noted.</p> <p>Note: All Individual/Family Housing Sites listed above have a No Pet Policy except for permitted service animals or emotional support animals.</p>

**ALL HALE MAHAOLU OWNED AND/OR MANAGED HOUSING SITES  
HAVE A NO SMOKING POLICY & DRUG FREE HOUSING POLICY**

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





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.