

For Locations use only:
 Date Received: _____
 Time Received: _____



614 Kapahulu Avenue, Suite 102, Honolulu, Hawaii 96815 Telephone: (808)738-3100 Fax: (808)735-1978

Please PRINT clearly

RENTAL APPLICATION

For "Reserved Housing Unit" Rentals

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:

680 Ala Moana Boulevard
LOCATIONS LLC
Attn: Property Management Division
P.O. Box 22420
Honolulu Hawaii 96823-2420

A. GENERAL INFORMATION

Applicant Name(s): _____
 Current Address: _____
 Last name _____ First name _____ Middle Initial _____
 Street _____ Apt.# _____ City _____ State _____ ZIP _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Cellular 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	Relationship to head	Birth Date	Age (optional)	SS# (excluding minors)	Student Y/N
Head						<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Tenant						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any pets?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many and describe type and size:						

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
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$

	Employer:		
	Position Held		
	How long employed:		
	Social Security		\$
	Social Security		\$
	SSI Benefits		\$
	SSI Benefits		\$
	Pension / Retirement Benefits (list source)		\$
	Address:		
	City, State, Zip:		
	Veteran's Benefits (list claim #)		\$
	Unemployment Compensation		\$
	Unemployment Compensation		\$
	Title IV/TANF (Welfare)		\$
	Section 8		\$
	Interest Income (source)		\$
	Interest Income (source)		\$
	Other income		\$
	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		
			\$
	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 from someone who is not a member of the Household? <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				
Do you or your spouse have a majority interest in a principal residence, or a beneficial interest in a land trust on a principal residence, within or outside of the State for a period of three years immediately prior to the date of this application?				
If yes, Type of real property				
Location of property (address)				
Appraised Market Value			\$	
Mortgage or outstanding loans balance due			\$	
Amount of annual insurance premium			\$	
Amount of most recent tax bill			\$	
Have you or your spouse purchased a Reserved Housing Unit under the Mauka Area Rules			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you owe ANY OUTSTANDING DEBT TO THE HCDA?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do not have a multiple record or history of conduct or behavior which may prove detrimental to other tenants in the Project or the HCDA.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Have you or any member of your family ever been evicted?	<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 becomes available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From: To:	
	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From: To:	
	Personal Reference #1:		
	Address:		
Relationship:	Phone #:		

EMERGENCY CONTACT PERSON:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking is not available or guaranteed.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:
Type of Vehicle(2):	License Plate #:
Year/Make:	Color:

ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT

I/we have read the above form and I/we understand that if I/we cause a financial loss to my/our Landlord, that my/our name(s) may be placed in the files of the Credit Bureau of the Pacific and such information will be furnished to subscribers who have a bonafide and legal need to make an inquiry. I/we also understand that causing a financial loss may limit my/our ability to obtain credit or lease other rental units.

I/we authorize the HCDA, Kamehameha Schools, and Locations LLC (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 Locations LLC 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.*

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 agree to pay a non-refundable application fee in the amount of \$35 per applicant aged 18 or older; payable upon the submission and receipt of the application. 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.

I/We agree to comply with the Reserved Housing Units program for Mauka Kaka 'ako.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date