

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



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

APPLICATION FOR HOUSING

For Use With All Hawaii Housing Programs

Please Print Clearly

This is an application for housing at:	Project: The Flats at Pu'uni
	Address: 440 Keawe St Honolulu, HI 96813
Please complete this application and return to:	Name:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Email Address(es): _____

No. of BR's in current unit: _____ 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)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
2. Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
3. Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
4. Are you living with anyone now who will not be moving into this unit with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Unemployment Compensation	\$
22.	Unemployment Compensation	\$
23.	Public Assistance (Title IV/TANF etc.)	\$
24.	Contributions to the Household (monetary or not)	\$
25.	Full-Time Student Income (18 & Over Only)	\$
26.	Financial Aid (excluding loans)	\$
27.	Annuities (list sources)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. 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.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



47. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
48. Trust Account	#	Bank	Balance \$	
49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
58. Investment Property			Appraised Value \$	

59. Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes,</i> Type of property	
60. Location of property	
61. Appraised Market Value	\$
62. Mortgage or outstanding loans balance due	\$



63. Amount of annual insurance premium	\$
64. Amount of most recent tax bill	\$
65. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

66. Does any member of the household have an asset(s) owned jointly with a person who NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
67. Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

68. Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
69. Market value when sold/dispensed	\$
70. Amount sold/dispensed for	\$
71. Date of transaction:	

72. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
73. Date of disposition:	
74. Amount disposed	\$

75. Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<i>If yes, describe:</i>		

78. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<i>If yes, describe</i>		

79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe

80. Will you take an apartment when one is available?

Yes

No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
83. Credit Reference #1:		
Address:		
Account #:	Phone #:	
84. Credit Reference #2:		
Address:		
Account #:	Phone #:	
85. Credit Reference #3:		
Address:		
Account #:	Phone #:	
86. Personal Reference #1:		
Address:		
Relationship:	Phone #:	
87. Personal Reference #2:		
Address:		
Relationship:	Phone #:	
88. Personal Reference #3:		
Address:		
Relationship:	Phone #:	

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

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
90. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
91. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
92. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			

H. APPLICATION ASSISTANCE			
93. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, who assisted and what was the reason for the assistance:</i>			

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. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date





614 Kapahulu Ave. Suite 102, Honolulu, Hawaii 96815

TENANT SELECTION POLICY

It is the goal of Locations, to provide safe, sanitary, and pleasant housing at affordable rents for households including those which may include physically disabled members who meet the income requirements as defined by the Housing and Urban Development (HUD) for low-income households.

I. APPLICATION PROCEDURES

- A. Each applicant must complete a Rental Application and be willing to submit credit history, rental history, criminal background, federal and state sex offender registry inquiry as well as income and asset verification procedures required by HUD and/or LIHTC.
- B. Signed and dated applications will be processed on a first-come, first-serve basis. If an application is not completely answered, the date of it being fully completed will be the date that the application is considered received for rental purposes.
- C. Applicant interviews will be held to obtain signed verification forms for all income/asset information prior to any offer of a unit.
- D. Each applicant will be subject to the selection criteria listed below:
 - 1. Applicant household income must not exceed current years maximum income limits as determined by HUD.
 - 2. Minimum income of two and a half times the monthly rent for the multi-family properties are required.
 - 3. Satisfactory rental history from current and previous landlords.
 - 4. Satisfactory credit rating of 650 or higher.
 - 5. Satisfactory criminal background history for all adults in household.
 - 6. Use of unit as primary place of residence.

- E. The project will strive for occupancy that reflects proportionately the area's population in conformity with the Affirmative Fair Housing Plan.
 - a. Maximum Occupancy Standard will be as follows:
 - Studio: 3 persons
 - 1 bedroom: 3 persons
 - 1 bedroom + Den: 4 persons
 - 2 bedroom: 5 persons
 - 3 bedroom: 7 persons
- F. The applicant(s) are responsible for completing the application accurately. Misrepresentation of information is grounds for exclusion.

II. **GROUND FOR REJECTION:** Applicants may be denied for any of the following reason(s). This list may not be all inclusive.

- A. Failure to present all adult members of the household at the interview or some other time acceptable to management, prior to completion of the initial certification.
- B. Total family income exceeds the applicable income limits published by HUD and/or HHFDC.
- C. Household fails to respond to Management's letters.
- D. Credit report showing outstanding collections, poor credit score and/or negative lines of credit.
 - i. Total balance owed on delinquent accounts exceeds \$5,000.00.
 - ii. Outstanding Balance with a Utility Company
 - iii. A Balance is owed to a prior Landlord
 - iv. Unsatisfactory credit history, which may include history of late payments, judgements, bad debt write-off, unpaid liens and/or government tax liens. Extraordinary medical debt may be exempted. A minimum beacon score will be used.
- E. Applicant has failed to provide adequate verification of income, or we are unable to adequately verify income and/or income sources.
- F. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.

- G. Negative landlord or other reference which may include failure to comply with the lease, poor payment history, poor housekeeping habits which are unsanitary or hazardous, creating a nuisance to neighbors and or management, or past eviction. Persons who based upon past performance or history, represents a threat to the safety or quiet enjoyment of the premises to other residents.
- H. Subject of a summary possession (eviction) judgment.
- I. Any evidence of illegal activity including drugs, gangs, etc.
- J. Falsification of information on the application.
- K. Has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program
- L. Criminal history including but not limited to a felony conviction, drug related conviction, crimes involving violence or sexual crimes. A conviction for such activity will be given consideration. Arrests without conviction will not be considered absent extraordinary circumstances.
 - i. Sex Offender – *Lifetime.*
 - ii. Distribution and/or Manufacture of a Controlled Substance – *Lifetime.*
 - iii. All other Drug-Related – Ten (10) years from applicants’ date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.
 - 1. Drug related activity includes all convictions for using drugs and/or possession of drug paraphernalia.
 - iv. Violent Criminal Activity – *Lifetime.*
 - 1. Violent criminal activity includes all felony crimes against people and/or property.
 - 2. Violent criminal activity, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to

- cause, serious bodily injury or property damage
 - 3. Criminal sexual conduct, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.
- v. Non-Violent Crimes – *Ten (10) years from applicants’ date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.*
- 1. Non-violent crimes include all other felony convictions not listed above.
 - 2. Criminal activity that may threaten the health, safety, or welfare of other tenants
 - 3. Criminal activity that may threaten the health or safety of managing agent staff, contractors, subcontractors, or agents.
- vi. Multiple Convictions – *Ten (10) years from the date of applicants’ last conviction.*
- 1. Multiple Convictions are ten (10) or more misdemeanor convictions in a lifetime.

* The purpose of conducting criminal background checks is to provide decent, sanitary, and safe housing to all residents as well as to eliminate the direct threat to the safety and wellbeing of all residents, staff and personal property

- M. Negative personal references that indicate adverse or poor reflections of the household.
- N. Household cannot pay full security deposit at move-in.
- O. All members of the household are full-time students. The (3) three exceptions are: Single full-time student in job training, married full-time student filing joint tax return or single full-time student with children collecting welfare (title IV Soc. Sec), in job training or if children are not dependents of anyone outside the household. This rule applies throughout the tenancy of a LIHTC property.
- P. After receiving the letter offering an apartment, applicants have seven (7) calendar days to respond to management regarding the available apartment. If an applicant declines an available apartment when notified in writing, his/her name will be removed from the waiting list.

- Q. Failure to respond to any periodic purge letter or written offer of interest for a unit within 30 days will result in the applicant's name being removed from the waiting list. If the applicants want to be reconsidered, they must reapply at a date when the waiting list is open. Exceptions may be made for validated medical condition.
- R. If an applicant is denied, management will notify the applicant in writing indicating the reason. Applicants may contact managing agent's office for explanation of rejection and/or submit new application for occupancy.

CONSIDERATION OF CIRCUMSTANCES

The Managing Agent will consider all relevant circumstances when deciding whether to deny admission based on a family's past history except in the situations for which denial of admission is mandated. In the event the Managing Agent receives unfavorable information with respect to an applicant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent with its policies, Managing Agent may give consideration to factors that might indicate a reasonable probability of favorable future conduct. The Managing Agent will consider the following facts and circumstances prior to making its decision:

1. The seriousness of the case, especially with respect to how it would affect other residents' safety or property
2. The length of time since the violation occurred, including the age of the individual at the time of the conduct, as well as the family's recent history and the likelihood of favorable conduct in the future
3. Arrests without conviction will not be considered absent extraordinary circumstances

III. VERIFICATION PROCESS

- A. All applicants must comply with initial third-party certification of their income/assets.
- B. All applicants must provide MOST CURRENT COPIES of the following documents. We will not be able to complete your application unless all applicable documents are provided to us.
- TAX RETURN (most recent files) IF REQUIRED
 - SOCIAL SECURITY LETTER (current year) and/or SSI LETTER (letter must show a date within the last 90 days) from the Social Security Administration. If you do not have it, please go to the Social Security Administration Office at: 300 Ala Moana Blvd, Suite #1-114, call 1-800-722-1213, or log onto:
<http://www.socialsecurity.gov/onlineservices> to request an updated letter.
 - SAVINGS account statement (must current) for EACH savings account.

- All deposits and transfers into said account (s) must be explained in a self-affidavit
- CHECKING account statements for six (6) consecutive months (most current) for EACH checking account.
 - All deposits and transfers into said account (s) must be explained in a self-affidavit
- CERTIFICATE OF DEPOSIT (CD) for each account.
- PENSION payment stub.
- SIX (6) PAY STUBS (most current), if you are currently employed.
- SECTION 8 paperwork.
- WORKER'S COMP grant letter or copy of payment.
- Public assistance (WELFARE) letter.
- STOCKS/BONDS certificates.
- ANNUITY pay stub (most current).
- DIVORCE DECREE.
- REAL PROPERTY TAX assessment notice (current).
- MORTGAGE statement (current).
- PROPERTY DEED or Assignment of Lease.
- RENTAL AGREEMENT if your property is rented to others.
- INSURANCE POLICIES.
- Screenshot of Current Venmo/Paypal "Wallet" page/etc.
- Current statement for Apple Cash/Cash App/etc.

IV. Types of Income counted (examples):

- a. All wages, salaries, commissions, fees, tips, bonuses, and other compensation before taxes (gross income).
- b. Income from the operation of a business or profession or rental income (self-employed).
- c. Interest from checking/savings accounts, CDs, IRAs, stocks, dividends, etc. There is no limit on the amount of assets one can have. Assets disposed of in the last two years will also be part of asset calculations.
- d. Payments from social security, annuities, insurance policies, retirement, pensions, disability, and death benefits.
- e. Unemployment, disability, TDI, workers compensation.
- g. Alimony and child support payments.
- h. Regular pay, special pay, and allowances of a member in the armed forces.

V. ASSIGNMENT OF UNITS

- A. Subject to availability of waiting list applicants, vacancy considerations, or requirements to accommodate residents with disability, minimum occupancy standards may be changed.

- B. Preference for the handicap-accessible units will be given to those applicants who can derive the greatest benefit from the special features of these units if they present doctor's note certifying the need for such a unit.
- C. In the event that a household without disability is allowed to occupy a handicapped-accessible unit, that household will be required to move to another unit provided one is available, when a disabled applicant household is accepted.

VI. ESTABLISHMENT OF WAITING LIST

- A. Date of receipt of fully completed application at the Locations establishes priority of position on the waiting list. Applications are date-stamped upon receipt.
- B. If the existing waiting list contains so many names that the average wait for a unit is a year or more, the project may decline to accept applications. In this case, the waiting list is closed.
- C. The waiting list is purged periodically, but no less than once each year.
- D. It is the applicant's responsibility to keep the management office informed of any address or telephone number change(s). Failure to do so, and if any mail is returned, will result in the applicant's name being removed from the waiting list. It will then be necessary for the applicant to reapply later when the waiting list is open.

VII. Annual Recertification Requirements:

- a. All residents must recertify annually. Proposed changes of household composition and student status must be immediately reported to Management. A request to add an additional household member(s) must be in writing and approved by Management as well as the State of Hawaii and Honolulu County Section 8 Program if applicable, prior to a new member(s) moving into the unit.

VIII. OCCUPANCY STANDARDS

- a. Occupancy standards will be applied in a manner consistent with fair housing requirements. Applicants will be housed in a unit size appropriate for their household. Household members include, but are not limited to the following:
 - i. • All full-time family members
 - ii. • All anticipated children, defined as the following:
 - 1. - Children expected to be born to a pregnant woman
 - 2. - Children in the process of being adopted by an adult family member
 - 3. - Children whose custody is being obtained
 - 4. - Foster children who will reside in the unit
 - 5. - Children who are temporarily in a foster home who will return to the family
 - 6. - Children in joint custody arrangements who are present in the household 50 percent or more of the time

- iii. • Children who are away at school and who live at home during recesses
- iv. • Live-in aides
- v. • Foster adults living in the unit

IX. COMPLIANCE

Management shall comply with the provisions of Federal, States and local laws prohibiting discrimination in housing on the basis or marital status, race, color, religion, ancestry, sex, sexual orientation, age, national origin, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Condition (ARC), physical disability, familial status, or any other arbitrary basis.

Application will not be considered until the Application has been fully executed and returned, and all applicable Application Fees have been paid. Any falsification in Applicant’s paperwork will result in the automatic denial of Application. I have read and understand the entire resident selection policy for this community.

APPLICANT(S) SIGNATURES

_____	DATE _____
_____	DATE _____
_____	DATE _____
_____	DATE _____

**Locations is an “Equal Opportunity” Housing Provider.
Locations does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in its assisted programs and activities.**



**EQUAL HOUSING
OPPORTUNITY**

For Hearing Impaired: 808-643-8255