



Kauhale Kaka'ako

860 Halekauwila St. #100, Honolulu HI 96813
Phone: (808) 593-9035 Fax: (808) 591-0250



It is illegal to discriminate against any person because of religion, color, sex (including gender or expression) ancestry/national origin, age, marital status, disability, race, familial status, sexual orientation, or HIV infection.

Location: **860 Halekauwila Street, Honolulu, HI 96813**
(Located half a block from Ward Avenue.) Conveniently located near Downtown Honolulu, Ala Moana Mall & Park, the Blaisdell Center and other recreational and cultural activities.

Number of Units/Size: 116 one-bedrooms / 578 sq. ft. (Approximate)
152 two-bedrooms / 728 sq. ft. (Approximate)
268 Total Units to include 13 handicap accessible units

Type of Structure: High-rise building with 29 floors containing 268 apartment units within a residential tower serviced by three elevators.

Amenities: **UNITS:**
Range with hood, refrigerator, dead-bolt lock, double kitchen sinks, L/R Blinds, ceiling fans, garbage disposal in all units (except ADA), air conditioners in most units, cable ready and lanai (balcony).

OTHER:
Resident Manager, Management Office, Central Laundry Facility, Fitness center (to open in 2022), renovated recreation deck (to open in 2022) with pickle ball, basketball court, playground, barbecue areas, and beautifully landscaped. Convenience store, covered parking (for additional fee managed separately with steep discount for our residents at \$60 first car/\$90 additional cars plus tax). Beautiful panoramic views. We are Pet Friendly up to 55 pounds (with a refundable pet deposit). Newly renovated and waiting for you!

RENTAL RATES and MINIMUM INCOME REQUIREMENTS

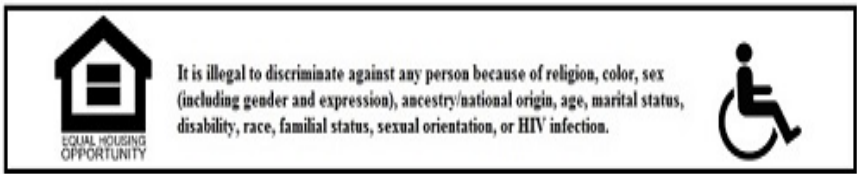
<u>Unit Type</u>	<u>100% AMI</u>	<u>Minimum Income Required</u>
1 bed/1bath	\$1,832.00	\$4,350.00 monthly/\$52,200 yearly Gross (before taxes) Combined incomes
2 bed/1 bath	\$2,367.00	\$5,600.00 monthly/\$67,200 yearly Gross (before taxes) Combined incomes

Income Maximums apply per occupants:

1 Person: \$91,500 2 Persons: \$104,500 3 Persons: \$117,600 4 Persons: \$130,600 5 Persons: \$141,100

UTILITIES: Rent will include water, sewer and garbage (except bulky items). Other services, i.e. electricity, telephone, cable television & parking will be the tenant's responsibility.

Security Deposit: A security deposit equivalent to one month rent shall be paid prior to move-in.



Kauhale Kakaa'ko

860 Halekauwila St. Suite 100, Honolulu, HI 96813

Phone: (808) 593-9035 Fax: (808) 591-0250

Email: laurak@hawaiiaffordable.com

INSTRUCTIONS: PLEASE PRINT AND COMPLETE BOTH SIDES. ANSWER EACH SECTION AND ITEM. IF NO ANSWER WRITE "N.A." IN THE SPACE PROVIDED. SIGN AND DATE THE APPLICATION ON THE BACK SIDE.

APPLICANT(S) & HOUSEHOLD	MEMBER NO.	APPLICANT'S NAME				
	1	(LAST)		(FIRST)		MIDDLE INITIAL
		(SSN) Email:		BIRTH DATE		
		CO-APPLICANT'S NAME				
	2	(LAST)		(FIRST)		MIDDLE INITIAL
		(SSN) Email:		BIRTH DATE		
		MAILING ADDRESS				
		(NO.)		(STREET)		(APT)
		(CITY)		(STATE)		(ZIP)
		(HOME PHONE)		(BUSINESS PHONE)		
LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU. (DO NOT LIST APPLICANT & CO-APPLICANT)						
MEMBER NO.	FULL NAME		Birthdate	SSN. OR ALIEN NO.		
3						
4						
5						
6						
UNIT	CHECK THE TYPE OF UNIT YOU ARE INTERESTED IN (CHECK ONLY ONE).					
		3 occupants allowed Max			Min 2 occupants, max 5	
		1 Bedroom			2 Bedroom	
HOUSEHOLD INCOME	LIST EVERYONE ON THE APPLICATION WHO IS WORKING, THEIR EMPLOYERS, THEIR PAY RATES					
	MEMBER NO.	EMPLOYER'S NAME	POSITION	HOURS	ANNUAL GROSS PAY	
					THIS YEAR	NEXT YEAR
	MEMBER NO.	SOURCE	MONTHLY AMOUNT	MEMBER NO.	SOURCE	MONTHLY AMOUNT
		WELFARE			VETERAN'S COMP.	
		SOCIAL SECURITY			VETERAN'S PENSION	
		UNEMPLOYMENT			CHILD SUPPORT	
	WORKER'S COMP.			ALIMONY		
	RETIREMENT			FAMILY SUPPORT		
	PENSION			OTHER		
Do you receive Section 8? Yes () No () If yes, is it a Voucher () or Certificate ()						
Section 8 applicants must have fully approved section 8 voucher with current rent + electric water heater incl in approval.						

Kauhale Kaka'a'ko

DOES ANYONE ON THE APPLICATION HAVE THE FOLLOWING ASSETS?										
CHECKING YES () NO ()					STOCKS/MUTUAL FUNDS YES () NO ()					
MEMBER NO	FINANCIAL INSTITUTION NAME	ACCT. NO.	BALANCE	MEMBER NO	NAME STOCK, ETC.	# SHARES & VALUE				
SAVINGS YES () NO ()					BONDS YES () NO ()					
MEMBER NO	FINANCIAL INSTITUTION NAME	ACCT. NO.	BALANCE	MEMBER NO	DENOMINATION	# BONDS & VALUE				
PROPERTY/REAL ESTATE YES () NO ()					LIFE INSURANCE YES () NO ()					
MEMBER NO	LOCATION	EST. VALUE	EST. EQUITY	MEMBER NO	COMPANY NAME	CASH VALUE				
OTHER ASSETS							YES	NO	BALANCE	
A.	IRA/KEOGH/DEFERRED COMP.									
B.	TRUST FUND									
C.	JOINT ACCOUNT									
D.	REAL PROP. (LAND/BUILDING)									
E.	INVESTMENT (COIN COLLECTION/ANTIQUES, ETC.)									
F.	PROFIT SHARING									
HAVE YOU EVER RENTED ON YOUR OWN? () YES () NO										
DO YOU PRESENTLY OCCUPY A RENTAL UNIT? () YES () NO										
HOW LONG AT PRESENT RENTAL ADDRESS?			NO. OF BEDROOMS	RENT AMOUNT		ARE UTILITIES INCLUDED?				
(YEARS)		(MONTHS)		(SIZE)	(RENT)		(YES)		(NO)	
NAME OF PRESENT LANDLORD			LANDLORD'S ADDRESS					PHONE NUMBERS		
			STREET					HOME		
			CITY/STATE/ZIP					BUSINESS		
			NAME OF PREVIOUS LANDLORD			LANDLORD'S ADDRESS				
			STREET					HOME		
			CITY/STATE/ZIP					BUSINESS		
			HOW LONG AT THIS RENTAL?			REASON FOR LEAVING?				
(YEARS)		(MONTHS)								
HAVE YOU OR ANY PERSON(S) LISTED ON APPLICATION BEEN CONVICTED FOR ANY CRIME? () YES () NO										
LIST OFFENSE AND DATE										
APPLICANT CERTIFICATION										
<small>UNDERSTAND THAT WITHHOLDING, AND/OR LISTING FALSE INFORMATION IS GROUNDS FOR: (1) DENIAL OF ADMISSION TO THIS PROGRAM AND FUTURE PROGRAMS; (2) IMMEDIATE EVICTION AND TERMINATION OF RENTAL AGREEMENTS; (3) PAYMENT OF BACK CHARGES; (4) PROSECUTION UNDER THE LAWS OF THE COUNTRY, STATE AND FEDERAL GOVERNMENTS.</small>										
APPLICANT'S SIGNATURE					DATE					
APPLICANT'S SIGNATURE					DATE					
CO-APPLICANT'S SIGNATURE					DATE					



Kauhale Kaka'ako

860 Halekauwila St. #100, Honolulu HI 96813
Phone: (808) 593-9035 Fax: (808) 591-0250

ADDENDUM TO APPLICATION FOR RESIDENCY

For: _____
Applicant Full Name and Social Security Number

I hereby authorize the Landlord or Landlord's agent to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize Tenant Data Services Inc. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by Tenant Data Services Inc. or the Landlord or Landlord's agents to release such information to them. Upon request, Tenant Data will provide the name and phone number of the source of the information used in the verification process.

Applicant: _____ **Date:** _____
A photocopy or fax may be used in lieu of the original

Leasing Agent: _____ **Date:** _____