



Kauhale Kaka'a'ko

860 Halekauwila St. Suite 100, Honolulu, HI 96813

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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)		BIRTH DATE		
		CO-APPLICANT'S NAME				
	2	(LAST)		(FIRST)		MIDDLE INITIAL
		(SSN)		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			SSN. OR ALIEN NO.	
3						
4						
5						
6						
UNIT	CHECK THE TYPE OF UNIT YOU ARE INTERESTED IN (CHECK ONLY ONE).					
		1 Bedroom 80% AMI			2 Bedroom 80% AMI	
		1 Bedroom 100% AMI			2 Bedroom 100% AMI	
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 ()						
Do you receive Rental Supplement? Yes () No ()						

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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				PHONE NUMBERS				
			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		CO-APPLICANT'S SIGNATURE				DATE	