



# 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:**

On-Site Staff, Management Office, Central Laundry Facility, Fitness Center, Recreation Deck with pickle ball, basketball court, playground, and beautifully landscaped. Convenience store, covered parking (for additional fee managed separately by Diamond Parking with steep discount for our residents at \$60 first car/\$90 additional cars plus tax). Beautiful panoramic views. Pet Friendly up to 55 pounds (with a refundable pet deposit). Newly renovated and waiting for you!

## **MAX OCCUPANCY, RENTAL RATES, and MINIMUM INCOME REQUIREMENTS**

<u><b>Unit Type</b></u>	<u><b>Max Occupants</b></u>	<u><b>100% AMI</b></u>	<u><b>Minimum Income Required</b></u>
1 bed/1bath	1-3 persons	\$1,980.00	\$4,715.00 monthly / \$56,580.00 yearly Gross (before taxes) Combined Incomes
2 bed/1 bath	2-5 persons	\$2,544.00	\$6,095.00 monthly / \$73,140.00 yearly Gross (before taxes) Combined Incomes

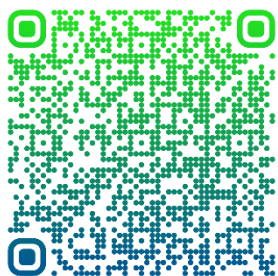
### **Income Maximums (Based on Household Occupancy):**

1 Person: \$106,400   2 Persons: \$121,600   3 Persons: \$136,800   4 Persons: \$152,000   5 Persons: \$164,200

**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.

### **Submit Completed Applications:**



Email: [laurak@hawaiiiaffordable.com](mailto:laurak@hawaiiiaffordable.com)

**\*\*USE QR CODE TO SECURELY UPLOAD APP & DOCS:**

Mail: 860 Halekauwila St, Suite 100, Honolulu, HI 96813

Fax: 808.591.0250

In-Person: Monday-Friday, between 9:00 AM – 5:00 PM, excluding holidays  
*Office closed for lunch between 12:00 PM – 1:00 PM*

**Scan me to upload application and docs!**



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## Tenant Selection Criteria & Process

### Eligibility Requirements:

Applicants must meet the following criteria:

1. One person in the household must be 18 years or older
2. Occupancy Standards (as listed on 1<sup>st</sup> page of the application packet).
3. Household's gross income may not exceed the **maximum** income limit per household size as listed on 1<sup>st</sup> page of application.
4. Satisfactory credit rating and criminal check.
5. Acceptable landlord reference(s).
6. Demonstrated ability to pay rent and make timely payments.

### Application Procedures:

Applications can be obtained by contacting the Kauhale Kaka'ako Management Office at 808.593.9035. Alternatively, requests can be made via email to the emails listed on the first page of this packet.

Each applicant must complete an application and are required to provide information regarding their income, assets, birthdates, social security numbers, previous housing landlord reference(s), and other applicable information listed on the application. Application must be completely filled. If an item(s) does not apply, answer "no" or "N/A." Do **not** leave anything blank. Corrections or changes are to be made by lining through the original entry and entering the correct data; changes must be initialed by the person making the change.

Signed and dated applications will be processed on a first-come, first-serve basis. The application must be completed and signed by all adult household members. Incomplete applications will not be accepted. If an application is not completely answered, the date the application is completed and submitted will be the date that the application is considered accepted.

### Grounds for Rejection (examples):

1. Total family income exceeds the applicable income limits published by HUD and/or HHFDC.
2. Household fails to respond to Management's letters.
3. Credit report showing outstanding collections, poor credit score and/or negative lines of credit.
  - a. Total balance owed on delinquent accounts exceeds \$5,000.00.
  - b. Outstanding Balance with a Utility Company
  - c. A Balance is owed to a prior Landlord
4. All adult household members fail to attend eligibility interview.
5. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
6. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
7. Negative landlord references that indicate lease violations such as non-payment of rent, disturbing the peace, harassment, poor housekeeping, improper conduct, or other negative references against the household.
8. Evictions reported in the last 5 years.
9. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two-years. If late payments or non-payment or eviction was due to extenuating circumstances such as illness or loss of a job, documentation will be required for review on an individual basis.
10. Any evidence of illegal activity including drugs, gangs, etc.
11. Criminal history including but not limited to a felony conviction, drug related conviction, crimes involving violence or sexual crimes:
  - a. **Sex Offender** – Lifetime.

Sex offender is any person required to register as a sex offender and/or listed in the United States Department of Justice National Database for Registered Sex Offenders.

- b. **Distribution and/or Manufacture of a Controlled Substance** – Lifetime.



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- c. **All other Drug-Related** – Ten (10) years from applicant's date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.

Drug related activity includes all convictions for using drugs and/or possession of drug paraphernalia.

- d. **Violent Criminal Activity** – Lifetime.

Violent criminal activity includes all felony crimes against people and/or property.

- e. **Non-Violent Crimes** – Ten (10) years from applicant's date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.

Non-violent crimes include all other felony convictions not listed above.

- f. **Multiple Convictions** – Ten (10) years from the date of applicants' last conviction.

Multiple Convictions are ten (10) or more misdemeanor convictions in a lifetime.

**\*Note:** 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 well-being of all residents, staff and personal property.

12. Negative personal references that indicate adverse or poor reflections of the household.

13. Household cannot pay full security deposit at move-in.

Should applicants fail to meet screening criteria, they will be mailed a notice in writing indicating type of rejection. Applicants may contact management office for explanation of rejection and/or submit new application for Wait List.

## **Eligibility Process:**

Upon receipt of the application, a background and credit report will be pulled for all adults in the household. Once the initial credit and background screening is completed, eligible applicants will be contacted in writing to begin the application eligibility process. Applicants must respond within the specified time or their application will be cancelled. Applicants will be required to submit requested documentation in a timely manner. In order to be income eligible, third-party verifications are required to verify Applicant's income, assets, and landlord & personal references. Applicants will be required to attend an eligibility interview. Once applications are approved by the Managing Agent, Applicants will be notified of unit availability. At times when there are no vacancies, approved applicants will be put on a waitlist and will be contacted as a unit becomes available.

## **Annual Recertification Requirements:**

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 Section 8 Program (if applicable) prior to a new member(s) moving into the unit.



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## **Requested Documents to Process Application**

The following is a list of items that, if applicable to you or anyone in your household, will need to be provided in order for your application to be considered complete. We recommend that you provide these documents along with your initial application for faster processing. **For each household member, make sure to include all income and assets applicable. Do not omit items.** Failure to disclose any income/assets could result in application cancellation or lease termination.

**Please bring the most recent documents and statements available.** Failure to provide all necessary documents will delay the processing of your application.

1. **Employment Information:** Two (2) consecutive Paystubs
2. **Self-Employment Information:** Current Schedule C Form, Financial Statement for current six (6) months, and GET taxes.
3. **Welfare Benefits:** Notification of Benefits, IM Division, address and worker's name.
4. **Social Security &/or SSI Benefits:** Award Letter
5. **Pension &/or Retirement:** Address, ID numbers or any documents verifying pension/retirement amount.
6. **Child Support:** Copy of Court Letter and Latest Paystub.
7. **Unemployment Benefits (UIB), Workman's Compensation, &/or Temporary Disability Benefits (TDI):** Bring verification of application for UIB/Worker's Comp/TDI. If you have already received a determination letter, bring the letter. If you are already receiving benefits, bring the determination letter, payment card or a copy of check (UIB-only), and statement from insurance company (TDI & Workman's Compensation only).
8. **HUD/Section 8 Voucher** – Please get confirmation from your caseworker that your voucher covers our full rent amount. In addition, *let them know that tenants are responsible for electricity for their unit and that each unit has their own individual water heater.* Have them conduct a rent reasonability test with our actual rent for the 96813 zip-code and your actual income/asset situation.
9. **Financial Assistance:** Benefit Letter for Scholarship or Grant and Tuition Breakdown. Do not include financial assistance loans.
10. **All Bank Accounts:** One (1) Checking, One (1) Savings, One (1) IRA, etc. statement(s)
11. **Other Assets:** Stocks, Bonds, Real Estate, Property Assessment form, and etc.
12. **Picture ID, Birth Certificate, Social Security Card/VISA:** Required for all household members regardless of age. Valid IDs only; no expired IDs.
13. **Addendum to Application for Residency** – Signed authorization to consent to background checks for all household members *over* 18 years.
14. **Authorization to Release Information** – Signed authorization to consent for income and asset verifications for all household members *over* 18 years.



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## Additional Requested Information:

### Email Contact Information:

Head of Household Email:	
Co-Tenant Email:	
Other Member:	
Other Member:	

*If you provide an email address, please check your email as some correspondence will be sent via email. Please also check your spam folder in case emails are mistakenly flagged as spam.*

### Phone Number Contact Information:

Head of Household Phone:	
Co-Tenant Phone:	
Other Member:	
Other Member:	

**Requested Move-In Date:** \_\_\_\_\_

☐ *Relocating from mainland or neighbor islands*

☐ *Urgent / hard deadline*

**I would like to be added to the waitlist:**

☐ Yes

☐ No

Please remove me from the waitlist after: \_\_\_\_\_

*Note: Only completed applications will be added to the waitlist. Applications on waitlist will expire after 6 months. Please re-apply or contact the office to convey your maintained interest in a unit at Kauhale Kaka'ako.*

# APPLICATION FOR HOUSING

Affordable Housing Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

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 not applicable.

## A. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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 least 50% 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? ☐ Yes ☐ No

*If yes, explain:*

2. Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

*If yes, explain:*

3. Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No

*If yes, explain:*

4. Are you living with anyone now who will not be moving into this unit with you? ☐ Yes ☐ No

*If yes, explain:*

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? ☐ Yes ☐ No

**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

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

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





Household Member Name	Source of Income	Monthly Amount
32.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
33.	<b>Previous Employment amount (last 60 days)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
34.	<b>Alimony</b>	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	<b>Child Support</b>	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	<b>Other Income</b>	\$
37.	<b>Other Income</b>	\$
38.	<b>Other Income</b>	\$
39. <b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		
		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do <b>NOT</b> 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

<b>D. ASSETS (even if jointly held)</b>			
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 \$
	#	Bank	Balance \$
47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	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 \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	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. Real Estate Property:	<b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property		
59. Location of property		
60. Appraised Market Value		\$
61. Mortgage or outstanding loans balance due		\$
62. Amount of annual insurance premium		\$
63. Amount of most recent tax bill		\$
64. Is the property subject to foreclosure, bankruptcy or eviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		

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

69. 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	
<b><i>If yes, describe the asset:</i></b>	
70. Date of disposition:	
71. Amount disposed	\$

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

### E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe:</i></b>		
75. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
76. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
77. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Briefly describe your reasons for applying:</i></b>		

### F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

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

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
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.			
86. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
87. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
88. Do you own any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			

## H. APPLICATION ASSISTANCE

89. 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 and date the application.

SIGNATURE(S) (**Must be dated**):

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date





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## APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that Hawaii Affordable Properties, Inc. (HAPI) will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to HAPI, all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand HAPI has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize HAPI to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Applicant's LEGAL NAME: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

Co-Applicant's LEGAL NAME: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Co-Applicant SSN: \_\_\_\_\_ Co-Applicant Date of Birth: \_\_\_\_\_

Co-Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Co-Applicant's Phone #: \_\_\_\_\_

Co-Applicant's LEGAL NAME: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Co-Applicant SSN: \_\_\_\_\_ Co-Applicant Date of Birth: \_\_\_\_\_

Co-Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Co-Applicant's Phone #: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_

Authorized Signature

Title

\_\_\_\_\_

Print Name

Date

---

### Release by Applicant/Tenant

I hereby authorize the release of all requested information.

\_\_\_\_\_

Signature

Date

***Verification form is attached.***



## AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_

Authorized Signature

Title

\_\_\_\_\_

Print Name

Date

---

### Release by Applicant/Tenant

I hereby authorize the release of all requested information.

\_\_\_\_\_

Signature

Date

***Verification form is attached.***

