



Hale Makana O Moiliili Application Moiliili, Oahu 96816

Structure: 5-story Mid-Rise Building over a 1-story parking podium

Unit Type: (80) Studio/One bath units (Only 50% AMI Units Available)
(24) One bedroom/One bath units (Not Available)

Utilities: Water, and Sewage are included in rent

Resources: Covered Parking, Elevator, Community Lounge, and Laundry Facility. Unit amenities include a full range, refrigerator, and garbage disposal.

Pets: No pets allowed. *Accommodation considered for verifiable service animals

Occupancy Limit Studio: 1 to 2 persons
One Bedroom: 1 to 3 persons

Income Restrictions: 30%, 50% and 60% of the Area Median Income (AMI) for the County of Honolulu, as determined by HUD (See next page)
the Area Median Income is subject to change per HUD’s annual income limits

Rent:	Studio	1 Bedroom
30% AMI	\$553 (4 units)	\$587 (2 units)
50% AMI	\$962 (72 units)	\$1,024 (20 units)
60% AMI	\$1,166 (4 units)	\$1,243(2 units)

Preferences: 1. Person(s) currently living within the State of Hawaii

Person(s) with a Housing Choice Voucher have priority within each Preference Pool

Person(s) who have been displaced by Government action or a presidential Declared Disaster will have priority over all preferences

**** Persons who are Disabled or Handicapped will be given preference for ADA units****

2022 Income Limits established by HUD, effective April 1, 2022

**Income limits are subject to change annually per HUD’s annual income limits*

HONOLULU COUNTY INCOME SCHEDULE BY HOUSEHOLD SIZE

Income Limit	1 Person	2 Person	3 Person
30% AMI	\$27,450	\$31,350	\$35,280
50% AMI	\$45,750	\$52,250	\$58,800
60% AMI	\$54,900	\$62,700	\$70,560





RENTAL HOUSING APPLICATION

Hale Makana O Moiliili

Moiliili, HI 96816

MGMT. USE ONLY:

Date Received _____ Time _____

NOTICE: Provide ALL requested information in application. **DO NOT LEAVE ANY BLANKS.** If a question or section does not apply, mark the question or section 'N/A'. Incomplete and illegible applications will be rejected. This application is subject to review, acceptance and approval by Mark Development, Inc.

HEAD OF HOUSEHOLD: _____
(Last) (First) (Middle Initial)

CO-HEAD OF HOUSEHOLD: _____
(Last) (First) (Middle Initial)

Residence Address: _____

Mailing Address (If Different): _____

Home Ph# _____ Cell Ph# (Head) _____ Cell Ph# (Co-Head) _____

Email: _____ Checked Frequently: YES NO

Have you been displaced by Government Action or President Declared Disaster? YES NO *Submit documentation.*

Do you or any member of your household require specific accommodations, as a person with a disability? YES NO
Type of accommodation: _____

Have you lived in a government subsidized project? YES NO
If yes, give name of project: _____ and date you lived there: _____

Other States that any household member has lived in: _____

Have you received any kind of rental assistance? YES NO
If yes, give program and dates your received assistance: _____

Do you currently: Rent or Own
Amount of current monthly rental/mortgage payment \$ _____ No. of Bedrooms in Current Unit: _____
If owned, do you receive monthly rental income from the property? YES NO
Utilities paid by you: Electric Gas Water Sewer Other: _____ Monthly utilities you pay \$ _____

Bedroom size requested: Studio (1-2 people) One Bedroom (1-3 people)

Briefly describe your reasons for applying:

How did you hear about Hale Makana O Moiliili?
 Newspaper Craigslist Friend/Family Other (please list): _____



Do you have a Section 8 Voucher/Housing Choice Voucher? If "YES", answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State OR <input type="checkbox"/> County Voucher Number of bedrooms your voucher is approved for:	#
How much do you pay monthly (family share)?	\$
What is your monthly maximum allowed voucher rent?	\$
Is your household composition on this application the same as the Section 8 household composition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD COMPOSITION							
List ALL persons who will live in the unit. List the head of household first.							
	Full Name	Relationship to Head of Household	Date of Birth <i>mm/dd/yy</i>	Age	Social Security #	Citizen?	FULL TIME Student <i>Include K-12, College, Technical, Trade School, etc.</i>
Head		Head				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Have there been any changes in household composition in the <u>LAST</u> twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you anticipate any changes in household composition in the <u>NEXT</u> twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there someone <u>NOT</u> listed above who would normally be living with the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "YES" to any of the above, explain:</i>	

VEHICLE INFORMATION	
List cars, trucks, or other vehicles that you operate and maintain. All vehicles must have current vehicle registration, safety check and insurance. Only vehicles that fit in parking space will be allowed.	
Vehicle 1	Vehicle 2
Type of Vehicle:	Type of Vehicle:
Year/Make/Model:	Year/Make/Model:
License Plate #: Color:	License Plate #: Color:
Insurance Carrier:	Insurance Carrier:
Owner:	Owner:



The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1. **Head of Household Name:** _____

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other _____

Ethnicity: *(Select One)*
 Hispanic or Latino
 Non-Hispanic or Non-Latino

Sex: Male Female

Disabled: Yes No

2. **Household Member Name:** _____

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other _____

Ethnicity: *(Select One)*
 Hispanic or Latino
 Non-Hispanic or Non-Latino

Sex: Male Female

Disabled: Yes No

3. **Household Member Name:** _____

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other _____

Ethnicity: *(Select One)*
 Hispanic or Latino
 Non-Hispanic or Non-Latino

Sex: Male Female

Disabled: Yes No



INCOME

List **ALL** projected sources of income as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. DO NOT LEAVE ANYTHING BLANK. Refer to the "Income Checklist" attached on back for information and details regarding income. If additional space is required, please make copies of this income section form and attach to your application.

Name	Source of Income	Gross MONTHLY
Name:	Social Security Income	\$
Name:	Social Security Income	\$
Name:	SSI Benefits	\$
Name:	SSI Benefits	\$
Name:	Public Assistance/Welfare Benefits	\$
Name:	Public Assistance/Welfare Benefits	\$
Name:	Pension <i>List Source:</i>	\$
Name:	Title IV/TANF	\$
Name:	Title IV/TANF	\$
Name:	Pension <i>List Source:</i>	\$
Name:	Veteran's Benefits <i>Claim #:</i>	\$
Name:	Veteran's Benefits <i>Claim #:</i>	\$
Name:	Unemployment/Worker's Compensation	\$
Name:	Unemployment/Worker's Compensation	\$
Name:	Contributions to the Household <i>(Monetary or not)</i>	\$
Name:	Full-Time Student Income <i>(18 & Over Only)</i>	\$
Name:	Financial Aid - <i>Grants & scholarships exceeding the amount of tuition may have to be included in total income</i>	\$
Name:	Long Term Medical Care Insurance Payments <i>in excess of \$180/day</i>	\$
Name:	Scheduled Payments from Investments	\$
Name:	Interest Income <i>Source:</i>	\$
Name:	Monthly Cash Gifts <i>Source:</i>	\$
Name:	Monthly Cash Gifts <i>Source:</i>	\$
Name:	Other Income <i>Source:</i>	\$
Name:	Other Income <i>Source:</i>	\$
Name:	Other Income <i>Source:</i>	\$
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #: _____ Supervisor: _____	
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #: _____ Supervisor: _____	
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #: _____ Supervisor: _____	



Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #:	Supervisor:
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #:	Supervisor:
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #:	Supervisor:
Name:	Employment	\$
	Employer:	
	Address:	
	Telephone #:	Supervisor:

Name:	Alimony	
	Are you legally 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 actually receive:	\$

Name:	Child Support	
	Are you legally 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 amount you actually receive:	\$

➤ TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
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1) Do you anticipate <u>ANY</u> changes in this income in the <u>NEXT</u> twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is any member of the household <i>legally entitled</i> to receive income assistance? <i>If YES, are you currently receiving income assistance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Does any member of the household currently or anticipates receiving receive income or assistance (<i>monetary or not</i>) from someone who is <u>NOT</u> a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES" to any of the above, explain:



ASSETS

List **ALL** household assets (excluding personal property) as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. **DO NOT LEAVE ANYTHING BLANK.** Refer to the "Asset Checklist" attached on back for information and details on additional space is required, make copies of this asset section & attach it.

Name:	Cash on Hand	\$
Name:	Cash on Hand	\$
Name:	Cash on Hand	\$
Name:	Cash on Hand	\$

Checking Accounts			Balance
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$

Savings Accounts			Balance
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$

Certificate of Deposit			Cash Value
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$
Name:	Acct #	Bank/Branch:	\$

Savings Bonds			Cash Value
Name:	Bond #	Bank/Branch:	\$
Name:	Bond #	Bank/Branch:	\$

Life Insurance			Cash Value
Name:	Policy #	Institution:	\$
Name:	Policy #	Institution:	\$
Name:	Policy #	Institution:	\$

401(k)/401(b)			Cash Value
Name:	Acct #	Fund Manager:	\$
Name:	Acct #	Fund Manager:	\$
Name:	Acct #	Fund Manager:	\$

IRA/Retirement			Cash Value
Name:	Acct #	Fund Manager:	\$
Name:	Acct #	Fund Manager:	\$

Trust Account			Cash Value
Name:	Acct #	Fund Manager:	\$
Name:	Acct #	Fund Manager:	\$



Mutual Funds				Cash Value
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Stocks				Cash Value
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Bonds				Cash Value
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Name:	Symbol:	# of Shares:	Interest/Dividends: \$	\$
Investment Property				Appraised Value: \$

Does any household member own any Real Estate property? If YES, answer questions below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Property:	
Location of Property:	
Appraised Market Value:	\$
Mortgage or outstanding loans balance:	\$

Does any member of the household have an asset(s) owned jointly with a person who is <u>NOT</u> a member of the household as listed on Page 1? If YES, explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any <u>property</u> in the last 2 years? If YES, answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Property:	
Market Value when sold/disposed:	\$
Date of transaction:	Amount sold/disposed for: \$

Have you disposed of any <u>OTHER</u> assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If "<u>YES</u>", answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the asset:	
Date of disposition:	Amount disposed: \$

Do you have any other assets <u>NOT</u> listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If " <u>YES</u> " list: below.	
	\$
	\$
	\$



STUDENT STATUS

Will **ALL** of the persons in the household be or have been full-time students any time during FIVE calendar months of this year OR plan to be in the *NEXT* calendar year at an educational institution with regular faculty and students? *Includes grades K-12, College, University, Technical, Mechanical, Trade School, etc.* **YES** **NO**

Answer the following **ONLY** if you answered YES to the question above:

- Are any full-time students(s) married and filing a joint tax return?..... Yes No
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?..... Yes No
- Are any full-time student(s) a TANF or Title IV recipient?..... Yes No
- Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents of anyone outside the household, other than a parent?..... Yes No
- 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)?..... Yes No

STUDENT INFORMATION

List information for household members that are **Full-Time Students ONLY - Age 18 or Older**

Name:	Semester Start Date:	Semester End Date:
Institution:		
Name:	Semester Start Date:	Semester End Date:
Institution:		
Name:	Semester Start Date:	Semester End Date:
Institution:		

MONTHLY MEDICAL EXPENSES

Do you pay for out-of-pocket medical expenses? **YES** **NO** *If "YES", list ESTIMATED monthly medical expenses of ALL persons who will live in the unit that are NOT reimbursed by an outside agency.*

Name of Household Member	Medicare	Health Insurance	Prescriptions	Other Medical Expenses
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

CHILD CARE EXPENSES

Do you pay for child care expenses? **YES** **NO** *If "YES", list child care incurred due to an adult household member's Schooling/Employment/Search for Employment. COMPLETE FOR CHILDREN 12 YEARS AND YOUNGER ONLY*

Name of Child	Amount Paid	Name & Address of Person/Agency caring for child
	\$	
	\$	
	\$	



ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household smoke tobacco or any other plant material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for drug offenses? <i>If <u>YES</u>, have you or any member of your household successfully completed a drug rehabilitation program? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for any criminal activity or crime(s) of violence, <u>or</u> property theft offenses, <u>or</u> firearm offenses (<i>excluding traffic violations</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **“YES”** to any of the above, provide name(s) of household members involved, date(s) of incidents, and details and mitigating circumstances/explanations on the “Explanation Sheet” on the next page.

Explanation Sheet:

Name of Household Member(s):

Date of incident(s):

Details, mitigating circumstances and explanations below:



LANDLORD REFERENCES

List your CURRENT and PREVIOUS landlords for the PAST 5 YEARS. *****If you are/were living with family or friends, please give the name of the person you lived with and/or paid rent to.**

CURRENT LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:
PREVIOUS LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:
PREVIOUS LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:

PERSONAL REFERENCES


Name of Reference	Address	Relationship	Phone Number

ACKNOWLEDGEMENT, CERTIFICATION AND SIGNATURE LINES ON NEXT PAGE



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 primary residence. I/We understand I/we must pay a security deposit for this unit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the Tenant Selection Criteria for this specific project as established by Mark Development, Inc. **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.** I/We hereby authorize Mark Development, Inc. to verify any information contained in the rental application at any time, including but not limited to, verification of residency, employment, income, assets and landlord references. I/We understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorizes Mark Development, Inc. to obtain such reports as allowed by the Fair Credit Reporting Act and any information related to criminal activities.. This is for preliminary screening use only and does not obligate Mark Development, Inc. to execute a rental agreement or deliver possession of the premises.

ACKNOWLEDGMENT: My initial below acknowledges that I am aware and understand that a copy of the current Tenant Selection Plan is readily available for my review at www.mdihawaii.com/tsp and/or a copy may be provided to me at any time, per my request. **I certify that I have read, understand and accept the current Tenant Selection Plan.**

 **INITIAL:** _____ *(Head of Household)*

All adult applicants 18 years and older and emancipated applicants under the age of 18 must sign application.

Head

Date

Co-Head

Date

Adult over 18 yrs.

Date

Please be advised that if you knowingly give the managing agent false information regarding income or other factors considered in determining your eligibility and rent, you could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000.00 and imprisonment for up to five years.



INCOME CHECKLIST

It is important that you include all income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current and anticipated income.

- 1. Employment Income** *This does not include employment income of children younger than 18 or live-in aides:*
Wages Bonuses Salaries Tips
Overtime Pay Fees Commissions Full-Time Student Income (18 & Over Only)
Any other amounts adult household members earn from working for other people or from their own business.
- 2. Benefit Payments** *This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income [SSI]:*
Social Security Annuities SSI Insurance Policy Payments
Worker's Compensation Pensions Disability Pay or Benefits Retirement Fund Benefits
Unemployment Benefits Death Benefits Severance Pay Veteran's Benefits
Title IV/TANF
Any other benefit payments (e.g. veterans, disability, black lung sick benefits, dependent indemnity compensation)
- 3. Welfare Assistance** *This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disable person.*
- 4. Alimony and/or child support** *This includes adoption assistance payments.*
- 5. Interest, dividends, and other income from household assets:** *Interest from bank accounts or bonds, Dividends from stocks or mutual funds, Income distributed from trust funds, Money from renting household assets, Any other interest, dividends, or rent, including children's unearned income)*
- 6. Lottery winnings paid in periodic payments**
- 7. Money or gifts regularly given by persons not living in the unit** *This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.*
- 8. Any other sources of income**

ASSET CHECKLIST

It is important that you include all Assets owned by each member of your household. The following is a list of items the government counts as assets in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current assets.

- 1. Cash held in savings and checking account, pre-paid debit cards, safe deposit boxes, homes, etc.**
- 2. Revocable Trusts**
- 3. Equity in Rental Property or other Capital investment**
- 4. Stocks, Bonds, Mutual Funds, Treasury Bills, Certificates of Deposit, Money Market Accounts**
- 5. Individual Retirement and Keogh Accounts**
- 6. Retirement and Pension Fund** *(amount that can be withdrawn less penalties and costs while employed without retiring or terminating employment)*
- 7. Cash Value of Life Insurance Policies** *(surrender value before death of a whole life/universal life policy)*
- 8. Personal Property held as Investments**
- 9. Lump sum receipts or one-time receipts** *(inheritance; capital gains; on-time lottery winnings; victim's restitution; insurance settlements and claims; and other amounts not intended as periodic payments)*
- 10. Mortgage or Deed of Trust held by household member**

