

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 No.	Citizen?	Full Time Student <i>Includes K-12</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
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have there been any changes in household composition in the LAST twelve months? Yes No
 Do you anticipate any changes in household composition in the NEXT twelve months? Yes No
 Is there someone not listed above who would normally be living with the household? Yes No
 If "YES" to any of the above, explain:

STUDENT STATUS

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 "NO", skip to the next section

If "YES", answer the following:

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:		
Address:	City:	State: Zip:
Name:	Semester Start Date:	Semester End Date:
Institution:		
Address:	City:	State: Zip:
Name:	Semester Start Date:	Semester End Date:
Institution:		
Address:	City:	State: Zip:



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.

<p>1. Head of Household Name: _____</p> <p>Race: (Select One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>	<p>Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Household Member Name: _____</p> <p>Race: (Select One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>	<p>Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Household Member Name: _____</p> <p>Race: (Select One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>	<p>Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Household Member Name: _____</p> <p>Race: (Select One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>	<p>Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Household Member Name: _____</p> <p>Race: (Select One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>	<p>Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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" on Page 11 for information and details regarding income. If additional space is required, please make copies of this income section form and attach it.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
Name:	Social Security Income	\$
Name:	Social Security Income	\$
Name:	SSI Benefits	\$
Name:	SSI Benefits	\$
Name:	Welfare Benefits <i>(Cash/financial benefits)</i>	\$
Name:	Welfare Benefits <i>(Cash/Financial benefits)</i>	\$
Name:	Pension <i>List Source:</i>	\$
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:	Title IV/TANF	\$
Name:	Title IV/TANF	\$
Name:	Contributions to the Household (monetary or not)	\$
Name:	Full-Time Student Income (18 & Over Only)	\$
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 Payment <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/Work Income	\$
Employer/Position:		Ph:
Address:		How Long Employed?
Name:	Employment/Work Income	\$
Employer/Position:		Ph:
Address:		How Long Employed?
Name:	Employment/Work Income	\$
Employer/Position:		Ph:
Address:		How Long Employed?



Name:	Employment/Work Income	\$
Employer/Position:	Ph:	
Address:	How Long Employed?	
Name:	Employment/Work Income	\$
Employer/Position:	Ph:	
Address:	How Long Employed?	

Name:	Alimony	
Are you <u>legally</u> entitled to receive alimony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" - list the amount you are <u>entitled</u> to receive:		\$
Do you receive alimony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" - list the amount you receive:		\$

Name:	Child Support	
Are you <u>legally</u> entitled to receive child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" - list the amount you are <u>entitled</u> to receive:		\$
Do you receive child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" - list the amount you receive:		\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
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1. Do you anticipate any 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 legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the income described in #2 and #3 being received?	<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. Refer to the "Asset Checklist" on Page 11 for information and details on Assets. If additional space is required, make copies of this asset section & attach it.		
HOUSEHOLD MEMBER NAME	ASSET TYPE/ACCOUNT INFORMATION	BALANCE OR VALUE
Name:	Cash on Hand	\$
Name:	Cash on Hand	\$
Name:	Cash on Hand	\$
Name:	Checking	Acct. #: \$
Institution:	Branch/Address:	
Name:	Checking	Acct. #: \$
Institution:	Branch/Address:	



Name:	Checking	Acct. #:		
Institution:		Branch/Address:		
Name:	Savings	Acct. #:		
Institution:		Branch/Address:		
Name:	Savings	Acct. #:	\$	
Institution:		Branch/Address:		
Name:	Savings	Acct. #:	\$	
Institution:		Branch/Address:		
Name:	Savings Bond	Bond #	Maturity Date:	\$
Name:	Savings Bond	Bond #	Maturity Date:	\$
Name:	Life Insurance	Policy #		\$
Institution:		Address:		
Name:	Life Insurance	Policy #	\$	
Institution:		Address:		
Name:	401 K	Fund Manager/Acct #:		\$
Name:	401 K	Fund Manager/Acct #:		\$
Name:	IRA	Fund Manager/Acct #:		\$
Name:	IRA	Fund Manager/Acct #:		\$
Name:	Deferred Comp Plan	Fund Manager/Acct #:		\$
Name:	Trust Account	Acct. #:	\$	
Institution:				
Address:			City, State, Zip:	
Name:	Cert. of Deposit	Acct. #:		\$
Institution:		Branch:		
Name:	Cert. of Deposit	Acct. #:		\$
Institution:		Branch:		
Mutual Funds				
Fund Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Fund Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Stocks				
Stock Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Stock Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Bonds				
Bond Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Bond Symbol:	No. Shares:	Interest/Dividends:	Value	\$
Name:	Investment Property		Appraised Value	\$



Does any household member own any Real Estate property? If "YES", answer the following:		<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 NOT 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 property 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 other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If "YES", 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 not listed above (excluding personal property)? <i>If "YES", please list below:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
		\$

MONTHLY MEDICAL EXPENSES

Do you pay for out-of-pocket medical expenses? YES NO --- If "NO", skip to the next section

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	Medical Expenses	Disability Expenses
	\$	\$	\$	\$
	\$	\$	\$	\$

CHILD CARE EXPENSES

Do you pay for child care expenses? YES NO --- If "NO", skip to the next section

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 (12 years & younger)	Amount Paid	Name & Address of Person/Agency caring for child
	\$	
	\$	
	\$	



LANDLORD REFERENCE INFORMATION

List full name, address and telephone number of CURRENT and PREVIOUS LANDLORDS for the **PAST 5 YEARS**. *If you were living with family or friends, please give the name of the person you lived with and/or paid rent to.*

	Name of Landlord	Mailing Address	Phone Number	Dates of Tenancy
Current				
Previous				
Previous				
Previous				

PERSONAL REFERENCES

Name of Reference	Address	Relationship	Phone Number

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 No.: Color:	License Plate No.: Color:
Insurance Carrier:	Insurance Carrier:
Owner:	Owner:
Person responsible for car payments:	Person responsible for car payments:
Person responsible for payment of registration, safety check, insurance:	Person responsible for payment of registration, safety check, insurance:

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.

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

Adult over 18 yrs.

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.



MAHI'AI HALE

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.

- 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.

- 1. Cash held in savings and checking account, prepaid 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**

