



For Locations Use Only:

Date Received: _____
 Time Received: _____

Meheula Vista II, 95-1060B Lehiwa Drive, Mililani, Hawaii 96789

Please Print
Clearly

RENTAL APPLICATION FOR SENIOR HOUSING

For Low-Income Housing Tax Credit Properties

Applications are placed in order of date and time received.

Incomplete applications may not be considered.

An applicant must be interviewed only after the receipt of this tenant application.

This is an application for housing at:

MEHEULA VISTA II
Meheula Vista
Attn: MANAGEMENT OFFICE
95-1060A Lehiwa Drive
Mililani, Hawaii 96789

Please complete this application and return to:

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____
 Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

Do you RENT or OWN (check one) Amount of current monthly rental or mortgage payment: \$ _____
 .0 Yes No (check one)

B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the unit.						
	Name List the head of household first	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Tenant						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Have there been any changes in household composition in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you anticipate any additions to the household in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain		
Will ALL of the persons in the household be or have been <i>full-time students during five calendar months of this year or plan to be in the next calendar year</i> at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Are any full-time student(s) a TANF or a title IV recipient?	<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 (List the name of the recipient)	Source of Income	Current Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Pension (list source)	\$
	Address:	
	City, State, Zip:	
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF (Welfare)	\$
	Section 8	\$

Household Member Name (List the name of the recipient)	Source of Income	Gross Monthly Amount
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

	Alimony	
	Are you 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 receive.	\$

	Child Support	
	Are you 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 receive.	\$

	Other Income	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS MONTHLY INCOME (Add the monthly amounts listed above)	\$
--	----

TOTAL GROSS ANNUAL INCOME (Gross monthly amounts listed above x 12)	\$
--	----

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, explain:	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$

Is any member of the household legally entitled to receive income assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance from someone who is not a member of the Household?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:				
Is the income received?				<input type="checkbox"/> Yes <input type="checkbox"/> No
D. ASSETS				
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.				
Checking Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
Certificates of Deposit If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union If none, check here <input type="checkbox"/>	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds If none, check here <input type="checkbox"/>	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Life Insurance Policy If none, check here <input type="checkbox"/>	#		Cash Value \$	
Mutual Funds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks If none, check here <input type="checkbox"/>	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds If none, check here <input type="checkbox"/>	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$
Real Estate Property: Do you own any real property?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property				

Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , List type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction (month, day, and year)	
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
If yes , describe the asset	
Date of disposition	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

E. ADDITIONAL INFORMATION

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

F. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:
Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Rent amount:		
	How Long?	From:	To:

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

EMERGENCY CONTACT PERSON:

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

G. HOUSING REQUIREMENTS

Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No.
If there are no handicap units available, are you still interested in renting another apartment that is <i>not</i> handicap-accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking will be assigned upon lease commencement.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:
Type of Vehicle(2):	License Plate #:
Year/Make:	Color:

Application

ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT

I/we have read the above form and I/we understand that if I/we cause a financial loss to my/our Landlord, that my/our name(s) may be placed in the files of the Credit Bureau of the Pacific and such information will be furnished to subscribers who have a bona fide and legal need to make an inquiry. I/we also understand that causing a financial loss may limit my/our ability to obtain credit or lease other rental units.

I/we authorize Locations LLC (the Managing Agent) and/or the property owner to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my rental application. I further authorize Locations LLC and/or the property owner to order a consumer credit report and verify other credit information. I/we hereby give my/our permission for you to verify the information provided above, including but not limited to criminal background screening.

CERTIFICATION: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties, but not limited to, fine or imprisonment or both. I/we acknowledge that my/our income will be verified every year for re-certification purposes.

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 application.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/we have applied in a rental apartment in an affordable rental development. As part of the requirements for residing in this affordable rental development, LOCATIONS LLC may need to verify information of my/our income and in other documents required in connection with the rental of an apartment in this project.

I/we authorize you to furnish LOCATIONS LLC with any and all information that they may request. Such information may include employment history and income, financial history and account status, credit history, and copies of income tax returns.

Since time is of the essence, your prompt reply to LOCATIONS LLC will be appreciated.

A copy of this authorization may be accepted as an original.

Signature	Social Security Number	Date
Signature	Social Security Number	Date

PRIVACY ACT NOTICE:

This information is to be used by the agency collecting it or the Landlord in certifying the Tenant(s) or applicant(s) under the LIHTC rental program. The information obtained will not be disclosed outside the agency or the Landlord without the Tenant(s) consent except to employer(s) for verification of employment, or to financial institutions for verification of deposits and as required and permitted by law.

autho.doc