

For Locations use only:
 Date Received: _____
 Time Received: _____



614 Kapahulu Avenue, Suite 102, Honolulu, Hawaii 96815 Telephone: (808)738-3100 Fax: (808)735-1978

Please PRINT clearly

RENTAL APPLICATION

For "Reserved Housing Unit" Rentals

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.

Please complete this application and return to:

| |
|---|
| 680 Ala Moana Boulevard |
| LOCATIONS LLC |
| Attn: Property Management Division |
| P.O. Box 22420 |
| Honolulu Hawaii 96823-2420 |

A. GENERAL INFORMATION

Applicant Name(s): _____
 Current Address: _____
 Last name _____ First name _____ Middle Initial _____
 Street _____ Apt.# _____ City _____ State _____ ZIP _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Cellular Phone: _____

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)

B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the apartment.

| Name | List the head of household first | Relationship to head | Birth Date | Age (optional) | SS# (excluding minors) | Student Y/N |
|--|----------------------------------|----------------------|------------|----------------|------------------------|---|
| Head | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Co-Tenant | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you own any pets? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many and describe type and size: | | | | | | |

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

| | | | |
|---|---|------|--|
| | Employer: | | |
| | Position Held | | |
| | How long employed: | | |
| | Social Security | | \$ |
| | Social Security | | \$ |
| | SSI Benefits | | \$ |
| | SSI Benefits | | \$ |
| | Pension / Retirement Benefits (list source) | | \$ |
| | Address: | | |
| | City, State, Zip: | | |
| | Veteran's Benefits (list claim #) | | \$ |
| | Unemployment Compensation | | \$ |
| | Unemployment Compensation | | \$ |
| | Title IV/TANF (Welfare) | | \$ |
| | Section 8 | | \$ |
| | Interest Income (source) | | \$ |
| | Interest Income (source) | | \$ |
| | Other income | | \$ |
| | 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 the amount you receive. | | \$ |
| | 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 | | | | |
| Do you or your spouse have a majority interest in a principal residence, or a beneficial interest in a land trust on a principal residence, within or outside of the State for a period of three years immediately prior to the date of this application? | | | | |
| If yes, Type of real property | | | | |
| Location of property (address) | | | | |
| Appraised Market Value | | | \$ | |
| Mortgage or outstanding loans balance due | | | \$ | |
| Amount of annual insurance premium | | | \$ | |
| Amount of most recent tax bill | | | \$ | |
| Have you or your spouse purchased a Reserved Housing Unit under the Mauka Area Rules | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you owe ANY OUTSTANDING DEBT TO THE HCDA? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do not have a multiple record or history of conduct or behavior which may prove detrimental to other tenants in the Project or the HCDA. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 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? | <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 becomes 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: | |
| | Name: | | |
| | Address: | | |
| | Home Phone: | | |
| | Bus. Phone: | | |
| | Rent amount: | | |
| | How Long? | From: To: | |
| | Personal Reference #1: | | |
| | Address: | | |
| Relationship: | Phone #: | | |

EMERGENCY CONTACT PERSON:

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

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking is not available or guaranteed.

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

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 bonafide 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 the HCDA, Kamehameha Schools, and 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 agree to pay a non-refundable application fee in the amount of \$35 per applicant aged 18 or older; payable upon the submission and receipt of the application. 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.

I/We agree to comply with the Reserved Housing Units program for Mauka Kaka 'ako.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

**RESIDENT SELECTION POLICY
Six Eighty**

It is the goal of Locations, to provide safe, sanitary, and pleasant housing at affordable rents for households including those which may include physically disabled members who meet the income requirements as defined by the Hawaii Community Development Authority (HCDA) for low-income households.

Six Eighty is under the HCDA Reserved Housing rental program. This program is a part of an effort to provide a spectrum of housing within the Kaka'ako community development district that is priced for residents within the low to moderate income range. Applicants must meet specific qualifications in order to be considered.

I. APPLICATION PROCEDURES

- A. Each applicant must complete a Rental Application and be willing to submit to credit history, rental history, criminal background and Federal and State sex offender registry inquiry, as well as income and asset verification.
- B. All adult applicants must sign the Rental Application. If an application is not completely filled in, the date of it being fully completed will be the date that the application is considered received for rental purposes.
- C. Applicant interviews will be conducted to obtain signed verification forms for all asset/income information prior to any offer of a unit.
- D. Each applicant will be subject to the selection criteria listed below:
 - 1. Applicant household income must meet the minimum and not exceed current years maximum income limits as determined by HCDA.
 - 2. Satisfactory rental history from current and previous landlord.
 - 3. Satisfactory credit rating of 650 or higher.
 - 4. Satisfactory criminal background history.
 - 5. Applicant does not have a record or history of conduct or behavior which may prove detrimental to other tenants in the Project.
- E. The project will strive for occupancy that reflects proportionately the area's population in conformity with the Affirmative Fair Housing Plan.
- F. The applicant(s) are responsible for completing the application accurately. Misrepresentation of information is grounds for exclusion.

II. OCCUPANCY GUIDELINES – The following occupancy standards apply:

| | |
|-------------|--------------|
| Studio | 1 – 2 People |
| One Bedroom | 2 – 3 People |

- a. Occupancy standards will be applied in a manner consistent with fair housing requirements. Applicants will be housed in a unit size appropriate for their household. Household members include, but are not limited to the following:
 - i. All full-time family members
 - ii. All anticipated children, defined as the following:
 - 1. Children expected to be born to a pregnant woman



2. Children in the process of being adopted by an adult family member
3. Children whose custody is being obtained
4. Foster children who will reside in the unit
5. Children who are temporarily in a foster home who will return to the family
6. Children in joint custody arrangements who are present in the household 50 percent or more of the time
- iii. Children who are away at school and who live at home during recesses
- iv. Live-in aides
- v. Foster adults living in the unit

III. Pets – Are permitted in the Apartment, Common Area, Limited common Areas or the premises. All pets must be registered with management.

1. 2 pets maximum per unit
2. \$50 monthly pet rent per pet
3. No visiting pets are allowed
4. No aquariums are allowed

| RESTRICTED ANIMAL/BREED LIST (included but not limited to) <i>(Note: Service/Companion animals may not be subject to this list)</i> | |
|---|---|
| Breeds of Dogs: | <i>Pit Bull, Rottweiler, Presa Canario, German Shepherd, Husky, Malamute, Doberman, Chowchow, St. Bernard, Great Dane, Akita, Terriers(Staffordshire), American Bull Dog, Afghan Hound, Foxhound, Bernese, Bull Mastiff, Saluki, Australian Cattle Dog, Bloodhound Dalmatian, Greyhound, Weimaraner, Basenji, Boxer, Pointer, Basset Hound, Bulldog, Elkhound, Keeshond</i> <i>Any hybrid or mixed breed of one of the aforementioned breeds</i> |
| Poisonous Animals: | <i>Tarantulas</i> |
| Exotic Animals: | <i>Reptiles (snakes, iguanas). Ferrets, Skunks, Raccoons Squirrels Rabbits Birds – Any Type</i> |

IV. RENTERS INSURANCE REQUIREMENT

Locations LLC requires all residents to carry a minimum of \$100,000 Personal Liability Insurance. We recommend that you consider adding Personal Property Coverage as added Protection. **Proof of insurance will be required upon move-in.**

V. GROUNDS FOR REJECTION – Applicants may be denied for any of the following reason(s). This list may not be all inclusive.

- A. Failure to present all adult members of the household, at the interview, or some other time acceptable to management, prior to completion of the initial certification.
- B. Unsatisfactory landlord, or other reference, which may include failure to comply with the lease, poor payment history, poor housekeeping habits which are unsanitary or hazardous, creating a nuisance to neighbors and or management, or past eviction. Persons who, based upon past performance or history, represent a threat to the safety or quiet enjoyment of the premises to other residents.
- C. Subject of a summary possession (eviction) judgment.



- D. Unsatisfactory credit history, which may include history of late payments, judgments, bad debt write-off, unpaid liens and/or government tax liens.
1. Total balance owed on delinquent accounts exceeds \$5,000.00.
 2. Outstanding Balance with a Utility Company
 3. A Balance is owed to a prior Landlord
 4. Unsatisfactory credit history, which may include history of late payments, judgments, bad debt write-off, unpaid liens and/or government tax liens. Extraordinary medical debt may be exempted. A minimum beacon score will be used.
- E. Falsification of information on the application. The applicant(s) are responsible for completing the application accurately. Misrepresentation of information is grounds for denial.
- F. Has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program
- G. Criminal history including but not limited to a felony conviction, drug related conviction, crimes involving violence or sexual crimes. A conviction for such activity will be given consideration. Arrests without conviction will not be considered absent extraordinary circumstances.
1. Sex Offender – Lifetime.
 2. Distribution and/or Manufacture of a Controlled Substance – Lifetime.
 3. All other Drug-Related – Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.
 4. Drug related activity includes all convictions for using drugs and/or possession of drug paraphernalia.
 5. Violent Criminal Activity – Lifetime.
 - a. Violent criminal activity includes all felony crimes against people and/or property.
 - b. Violent criminal activity, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage
 - c. Criminal sexual conduct, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.
 6. Non-Violent Crimes – Ten (10) years from applicants' date of most recent conviction and/or ten (10) years from the applicants most recent release date from prison.
 - a. Non-violent crimes include all other felony convictions not listed above.
 - b. Criminal activity that may threaten the health, safety, or welfare of other tenants
 - c. Criminal activity that may threaten the health or safety of managing agent staff, contractors, subcontractors, or agents.

7. Multiple Convictions – Ten (10) years from the date of applicants' last conviction.
 - a. Multiple Convictions are ten (10) or more misdemeanor convictions in a lifetime.

** 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 wellbeing of all residents, staff and personal property*

- H. After receiving the letter offering an apartment, applicants have seven (7) calendar days to respond to management regarding the available apartment. If an applicant declines an available apartment when notified in writing, his/her name will be removed from the waiting list.
- I. Failure to respond to any periodic purge letter or written offer of interest for a unit within 30 days will result in the applicant's name being removed from the waiting list. If the applicant wants to be reconsidered, they must reapply at a date when the waiting list is open. Exceptions may be made for validated medical condition.
- J. Household cannot pay full security deposit at move-in.
- K. If an applicant is denied, management will notify the applicant in writing indicating the reason. Applicants may contact managing agent's office for explanation of rejection and/or submit new application for occupancy.

VI. CONSIDERATION OF CIRCUMSTANCES

The Managing Agent will consider all relevant circumstances when deciding whether to deny admission based on a family's past history except in the situations for which denial of admission is mandated. In the event the Managing Agent receives unfavorable information with respect to an applicant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent with its policies, Managing Agent may give consideration to factors that might indicate a reasonable probability of favorable future conduct. The Managing Agent will consider the following facts and circumstances prior to making its decision:

- a. The seriousness of the case, especially with respect to how it would affect other residents' safety or property
- b. The length of time since the violation occurred, including the age of the individual at the time of the conduct, as well as the family's recent history and the likelihood of favorable conduct in the future
- c. Arrests without conviction will not be considered absent extraordinary circumstances

VII. INCOME VERIFICATION PROCESS In order to determine household income eligibility, applicants must comply with third party certification of their income and assets in a timely fashion.

- A. Applicants must provide MOST CURRENT COPIES of the following documents if applicable. We will not be able to complete your application unless all applicable documents are provided to us.
 - TAX RETURN (most recent filed)
 - SOCIAL SECURITY (current year) and/or SSI letter (letter must show a date within the last 90 days) from the Social Security Administration. If you do not have it, please go to the Social Administration Office at: 300 Ala Moana Blvd., Suite #1-114, call 1-800-772-1213, or log onto: <http://www.socialsecurity.gov/onlineservices> to request an updated letter.
 - SAVINGS account statement (most current) for EACH savings account.
 - CHECKING account statements for six (6) consecutive months (most current) for EACH checking account.
 - CERTIFICATE OF DEPOSIT (CD) for each account.

- PENSION payment stub.
- SIX (6) PAY STUBS (most current), if you are currently employed.
- WORKER'S COMP grant letter or copy of payment.
- Public assistance (WELFARE) letter.
- STOCKS/BONDS certificates.
- ANNUITY pay stub (most current).
- DIVORCE DECREE.
- REAL PROPERTY TAX assessment notice (current).
- MORTGAGE statement (current).
- PROPERTY DEED or Assignment of Lease.
- RENTAL AGREEMENT if your property is rented to others.
- INSURANCE POLICIES.

VIII. ASSET RESTRICTIONS

- If single or married, neither individual may have owned a principal residence either in Hawaii or elsewhere for a period of three (3) years prior to the date of application.
- Must not have been an owner of a unit purchased under the Reserved Housing Program
- Must not have more than 125% of the unit's maximum income limit in total assets (excluding retirement ac-counts)

IX. Annual Recertification Requirements:

All residents are required to comply to an annual recertification. 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, prior to a new member(s) moving into the unit.

Failure to recertify with Managing Agent, resident agree to vacate the Unit and Premises upon written notification from Landlord.

X. ASSIGNMENT OF UNITS

- A. Subject to availability of waiting list applicants, vacancy considerations, or requirements to accommodate residents with disability, minimum occupancy standards may be changed.
- B. Preference will be given to existing tenants who are displaced from their unit for unusual circumstances. This may include loss of spouse, change in household, maintenance issues, and other situations deemed necessary by Locations Property Management.

XI. ESTABLISHMENT OF WAITING LIST

- A. Date of receipt of fully completed application at the office of Locations Property Management establishes priority of position on the waiting list. Applications are date-stamped upon receipt.
- B. If the existing waiting list contains so many names that the average wait for a unit is a year or more, the project may decline to accept applications. In this case, the waiting list will be closed.
- C. The waiting list is purged periodically, but no less than once each year.
- D. It is the applicant's responsibility to keep the management office informed of any address or telephone number change(s). Failure to do so, and if any mail is returned, will result in the applicant's name being removed from the waiting list. It will then be necessary for the applicant to reapply later when the waiting list is open.

XII. COMPLIANCE

Management shall comply with the provisions of Federal, State and local laws prohibiting discrimination in housing on the basis of marital status, race, color, religion, ancestry, sex, sexual orientation, age, national origin, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Condition (ARC), physical disability, familial status, or any other arbitrary basis.

***Locations Property Management is an "Equal Opportunity" Housing Provider.
Locations Property Management does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in its federally assisted programs and activities.***

Application will not be considered until the Application has been fully executed and returned, and all applicable Application Fees have been paid. Any falsification in Applicant's paperwork will result in the automatic denial of Application. I have read and understand the entire resident selection policy for this community.

APPLICANT(S) SIGNATURES

| | |
|-------|------------|
| _____ | DATE _____ |
| _____ | DATE _____ |
| _____ | DATE _____ |
| _____ | DATE _____ |

