## **RENTAL HOUSING APPLICATION** MAHI'AI HALE

Farm Labor Housing 104 Lakeview Circle, Wahiawa, Oahu, Hawaii 96786

MGMT. USE ONLY	·:	
	Date Received	Time

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. Farm Laborer's Name: (First) (Must be Tenant or Co-Tenant) (Last) (Middle Initial) **Residence Address:** Mailing Address (If Different): Home Ph# \_\_\_\_\_ Cell Ph# (Head) \_\_\_\_\_ Cell Ph# (Co-Head) \_\_\_\_\_ Email: \_\_\_\_\_ Checked Frequently: \( \square\) Yes \( \square\) No Is the HEAD or CO-HEAD of the household 62 years or older OR disabled/handicapped which will grant them \$400 elderly allowance and medical deductions? ☐Yes ☐No (Will be verified) Do you or any member of your household require specific accommodations, as a person with a disability?  $\square$ Yes  $\square$ 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 you lived in: Have you received any kind of rental assistance?  $\square$  Yes  $\square$  No If yes, give program and dates your received assistance: \_\_\_\_ Do you currently  $\square$  Rent or  $\square$  Own Amount of current monthly rental or mortgage payment \$\_\_\_\_\_\_ No. of Bedrooms in Current Unit: \_\_\_\_\_ If owned, do you receive monthly rental income from the property?  $\square$  Yes  $\square$  No 

 Utilities paid by you:
 □ Electric
 □ Gas
 □ Water
 □ Sewer
 □ Other:
 \_\_\_\_\_\_
 Monthly utilities you pay \$

 Will you take a unit when one is available? ☐ Yes ☐ No Briefly describe your reasons for applying:

NOTICE: Provide <u>ALL</u> requested information in application. <u>DO NOT LEAVE ANY BLANKS</u>. If a question or section does



How did you hear about

Mahi'ai Hale?



□Newspaper □Craigslist □Friend/Family □Other (please list): \_\_\_\_\_\_

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 mm/dd/yy	Age	Social Security No.	Citizen?	Full Time Student Includes K-12
Head		Head				□Yes □No	□Yes □No
2.						□Yes □No	□Yes □No
3.						□Yes □No	□Yes □No
4.						□Yes □No	□Yes □No
5.						□Yes □No	□Yes □No
Do y Is th	Have there been any changes in household composition in the <u>LAST</u> twelve months?  Do you anticipate any changes in household composition in the <u>NEXT</u> twelve months?  Is there someone not listed above who would normally be living with the household?  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?						y and No No No No	
STUDENT INFORMATION  List information for household members that are Full-Time Students ONLY - Age 18 or Older							
Nam	e:	Semeste	er Start Date:		Semester	End Date:	
Ins	stitution:						
Ad	dress:			City:	State	e: Zip:	
Nam	e:	Semeste	er Start Date:	-	Semester	End Date:	
Ins	stitution:						
Ad	dress:			City:	State	e: Zip:	
Nam	e:	Semeste	er Start Date:		Semester	End Date:	
Ind	titution:						



Address:



Zip:

State:

City:

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: (Select One) □ 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:	Ethnicity: (Select One)  Hispanic or Latino Non-Hispanic or Non-Latino  Sex: Male Female Disabled: Yes No
3.	Household Member Name:	Ethnicity: (Select One)  Hispanic or Latino Non-Hispanic or Non-Latino  Sex: Male Female Disabled: Yes No
4.	Household Member Name:  Race: (Select One)	Ethnicity: (Select One)  Hispanic or Latino Non-Hispanic or Non-Latino  Sex: Male Female Disabled: Yes No
5.	Household Member Name:  Race: (Select One)	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'. <u>DO NOT LEAVE ANYTHING BLANK</u>. *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 In	COME	GROSS MONTHLY AMOUNT	
Name:	Social Security Income			
Name:	Social Security Income		\$	
Name:	SSI Benefits		\$	
Name	SSI Benefits		\$	
Name:	Welfare Benefits (Cash/financial	benefits)	\$	
Name:	Welfare Benefits (Cash/Financial	benefits)	\$	
Name:	Pension List Source:		\$	
Name:	Pension List Source:		\$	
Name:	Veteran's Benefits Claim #:		\$	
Name:	Veteran's Benefits Claim #:		\$	
Name:	Unemployment/Worker's Con	npensation	\$	
Name:	Unemployment/Worker's Con	npensation	\$	
Name:	Title IV/TANF		\$	
Name:	Title IV/TANF		\$	
Name:	Contributions to the Househol	<b>d</b> (monetary or not)	\$	
Name:	Full-Time Student Income (18	& Over Only)	\$	
Name:	· ·	<b>Financial Aid</b> Grants & scholarships exceeding the amount of tuition may have to be included in total income		
Name:	·	Long Term Medical Care Insurance Payment		
Name:	Scheduled Payments from Inve	Scheduled Payments from Investments		
Name:	Interest Income Source:		\$	
Name:	Monthly Cash Gifts Source:		\$	
Name:	Monthly Cash Gifts Source:		\$	
Name:	Other Income Source:		\$	
Name:	Other Income Source:		\$	
Name:	Other Income Source:		\$	
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:	1 -	
Address:		How Long Employed?		





	-				
Name:	Employment,	\$			
Employer/Position:		Ph:			
Address:		How Long Employed?			
Name:	Employment,	\$			
Employer/Position:		Ph:			
Address:		How Long Employed?			
Name:	Alimony				
Are you <u>legally</u> entitled to red	ceive alimony?		☐ Yes ☐ No		
If "YES"- list the amount	you are <u>entitled</u> to rece	eive:	\$		
Do you receive alimony?			☐ Yes ☐ No		
If "YES" - list the amount	t you receive:		\$		
T	1				
Name:	Child Support	:			
Are you <u>legally</u> entitled to red	• •		☐ Yes ☐ No		
If "YES"- list the amount		eive:	\$		
Do you receive child support?			☐ Yes ☐ No		
If "YES" - list the amount	you receive:		\$		
TOTAL GROSS ANNUAL INCOME	E (Based on the mont	hly amounts listed above x 12)	\$		
<ul><li>2. Is any member of the house</li><li>3. Is any member of the house from someone who is not a</li></ul>	<ol> <li>Do you anticipate any changes in this income in the <u>NEXT</u> twelve months?</li> <li>Is any member of the household legally entitled to receive income assistance?</li> <li>Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2?</li> <li>Is the income described in #2 and #3 being received?</li> </ol>				
ASSETS					
•		requested below. <i>Refer to the "Asset Check</i> uired, make copies of this asset section & a			
HOUSEHOLD MEMBER NAME	IOUSEHOLD MEMBER NAME  ASSET TYPE/ACCOUNT INFORMATION				
Name:	Cash on Hand	\$			
Name:	Cash on Hand	\$			
Name:	Cash on Hand		\$		
Name:	Checking	Acct. #:	\$		
Institution:	<u>-</u>	Branch/Address:	1		
Name:	Checking	Acct. #:	\$		
Institution:					





Name:		Checking		Acct. #:				
Institution:			Branch/Address:					
Name:		Savings		Acct. #:				
Institution:				Branch/Addr	ess:			
Name:		Savings		Acct. #:				\$
Institution:				Branch/Addr	ess:			
Name:		Savings		Acct. #:				\$
Institution:				Branch/Addr	ess:			
Name:		Savings Bon	<b>d</b> Bond #	ŧ	Matur	ity Date:		\$
Name:		Savings Bon	<b>d</b> Bond #	ŧ	Matur	ity Date:		\$
Name:		Life Insuranc	e Policy	#	<u> </u>			\$
Institution:			Addres	s:				
Name:		Life Insurance						\$
Institution:			Addre	SS:				
Name:		401 K	Fund Ma	nager/Acct #:				\$
Name:		401 K	Fund Ma	nager/Acct #:				\$
Name:		IRA	Fund Ma	nager/Acct #:				\$
Name:		IRA	Fund Ma	nager/Acct #:				\$
Name:		Deferred Com	np Plan	und Manager/Acct #:		\$		
Name:		Trust Accour	<b>nt</b> Acct	#:		\$		
Institution:				1				
Address:			•-   •	City, State	e, Zip:			_
Name:		Cert. of Dep		t. #: nch:		\$		
Institution: Name:		Cert. of Dep		t.#:			\$	
Institution:		cert. or Dep	-	nch:			γ	
Name:		Mutual Fund	l					
Fund Symbol:	No. Shares	S:	Inte	rest/Dividends:		V	/alue	\$
Fund Symbol:	No. Shares	S:		rest/Dividends:	·		/alue	\$
Name:		Stocks					<u> </u>	
Stock Symbol:	No. Shares	1		erest/Dividends: Value		/alue	\$	
Stock Symbol: No. Shares: Inte		Interest/Dividends: Value		\$				
Name:		Bonds						
Bond Symbol:	No. Shares	<b>5:</b>	Inte	rest/Dividends:		V	/alue	\$
Bond Symbol:			rest/Dividends:		V	/alue	\$	
Name: Investment Property			Property			Appraised \	Value	\$





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:  Do they have access to the asset(s)?  Have you sold/disposed of any property in the last 2 years? If "YES", answer the following:  Type of Property:  Market Value when sold/disposed:  Date of transaction:  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:  Describe the asset:  Date of disposition:  Amount disposed:  Do you have any other assets not listed above (excluding personal property)? If "YES", please list below:  S  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses? If S Insurance  Medicare  Health Insurance  Health Insurance  Expenses  Disability Expenses  CHILD CARE EXPENSES  Do you pay for child care expenses? In 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  Amount Paid  Name & Address of Person/Agency caring for child.	Does any household member ow	n any Real Estate	property? If "YES	", answer the follow	ving:	☐ Yes ☐ No
Appraised Market Value:    Mortgage or outstanding loans balance:   S	Type of Property:					
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:    Do they have access to the asset(s)?	Location of Property:					
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:    Yes   No	Appraised Market Value:					\$
NOT a member of the household as listed on Page 1? If "YES", explain below:    Do they have access to the asset(s)?	Mortgage or outstanding loans	balance:				\$
Have you sold/disposed of any property in the last 2 years? If "YES", answer the following:  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:  Describe the asset:  Date of disposition:  Amount disposed:  Amount disposed:  Sho you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses of ALL persons who will live in the unit that are not reimbursed by an outside agency.  Name of Household Member  Medicare  Beatth Insurance  Sho Sho Shilly Expenses  CHILD CARE EXPENSES  Do you pay for child care expenses?  Or you pay for child care expenses?  YES ON 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 CHILDEN 12 YEARS AND YOUNGER ONLY	•		• •		<b>;</b>	☐ Yes ☐ No
Have you sold/disposed of any property in the last 2 years? If "YES", answer the following:  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:  Describe the asset:  Date of disposition:  Amount disposed:  Sho you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  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 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 CHILDEN 12 YEARS AND YOUNGER ONLY						
Have you sold/disposed of any property in the last 2 years? If "YES", answer the following:  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:  Describe the asset:  Date of disposition:  Amount disposed:  Amount disposed:  Sho you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses of ALL persons who will live in the unit that are not reimbursed by an outside agency.  Name of Household Member  Medicare  Beatth Insurance  Sho Sho Shilly Expenses  CHILD CARE EXPENSES  Do you pay for child care expenses?  Or you pay for child care expenses?  YES ON 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 CHILDEN 12 YEARS AND YOUNGER ONLY						
Type of Property:  Market Value when sold/disposed:  Date of transaction:  Amount sold/disposed for:  S  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:  Describe the asset:  Date of disposition:  Date of disposition:  Date of disposition:  Amount disposed:  Do you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  S  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  Medical  Expenses  S  S  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	Do they have access to the asse	et(s)?				☐ Yes ☐ No
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:  Describe the asset:  Date of disposition:  Do you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  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   Expenses     S   S     S   S     S   S     S   S	Have you sold/disposed of any pr	operty in the last	t <b>2</b> years? <i>If "<u>YES</u>",</i>	answer the followir	າg:	☐ Yes ☐ No
Date of transaction:  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:  Describe the asset:  Date of disposition:  Date of disposition:  Amount disposed:  S  Do you have any other assets not listed above (excluding personal property)?	Type of Property:					1
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:  Describe the asset:  Date of disposition:  Date of disposition:  Amount disposed:  S  Do you have any other assets not listed above (excluding personal property)?	Market Value when sold/dispos	ed:				
relatives, set up Irrevocable Trust Accounts)? If "YES", answer the following:  Describe the asset:  Date of disposition:  Do you have any other assets not listed above (excluding personal property)?  If "YES", please list below:  MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?	Date of transaction:	Amou	unt sold/disposed fo	or:		\$
Date of disposition:    Amount disposed:   \$			•		io	☐ Yes ☐ No
Do you have any other assets not listed above (excluding personal property)?  If "YES", please list below:    S   S	Describe the asset:					
MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?	Date of disposition:	Amou	ınt disposed:			\$
MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?	Do you have any other assets not listed above (excluding personal property)?					☐ Yes ☐ No
MONTHLY MEDICAL EXPENSES  Do you pay for out-of-pocket medical expenses?						\$
Do you pay for out-of-pocket medical expenses?						\$
Do you pay for out-of-pocket medical expenses?						
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 Expenses  S S S S S S 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		MONTHLY	MEDICAL EXPENS	ES		
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 Expenses  S S S S S S 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	Do you pay for out-of-pocket me	dical expenses?	□ YES □ NO If	"NO". skip to the next	t section	n
Name of Household Member    Medicare   Health Insurance   Expenses     \$   \$   \$   \$     \$   \$   \$     \$   \$		•		•		
Name of Household Member    Medicare   Insurance   Expenses     S						
CHILD CARE EXPENSES  CHILD CARE EXPENSES  Do you pay for child care expenses?	Name of Household Member	Medicare			Disa	ability Expenses
CHILD CARE EXPENSES  Do you pay for child care expenses?		\$	\$	\$	\$	
Do you pay for child care expenses?		\$	\$	\$	\$	
Do you pay for child care expenses?						
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	CHILD CARE EXPENSES					
COMPLETE FOR CHILDREN 12 YEARS AND YOUNGER ONLY  Name of Child	Do you pay for child care expenses?					
Name of Child  Amount Paid  Name & Address of Person/Agency caring for child				g/Employment/Searc	h for Ei	mployment.
(12 years & younger)	Name of Child	Amount Paid Name & Address of Person/Agency caring for child			aring for child	
\$		\$				
\$		+				
<u>'</u>						
		\$				





ADDITIONAL INFORMATION	
Are you or any member of your household currently using an illegal substance?	☐ Yes ☐ No
Have you or any member of your household ever been convicted of a felony?	☐ Yes ☐ No
Do you or any member of your household smoke tobacco or any other plant material?	☐ Yes ☐ 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?	☐ Yes ☐ No
If yes, have you or any member of your household successfully completed a drug	
rehabilitation program?	☐ Yes ☐ 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, or	☐ Yes ☐ No
property theft offenses, or firearm offenses excluding traffic violation(s)?	L Tes L No
Have you or any member of your household ever been arrested, convicted or a deferred	☐ Yes ☐ No
acceptance of a plea has been granted for manufacturing or producing methamphetamine?	
Are you or any member of your household subject to a lifetime registration requirement under	☐ Yes ☐ No
a state sex offender registration program?	
Have you or any member of your household ever filed for bankruptcy?	☐ Yes ☐ No
Explanation Sheet	
Name of Household Member(s):	
	tions below:
Name of Household Member(s):	tions below:
Name of Household Member(s):	tions below:
Name of Household Member(s):	tions below:
Name of Household Member(s):	tions below:
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Name of Household Member(s):	tions below:





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	
		ŭ .		Tenancy	
Current					
Previous					
Previous					
Previous					
	·	_			

LANDLORD REFERENCE INFORMATION

	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.
- 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)
- Mortgage or Deed of Trust held by household member



