



73-4411 Kakahiaka St.
Kailua-Kona, HI 96740
PH: 808.769.4929 Fax: 808.315.8838

The following items may be needed to complete your file and get you moved in to your new home at Lokahi Apartments. Please provide any items that apply to your household as soon as possible.

- State I.D. for all household members over 18 years old (does not need to be Hawaii ID)
- Birth Certificates for all household members
- Social Security Card for all household members
- Last year Tax Return if you filed
- 6 Month Bank Statement for any Checking accounts
- Current Bank Statement for any Savings accounts
- Gift Affidavit (provided by the leasing office)
- Social Security Award Letter
- Child Support Affidavit (provided by the leasing office)
- Pension Benefit Letter
- TANF Letter
- Veterans Benefits
- Other item not listed _____



Standard Tax Credit Community Rental Criteria

A Preliminary Recommendation for the applicant will be based on the following:

1. Have satisfactory credit as determined by credit reporting agency – MOCO

- Maximum average household percentage of negative credit accounts = 50%. Does not include medical bills, student loans or past due/foreclosed mortgage related.
- If a household negative credit accounts > 50%, then average household national standard credit score can be considered. 625+ = approved, 500 to 624 = approved with total deposit = 1 month's rent or qualified co-signer, < 500 = denied.
- For applicants with no credit score and derogatory credit accounts (excluding medical/student loans) totaling less than \$750 = approved with total deposit = 1 month's rent or qualified co-signer. If derogatory credit accounts (excluding medical/student loans) exceed \$750, denied.
- Discharged bankruptcy is an acceptable risk due to the recent mortgage, credit crisis. Open bankruptcy = denial.
- Co-signer requirements – minimum credit score per above of 774 and income 4 times rent.

2. Pass criminal background check – MOCO

- May not have felony conviction or pending felony conviction.
- Conviction of a household member of more than one (1) misdemeanor crime (excluding petty misdemeanor crimes) in the past three (3) years
- May not be a registered sex offender.

3. Receive good landlord references – MOCO

- 2 late and/or NSF check within 6 months: approved.
- 3 late and/or NSF check within 6 months: increased deposit or cosigner
- 4 late and/or NSF check within 6 months: denied
- 2 noise complaint within 3 months: approved
- 3 noise complaints within 3 months: denied.
- Any eviction within the last 1 year: denied
- Any eviction older than 1 year: increased deposit or cosigner.
- Any unpaid rental debt: increased deposit or cosigner.

4. Income requirement – INDIGO

- Monthly income 2 times the rental amount required for unconditional approval.

Final Recommendation for the applicant is based on the following additional qualifying factors:

- 1. Valid photo identification will be required for all applicants**
- 2. A criminal record search will be performed for felony and misdemeanor offenses.**
- 3. All felony and misdemeanor offenses must be disclosed on the rental application any be cause for denial for tenancy.**
- 4. Falsification or rental application will result in denial.**

Section 8 Criteria Requirements:

All Section 8 Applicants are required to meet the same criteria as stated above, with the exception that the applicant only needs to meet income requirements for their portion of the rent. **Applicants should verify with their own specific Section 8 requirements to determined eligibility for residency at your apartment community.**

Initial _____ Initial _____

Thank you for visiting Lokahi Apartments!

The following steps will help guide you through the application process:

Step 1: Select your desired apartment home.

Step 2: Complete the application on the designated form.

Step 3: Remit the following two separate payments in MONEY ORDERS, or CASHIERS CHECK ONLY:

\$_____ Holding Deposit/ Reservation fee payable to Lokahi Apartments

() not paid () Paid

\$_____ Non-Refundable Screening Fee payable to Lokahi Apartments

() not paid () Paid

Special Offers / Concessions _____

We will hold your deposit for 24 hours from the date of receipt and allow a full refund if you should decide to cancel within the 24 hours. If your household does not meet the screening criteria, we will refund the holding deposit. After 24 hours, the holding deposit will be applied to your nonrefundable fee or liquidated damages should you decide to cancel your hold. If you cancel within the 24 hours, please pick up your deposit check in the leasing office.

Step 4: Be prepared to wait at least 48 hours for the completion of the application verification process. A member of this community office will notify you of the status of your application recommendation.

Step 5: Come in to sign the Tax Credit papers – Interview to verify you are within the income guidelines for the Affordable Housing Tax Credit program.

Step 6: Provide income and asset documentation to verify annual income per federal regulations.

Step 7: Once all income is verified and approved by management you can MOVE IN!

The applicant has / has not paid \$_____ to hold apartment _____ at Lokahi Apartments until the initial application screening process has been completed. This payment will not be deposited until the application process results in a screening recommendation. The screening process is considered complete when a recommendation is submitted to the property by MOCO, Inc. If the applicant is approved, the apartment will be reserved until the move-in date noted on the application. If the applicant decides to cancel the apartment reservation, the entire holding deposit will be forfeited if the applicant decides not to occupy the apartment.

Without a holding deposit, we cannot guarantee that you will get the specific apartment that you want.

If the application is accepted, with or without conditions, the applicant is considered **APPROVED** and the reservation fee shall be applied towards the refundable security deposit required per the rental agreement upon move-in. **Applicant understands that if approved under one of the following recommendations, it is the responsibility of the applicant to meet the conditions of the approval. If the applicant is unable to meet the conditions of the approval and cannot occupy the reserved apartment, the applicant will forfeit the holding deposit/ reservation fee:**

An applicant can attain the following recommendations to qualify for approval:

Approved: Applicant has been approved with no additional conditions.

Approved with Qualified Co-Signor: Applicant must provide a qualified Co-Signor application within 24 hours of recommendation.

Approved with Increased Deposit: Applicant must pay an additional Security Deposit to equal one month's rent.

IMPORTANT NOTE: All move-in costs to be paid by Money Order, or Cashier's check. Personal Check or Cash will not be accepted at time of move in.

Application is Denied: Applicant is not approved to rent an apartment at this community. If the result is a denial, the hold/reservation fee will be refunded and the apartment will no longer be held. In the instance of a disputed denial, the apartment will not be held for the applicant during the time of dispute.

I have read and understand the above and have received a copy of this community's Rental Applicant Criteria. I understand that I acquire no rights to any apartment until I have signed an Apartment Rental Agreement and paid the Security Deposit and/or Non-Refundable fees as specified in the Rental Agreement.

Applicant

Date

Applicant

Date

Agent for Owner

Date

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ 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)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

Application

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C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Application

Household Member Name	Source of Income	Monthly Amount
	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 <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<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	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Application

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , 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 as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , 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
<i>If yes</i> , 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes</i> , describe:		

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

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		

Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

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

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

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 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
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

