



Affordable Rental Housing Application Package Checklist

Please	e provide the following documentation:
	Affidavit of Eligibility for City-Regulated Affordable Housing Units
	Application for City-Regulated Affordable Housing Units
	Kanekapolei Collection Certification
	Employment Verification
	Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits
	Zero Income Certification (if no income)
	Last two years' tax returns, including all applicable schedules and W-2 / 1099
	Asset Documents- 2 most recent statements for ALL bank accounts; plus any other asset ownership documents
	Photo ID of all household members and Proof of Hawaii Residency
	Other supporting documents (divorce decree, marriage certificate, etc.)
	\$25 credit application fee <i>per applicant</i> (cashier's check, credit card, ACH, Money Order). Please make payable to Cirrus Asset Management .
	\$75 applicant eligibility certification fee payable to City and County of Honolulu.
	\$100 holding deposit (cashier's check, credit card, ACH, Money Order). Please make payable to Kanekapolei Collection***

- (1) Applicant's total Gross household income must be at least 2.5 times the rent to be paid for the unit. Applicant's credit history and criminal background check must be satisfactory based on preestablished screening criteria set by Brookfield Properties.
- (2) ***The holding deposit will be applied toward Security Deposit at move-in and is refundable (a) for up to 72 hours, or (b) if the City denies final acceptance of your rental application, and will be forfeited upon cancellation thereafter.

Incomplete applications will not be processed. Please do not leave any blanks (use N/A instead). The top section "Project and Unit" of the application, will be filled out by the rental office when selecting your rental unit.

441 Walina Street Suite #100 Honolulu HI 96815 www.KanekapoleiCollection.com KanekapoleiCollection@cirrusami.com (808) 436-7769

Date			

Affidavit of Eligibility for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project and U	Jnit				
Project			Applicant		
-	/aikiki / Kanekapolei Collection		name		
Unit	BR /BA		□ Bast		
No.	вк/ва		☐ Rent		
Affidavit of E	ligibility for AH Unit				
The undersigned	Applicant(s) certify the following:				
I am a citizen of t	he United States or a resident alier	n.		☐ Yes	□No
I am at least eigh	teen (18) years of age.			☐ Yes	□ No
	the State of Hawaii and have a both the duration of the restriction per		• • •	☐ Yes	□ No
My total gross ho See Table A fo	usehold income does not exceed to income limits	the unit's de	signated income limit.	☐ Yes	□ No
_	cross household income to demons teria established by the City.	strate an ab	lity to pay rent and meet any	☐ Yes	□No
	I will not own for the duration of the ands suitable for dwelling purpose		riod, a majority interest in fee simple	☐ Yes	□No
	lable household asset does not exc		t's designated income limit as adjusted	☐ Yes	□No
,		s and except	ions to some requirements under certain	circumstar	ices.
	ng this Affidavit the undersigned re e above statements.	epresent(s) a	and affirm(s) that the undersigned has/ha	ave read, u	nderstand(s)
.,	t signature		Print name		Date
Co-a <i>ppli</i>	cant 1 signature		Print name		Date
3) Co-a <i>ppli</i>	cant 2 signature		Print name		Date
			Date		

Application for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project and Unit				
Project		Building name		
Name Lilia Waikiki / Kanekapolei C	Collection	(if applicable)		
Project				
address		T		
Unit BR /	BA	☐ Rent		
No		Пист		
Primary Applicant				
First		Midd	lle name/	
name		initia	I	
Last				
name				
Address				
line 1				
Address				
line 2				
City	State			ZIP code
Home	Mobile		Work	
phone	phone		phone	
Email	•			
address				
Photocopy of			2.1	
ID attached: Hawaii driver's licen	se 🗌 Hawaii St	ate ID $\qquad \Box$ (Other gov't II	(specify)
Co-Applicant 1 (if applicable)				
First		Midd	lle name/	
name		initia		
Last		•		
name				
Address line 1				
Address line 2				
City	State			ZIP
				code
Home	Mobile		Work	
phone	phone		phone	
Email				
address				
Photocopy of ID attached: Hawaii driver's licen:	se 🔲 Hawaii St	ate ID 🔲 (Other gov't II	O (specify)

Exhibit __ Effective 6/1/2023

Co-Applica	nt 2 (if applicable)			
First			Middle name/	
name			initial	
Last				
name				
Address				
line 1				
Address				
line 2				
City		State		ZIP
				code
Home	Mobi	ile	Work	
phone	phon	e	phone	
Email				
address				
Photocopy of ID attached:	☐ Hawaii driver's license	☐ Hawaii State ID	☐ Other gov't	D (specify)

Primary Household Member				
First		Middle	name/	
name		initial		
Last				
name		T		
Birth date		Employed? ☐ Yes ☐	NI	II-time udent? ☐ Yes ☐ No
Relationship to Primary Applicant Choose response from options in List (1) below		Self		
Employer 1				
Address 1		Address 2		
City	State		ZIF	
Start	Phone		1	
date				
Employer 2				
Address 1		Address 2		
City	State		ZIF	
Start	Phone			<u></u>
date				
Employer 3				
Address 1		Address 2		
City	State		ZIF	
Start date	Phone		1	
	1			
(1) Choices for this category are: Self Spouse/Partner Parent Child Sibling Extended Family Friend (not related) Caretaker				

Please provide a photo ID for every household member

Household Member 2						
First			Middle name/			
name			initial			
Last						
name		1		T		
Birth date		Employed?	☐ Yes ☐ No	Full-time student?	☐ Yes	□ No
Relationship to Primary Applicant						
Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
City	State			ZIP code		
Start	Phone			II.		
date						
Employer 2						
Address 1		Address 2				
City	State			ZIP		
,				code		
Start	Phone					
date						
Household Member 3						
First			Middle name/			
name			initial			
Last						
name		1		T		
Birth date		Employed?	☐ Yes ☐ No	Full-time student?	☐ Yes	□No
Relationship to Primary Applicant Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
C.	I c			715		
City	State			ZIP code		
Start	Phone					
date						
Employer 2						
Address 1		Address 2				
City	State	1		ZIP code		
Start	Phone			1		
date						

Household Member 4						
First			Middle name/			
name			initial			
Last						
name		1		T		
Birth date		Employed?	□ Yes □ No	Full-time student?	☐ Yes	□No
Relationship to Primary Applicant						
Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
City	State			ZIP code		
Start	Phone			-1		
date						
Employer 2	•					
Address 1		Address 2				
City	State	1		ZIP		
,				code		
Start	Phone					
date						
Household Member 5						
First			Middle name/			
name			initial			
Last						
name		1		1		
Birth date		Employed?	☐ Yes ☐ No	Full-time student?	☐ Yes	□No
Relationship to Primary Applicant Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
City	State			ZIP code		
Start	Phone			10000		
date						
Employer 2						
Address 1		Address 2				
Address 1 City	State	Address 2		ZIP		
City		Address 2		ZIP code		
	State Phone	Address 2				

Household Asset Verification		
Choose asset type from options in List (2) below		
Asset 1	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
Asset 2	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
Asset 3	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	-
market value	mark 0% if none listed	
Asset 4	Name of financial	
	institution	
Asset type (2) Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
market value	mark 670 ii none iistea	
Asset 5	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
Asset 6	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
Asset 7	Name of financial	
Asset type (2) Current	institution	
market value	Annual Percentage Yield or mark 0% if none listed	
market value	Illark 0% il florie ilsteu	
Asset 8	Name of financial	
Asset type (2)	institution	
Current	Annual Percentage Yield or	
market value	mark 0% if none listed	
(2) Choices for this category are:		
Bonds		
Certificate of Deposit (CD)		
Checking account		
Life insurance		
Mutual funds Real estate		
Savings account Stock		
Other		
Other		

Please provide account statements and other supporting documents

Household Income

Please list all income earners, including those part-time and self-employed.

Do not include income of minor children, full-time students up to 23 years old, and live-in aides.

Income Household Member 1			
Choose income source type from options	in List (3) below		
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			
Income source 4	Income source 4		
type (3)	Employer name		
Annual			
income			

(3) Choices for this category are:

Alimony

Child support

Gross pay

Investment income

No income

Pension

Retirement

Social Security

Unemployment compensation

Other

Please provide pay stubs, bank statements and other supporting documents

Income Household Member 2						
Choose income source type from options in	Choose income source type from options in List (3)					
Last	First					
name	name					
Income source 1	Income source 1					
type (3)	Employer name					
Annual						
income						
Income source 2	Income source 2					
type (3)	Employer name					
Annual						
income						
Income source 3	Income source 3					
type (3)	Employer name					
Annual		·				
income						

Income Household Member	3	
Choose income source type from options	in List (3)	
Last	First	
name	name	
Income source 1	Income source 1	
type (3)	Employer name	
Annual	·	
income		
Income source 2	Income source 2	
type (3)	Employer name	
Annual	·	
income		
Income source 3	Income source 3	
type (3)	Employer name	
Annual		
income		

Income Household Member 4				
Last	First			
name	name			
Income source 1	Income source 1			
type (3)	Employer name			
Annual				
income				
Income source 2	Income source 2			
type (3)	Employer name			
Annual				
income				
Income source 3	Income source 3			
type (3)	Employer name			
Annual		•		
income				

Income Household Member 5					
Last	First				
name	name				
Income source 1	Income source 1				
type (3)	Employer name				
Annual					
income					
Income source 2	Income source 2				
type (3)	Employer name				
Annual					
income					
Income source 3	Income source 3				
type (3)	Employer name				
Annual					
income					

(Add pages as needed)

Income limit, AMI	group						
Income limit \$			AMI group80 %				
Table A. Househo	ld Income Limits fo	or Affordable	Housin	g (2023)			
	gulated Affordable Housined annually. AMI is the Ar			me may not exceed the	following limits.		
	Income limits fo	r Affordable H	ousing un	its designated for hou	seholds earning:		
	80% of AMI						
1-person household	\$73,360						
2-person household	\$83,840						
3-person household	\$94,320						
4-person household	\$104,800						
5-person household	\$113,200						
_			•				
Documentation							
 Applicant AH e Statement that Most recent tw Last two years' Bank and other Mortgage pre-o Photo ID of all 	ing documentation with t ligibility affidavit (Page 1 of thousehold member does to months' pay stubs or of tax returns, including W- financial institution state qualification (for sale) or of thousehold members ng documents (divorce de	of this application not intend to we ther documental 2s, 1099s and appendix, showing laft lease agree	ork for a ye ion of inco plicable sc interest ra ment (rent	ome, including Social Sec hedules te or interest earned al)			
Under penalties of perjury the best of my knowledge							
Applicant signa	ture		Print nan	ne	Date		
Co-applicant 1 s	ignature		Print nan	ne	Date		
3)							

Print name

Date

Co-applicant 2 signature

Certification:

greater than twenty-four (24) months.

I certify that this will be my primary residence, and that I will not sublease or rent it to others. I understand that my eligibility for the affordable rental dwelling unit indicated above will be based on applicable income limits and by the criteria set forth by OliverMcMillan Kuhio LLC ("OM Kuhio") for the Lilia Waikiki/Kanekapolei Collection (the "Project". I certify that all of the information herein is true, correct, and complete to the best of my knowledge and making false statements or providing false or inaccurate information to OM Kuhio will cause me to be disqualified to rent a unit in the Project or termination of my tenancy after occupancy. I authorize the OM Kuhio or its agent to contact present or past and employers, landlords, creditors and other sources deemed necessary to verify and evaluate this information. I understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorize OM Kuhio to obtain such reports as allowed by the Fair Credit Reporting Act and information relating to criminal activities. This information is gathered for screening purposes only and is strictly confidential. The applicant will not hold OM Kuhio or its agent liable for any decision made based on the information provided and obtained during processing and consideration of this application.

I promise and agree that I shall promptly notify OM Kuhio or OM Kuhio's designated agent if at any time during the duration of my rental agreement with OM Kuhio, my gross household income or gross household assets as adjusted by household size for my affordable rental dwelling unit increases and shall exceed the then current limitations applicable to the affordable rental dwelling units governed by the Affordable Rental Housing and Regulatory Agreement dated September 26th, 2019 for Lilia Waikiki (the "Regulatory Agreement").

1. _____ I confirm my understanding that if at any time during the duration of the rental period under the rental agreement with OM Kuhio that my gross household income and gross household assets exceed the applicable limitations therefor that my

3. ____ I promise and agree during the duration of my rental agreement with OM Kuhio that I shall not rent or offer to rent to others any interest in or right to use or occupy my affordable rental dwelling unit.

continued right to rent my affordable rental dwelling unit shall lapse; provided, however that I may be allowed to continue to rent my affordable rental dwelling unit for a rental period to be determined in the sole discretion of OM Kuhio up to but not

- 4. _____ I understand and agree that during the duration of my rental agreement with OM Kuhio that OM Kuhio or DPP may from time to time request verification of my primary residence status and then gross household income and gross household assets and if I fail to submit such verifications within a reasonable time following such request, OM Kuhio or DPP may conduct an investigation to determine and verify my primary residence status, gross household income, and gross household assets, and I shall upon demand promptly reimburse OM Kuhio or DPP for all reasonable costs and expenses incurred by OM Kuhio or DPP in connection with any such determination and verification.
- 5. _____ I understand that if I make any knowingly false statement in this Affidavit or otherwise violate the applicable provisions of the Regulatory Agreement, I may be subject to legal charges and, if convicted, I may be fined or imprisoned, or both.
- 6. _____ If more than one person signs this Affidavit, all singular pronouns shall be deemed to refer to all signatories, jointly and severally.

By signing this Affidavit the undersigned represent(s) and affirm(s) that the undersigned has/have read, understand(s) and agree(s) to the above statements.

	Date	
Signature of Applicant		
	Date	
Signature of Applicant		

EMPLOYMENT VERIFICATION

During A Nigara						1			
Project Name:	Kanekapolei Collection		Unit ID:			Date:			
Applicant/Tenant:			SSN:	XXX-XX-					
nployer Contact:									
Business Name:			Contact Per	rson:					
Address:			Phone:			Fax	(:		
City:		State:		Zi	ip:	Em	ail:		
	izes Verification of My Empl	oyment Inco	me Informa	_					
Applicant/Tenant S	ignature					Date			
no individual named	directly above is an applicant/f	conant of the	IDC 8 42 I o v	w Income b	Housing Toy	Cradit Bra	aram	The information	o provided will
	directly above is an applicant/t eligibility for the program and r								
nd would be greatly a							•		'
Sincerely,			RE	TURN THE	IS FORM TO:				
z3010.jy,			Ci	rrus Asset	Managemen	t, Inc.		00045	
					Valina Street # nerservice-ma				
					: MON – FRI 9				
Project Owner/Mana	gement Agent								
	1	THIS SECTION	ON TO BE CO	OMPLETED	BY EMPLO	YER			
Please an	swer all questions fully leaving	no blanks							
					a torm				
	ovide an employee pay history	report when	returning thi	s completed	a ioiiii				
 Please pro 	ovide an employee pay history	report when	returning thi	s completed	u 101111	_ Job Title):		
Please pro Employee Name:	ovide an employee pay history Yes □ Date First Employ		returning thi	s completed		_ Job Title			<u> </u>
Please pro Employee Name: Presently Employed:	Yes ☐ Date First Employ	red:			No □ La	– ast Date of	Emplo	yment:	<u> </u>
Please pro Employee Name: Presently Employed:		red:	//		No ☐ Lancy ☐ Week	– ast Date of ly	Emplo		_// emi-monthly [
Please pro Employee Name: Presently Employed: Current Wages (cher	Yes ☐ Date First Employ	red:	//F	Pay Frequer	No ☐ Lancy ☐ Week	ast Date of y Bi-we	Emplo	oyment: ☐Monthly ☐Se	_// emi-monthly [
Please pro Employee Name: Presently Employed: Current Wages (che	Yes ☐ Date First Employ	red:	/	Pay Frequer Pay Method	No ☐ Lancy ☐ Weekli ☐ Cash	 ast Date of ly ☐ Bi-we ☐ Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se ☐Direct Deposit	emi-monthly C
Please pro Employee Name: Presently Employed: Current Wages (checking) Number of regular hours vary please	Yes Date First Employ Ck one) Hourly Salar Durs scheduled per week: Iist maximum anticipated)	red:	/	Pay Frequer Pay Method	No ☐ Lancy ☐ Weekli ☐ Cash	 ast Date of ly ☐ Bi-we ☐ Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se	emi-monthly C
Please pro Employee Name: Presently Employed: Current Wages (checking) Number of regular had the following vary please Gross pay from prior	Yes Date First Employ Ck one) Hourly Salar Durs scheduled per week: list maximum anticipated) year: \$	ed: y \$	/	Pay Frequer Pay Method ross Year to om/ umber of pa	No ☐ Lancy ☐ Week ☐ Cash Date Pay: ☐ / Tay periods incli	ast Date of Bi-we Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se ☐Direct Deposit	emi-monthly C
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Please pro Employee Name: Presently Employed: Current Wages (check Number of regular ho (If hours vary please) Gross pay from prior Overtime Rate: \$ Shift Differential Rate	Yes Date First Employ ck one) Hourly Salar cours scheduled per week: list maximum anticipated) year: per hour	red: y \$ Averag Averag	/ / Free number of e number of	Pay Frequer Pay Method Poss Year to om /_ umber of pa OT hours p shift differen	No ☐ Lancy ☐ Week ☐ Cash Date Pay: / Tay periods incliner week:	ast Date of Si-we Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se ☐Direct Deposit	emi-monthly C
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• Please pro Employee Name: Presently Employed: Current Wages (checking the content of regular hards are please) Gross pay from prior Overtime Rate: \$	Yes Date First Employ Ck one) Hourly Salar Durs scheduled per week: Iist maximum anticipated) Year: per hour e: \$ per hour DNUS, TIPS, OTHER: \$	Averag Averag	/ / / Frequency []]Semi-month	Pay Frequer Pay Method ross Year to om/_ umber of pa OT hours p shift differer Weekly □ ly □Yearl	No Lancy Week Cash C	ast Date of Si-we Chec Chec	Emplo ekly [sk [sk [sk]	oyment: ☐Monthly ☐Se ☐Direct Deposit / earnings above:	emi-monthly C
• Please pro Employee Name: Presently Employed: Current Wages (checking the following of regular hours vary please) Gross pay from prior Divertime Rate: \$	Yes Date First Employ Ck one) Hourly Salar Dours scheduled per week: Iist maximum anticipated) Year: per hour per hour DNUS, TIPS, OTHER: \$ change in the employee's rate	Averag Averag Fr	/ / / Frequency Semi-month	Pay Frequer Pay Method ross Year to om/_ umber of pa OT hours p shift differer Weekly □ ly □Yearl	No Lancy Week Cash C	ast Date of Si-we Chec Chec	Emplo	oyment: ☐Monthly ☐Se ☐Direct Deposit / earnings above:	emi-monthly C
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

Employment Verification © SPECTRUM ENTERPRISES 2020



CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

A	pplicant/lenant:			_Unit #:	
	. [] I currently have no income of any nonths. (If you have ANY income what				e next 12
2.	. I have been living with zero income for	or	years and	months.	
	a. Wages from employment (in b. Income from the operation or resources (Avon, Mary Kay, etc. Rental income from real or pd. Interest or dividends from as e. Social Security payments, at funds, pensions, or death benefication of the comployment or disability pg. Public assistance payments h. Periodic allowances such as persons not living in my housel i. Income from driving for Uberry j. Cash payments k. Student financial aid I. Any other source not named.	cluding f a busin c.) ersonal sets nuities, fits ayment alimony nold /Lyft	commissions, tips, ness or Sales from property insurance policies	bonus, etc.) self-employed s, retirement	sources:
5.	. I will be using the following sources o	of funds	to pay for (<i>Use N/</i>	A instead of leavi	ing blanks):
	Utilities:				
	Food:				
	Clothing and laundry:				
	Transportation:				
	Internet/Cable/Phone:				
	Toiletries:				
	Credit cards/loans/bills:				
Tena	ant Signature		Date		
Man	nagement Signature		Date		
1 Tuil	5				