



Affordable Rental Housing Application Package Checklist

Please 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 *per applicant* (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 pre-established 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.

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 Unit		
Project Name Lilia Waikiki / Kanekapolei Collection	Applicant name	
Unit No.	___ BR / ___ BA	<input type="checkbox"/> Rent

Affidavit of Eligibility for AH Unit		
The undersigned Applicant(s) certify the following:		
I am a citizen of the United States or a resident alien.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am at least eighteen (18) years of age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am domiciled in the State of Hawaii and have a bona fide intent to physically reside in the AH unit for the duration of the restriction period or lease agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My total gross household income does not exceed the unit's designated income limit. See Table A for income limits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have sufficient gross household income to demonstrate an ability to pay rent and meet any additional criteria established by the City.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I do not own, and will not own for the duration of the rental period, a majority interest in fee simple or leasehold lands suitable for dwelling purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My total net available household asset does not exceed the unit's designated income limit as adjusted by household size.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>The City's Affordable Housing Rules provide waivers and exceptions to some requirements under certain circumstances.</i>		

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.

- 1) _____
 Applicant signature
 Print name
 Date
- 2) _____
 Co-applicant 1 signature
 Print name
 Date
- 3) _____
 Co-applicant 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 Name Lilia Waikiki / Kanekapolei Collection	Building name (if applicable)	
Project address		
Unit No.	___ BR / ___ BA	<input type="checkbox"/> Rent

Primary Applicant			
First name		Middle name/initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

Co-Applicant 1 (if applicable)			
First name		Middle name/initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

Co-Applicant 2 (if applicable)			
First name		Middle name/ initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone		Work phone
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

Primary Household Member			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1) below</i> Self			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 3			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

- (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 name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 3			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 4			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 5			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Asset Verification

Choose asset type from options in List (2) below

Asset 1 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 2 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 3 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 4 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 5 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 6 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 7 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 8 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or 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

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	
<i>Choose income source type from options in List (3) below</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	
Income source 4 type (3)	Income source 4 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	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

Income -- Household Member 3	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

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

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

(Add pages as needed)

Income limit, AMI group	
Income limit \$ _____	AMI group _____ 80 %

Table A. Household Income Limits for Affordable Housing (2026)				
To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the following limits. These figures are updated annually. AMI is the Area Median Income.				
	Income limits for Affordable Housing units designated for households earning: 80% of AMI			
1-person household	\$86,240			
2-person household	\$98,560			
3-person household	\$110,880			
4-person household	\$123,200			
5-person household	\$133,120			

Documentation
<p>Please include the following documentation with this application:</p> <ul style="list-style-type: none"> Applicant AH eligibility affidavit (<i>Page 1 of this application</i>) Statement that household member does not intend to work for a year (required if no income is selected) Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits Most recent two years' tax returns, including W-2s, 1099s and applicable schedules Most recent two months' bank and other financial institution statements, showing interest rate or interest earned Mortgage pre-qualification (for sale) or draft lease agreement (rental) Photo ID of all household members Other supporting documents (divorce decree, marriage certificate, etc.)

Under penalties of perjury, I declare that I have examined all of this application, including accompanying documents, and, to the best of my knowledge, information, and belief, all of the statements contained herein are true, correct and complete.

1)					
	<i>Applicant signature</i>		<i>Print name</i>		<i>Date</i>
2)					
	<i>Co-applicant 1 signature</i>		<i>Print name</i>		<i>Date</i>
3)					
	<i>Co-applicant 2 signature</i>		<i>Print name</i>		<i>Date</i>

Certification:

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 hereby further confirm and certify to OM Kuhio and DPP as follows:

1. [redacted] 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”).
2. [redacted] 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 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 greater than twenty-four (24) months.
3. [redacted] 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.
4. [redacted] 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. [redacted] 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. [redacted] 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.

Signature of Applicant

Date _____

Signature of Applicant

Date _____

APPLICATION TO RENT

(One application per adult)

<input type="checkbox"/> Individual Applicant	<input type="checkbox"/> New Co-Tenant	Property Name _____
<input type="checkbox"/> Co-Tenant (separate applications)	<input type="checkbox"/> Transfer	Property No. _____
<input type="checkbox"/> Co-Signer/ Guarantor (separate applications)		

APPLICANT INFORMATION

Email Address _____

Applicant's Last Name _____ First Name _____ MI _____ Social Security Number _____

DOB: Mo/ Day/ Year _____ Driver's License No. _____ State _____ Day Telephone _____ Evening Telephone _____

Name(s) and Birthdate(s) of All Occupants _____

Do you have pets? Yes No How many? _____ Type & Size _____

Have you ever been evicted? Yes No If yes, explain. _____

Have you ever been convicted of a felony? Yes No If yes, explain. _____

Have you ever declared bankruptcy? Yes No Is it discharged? Yes No

Are you applying under the section 8 program? Yes No If yes, what is the amount of your voucher? \$ _____

RESIDENCE INFORMATION *Must include residence history for at least previous two years.*

Current Address _____ Apt. No. _____ City _____ State _____ Zip _____ Own/ Rent _____
Circle Which _____ Property Name _____

Owner/Mgr/ Landlord _____ Telephone No. _____ From - To (mo/yr) _____ Reason for Leaving _____ \$ _____
Payment _____

Past Address _____ Apt. No. _____ City _____ State _____ Zip _____ Own/ Rent _____
Circle Which _____ Property Name _____

Owner/Mgr/ Landlord _____ Telephone No. _____ From - To (mo/yr) _____ Reason for Leaving _____ \$ _____
Payment _____

Past Address _____ Apt. No. _____ City _____ State _____ Zip _____ Own/ Rent _____
Circle Which _____ Property Name _____

Owner/Mgr/ Landlord _____ Telephone No. _____ From - To (mo/yr) _____ Reason for Leaving _____ \$ _____
Payment _____

INCOME INFORMATION

Current Employer _____ Contact Name _____ Telephone No. _____ Position _____ FT PT Temp.

Address _____ City _____ State _____ Zip _____ From - To (mo/yr) _____ \$ _____ per year/ hour/ mon.
Wages _____ circle which

Previous Employer _____ Contact Name _____ Telephone No. _____ Position _____ FT PT Temp.

Address _____ City _____ State _____ Zip _____ From - To (mo/yr) _____ \$ _____ per year/ hour/ mon.
Wages _____ circle which

Additional Income Amount(s) _____ \$ _____
Source: _____ Amount _____ How Often _____

BANK REFERENCE

Bank Name _____ Account No. _____ Account Type _____ City _____ State _____ Branch _____

AUTOMOBILE DETAILS

Auto # 1-Make _____ Model _____ License Plate No. _____ State _____

Auto # 2-Make _____ Model _____ License Plate No. _____ State _____



ADDITIONAL INFORMATION

Personal Reference _____ Relationship _____ Address _____ Telephone No. _____

Emergency Contact _____ Relationship _____ Address _____ Telephone No. _____

PLEASE READ BEFORE YOU SIGN:

This apartment community provides equal housing opportunity for all people. Criteria to qualify for residency include:

- Proof of identification
- Gross income of at least **2.5- 3 times** the amount of rent depending on the community.
- Verification of employment or other suitable income source (min. 1 year at present employer or consistent trade or occupation)
- Verification of positive, background check and current rental history (min. 2 year rental, home ownership or military residence)
- Positive criminal background
- Positive credit history (min. 1 year credit use and current payments)

Upon investigation and verification of the information provided, Cirrus Asset Management's online credit and background verification software will make a recommendation regarding an approval or denial of residency. In the event that a majority but not all, of the requirements above are not met, an approval conditioned upon one or more of the following may be made: a) Additional Security Deposit, b) Qualified Roommate(s); c) Advance rent payments, and/or d) Co-signer Agreement.

I agree to pay a non-refundable application fee in the amount of \$40 which is earned upon the submission and receipt of this application. I understand that I acquire no rights in an apartment unless my tenancy is approved, I submit a holding deposit of at least \$100 (credited toward the Security Deposit) or administrative fee (where applicable) and I sign a valid rental agreement. If I withdraw my application within 72 hours of submitting my application I will receive a full refund of my holding deposit within the timeframe according to applicable state laws (subject to my payment clearing the bank). If my tenancy is approved but I do not sign a rental agreement, the holding deposit or administrative fee shall be forfeited to the landlord as liquidated damages for holding the apartment off the market. If my tenancy is not approved, the holding deposit shall be returned to me.

In accordance with State and Federal law, you are hereby notified that an investigation may be made of information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entries you have disclosed above and, upon written request within 60 days from the date of denial, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or written summary of your rights under the Fair Credit Reporting Act. Cirrus Asset Management, Inc., 20720 Ventura Blvd., Suite 300 Woodland Hills, CA 91364 This fully executed application shall serve as your receipt for the application fee.

I authorize and direct Cirrus Asset Management, Inc. to obtain such credit reports, character reports, criminal history, verification of rental and employment history as it deems necessary to verify all information set forth in this application. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties concerning Cirrus' verifications under this application.

The undersigned certifies that the information sought herein is for evaluation of the applicant's tenancy at the above-named apartment community and no other purpose.

Applicant's Signature

Date

Management Agent Staff's Signature

Date

ON-SITE OFFICE		
Apt. No.	_____	
Application No.	_____	
Money Order No.:	_____	
Move-In Date	_____	
ID Verified	Yes/ No	Initial _____
Rent:	\$	_____
Monthly Gross	\$	_____
Income Verified	\$	_____