



HALE KĀLELE

901 Piikoi Street Suite 201 | Honolulu, HI 96814
PH: 808-807-0680 | halekalele@cirrusami.com

Do I Qualify?

Thank you for your interest in our brand-new affordable rentals at Hale Kalele Residences. Conveniently located at 901 Piikoi Street in the Ala Moana Kakaako area of Honolulu, Hale Kalele Residences consists of 200 Apartment homes, Studio, 1- and 2-bedroom apartments rented to households earning no more than 30% and 60% of the area median income (AMI). We have 10 Apartment Homes that are designated for the 30% (AMI), and the waitlist is currently closed. *Signed and dated applications will be processed on a first-come, first-served basis.*

4. Net Rent Limits	RHRF	LIHTC
	30%	60%
0 Bdrms	\$ 654	\$ 1,385
1 Bdrms	\$ 671	\$ 1,454
2 Bdrms	\$ 804	\$ 1,744

The following utilities are included in the rental amount:

Solar Hot Water Heating, Sewer, Water, and Trash included. All apartment homes will come with one assigned parking stall.

Residents are responsible for:

Electricity, Cable and Internet. We also accept pets, we do have some breed restrictions, however no weight limit. Please visit <https://halekalele.petscreening.com> for details.

Eligibility Requirements:

- ö Must be a citizen of the United States or a resident alien
- ö Must be at least eighteen (18) years of age
- ö Must occupy the unit as a primary residence
- ö Must have satisfactory credit history and criminal check
- ö Minimum household income limits, as of April 1, 2024.

1. Income Limits	RHRF	LIHTC
	30%	60%
1 Person	\$ 29,250	\$ 58,500
2 Person	\$ 33,420	\$ 66,840
3 Person	\$ 37,590	\$ 75,180
4 Person	\$ 41,760	\$ 83,520
5 Person	\$ 45,120	\$ 90,240
6 Person	\$ 48,450	\$ 96,900

4/1/2024





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- ö The total gross household income shall not exceed the designated 30% and 60% AMI income limit, as of April 2024:

R= **2.5** Minimum HH Income

Affordability Income Window	30%		60%	
	Mon.	Ann.	Mon.	Ann.
0 Bdrms	\$ 1,635	\$ 19,620	\$ 3,463	\$ 41,550
1 Bdrms	\$ 1,678	\$ 20,130	\$ 3,635	\$ 43,620
2 Bdrms	\$ 2,010	\$ 24,120	\$ 4,360	\$ 52,320

- ö Maximum Occupancy:

Occupant Limits:	MIN	MAX
Studio	1	2
1 Bedrooms	1	3
2 Bedroom	2	5

Please note that the maximum affordable rent limits are also subject to adjustments when the median income for Honolulu County changes. Area median income limits are established by HUD as published by the Hawaii Housing Finance and Development Corporation and vary in each county per household size.

Application Procedures:

Each applicant must complete the “Application to Rent”, we require one application per adult.

There is a non-refundable screening fee per applicant of \$25, payable to **Hale Kalele** via Money Order, Cashier’s Check or Credit Card.

We also require a \$100 holding deposit to hold an apartment home. This is payable to **Hale Kalele** via Money Order, Cashier’s Check, or Credit Card. The holding deposit is refundable within 72 hours, or if you are determined to be ineligible for the program. Holding deposit will be applied towards your security deposit. Payments must be submitted along with application when applying.

Each applicant is required to provide information regarding income, assets, birthdate, social security number, previous housing landlord reference(s) and other applicable information listed on the application. If an item(s) does not apply, answer “no” or “n/a”. Do **NOT** leave anything blank. Corrections or Changes are to be made by lining through the original entry and entering the correct data, please do **NOT** use whiteout. Such changes must be initialed by person making the change.

Management MUST be notified immediately of all changes to the household’s income and/or assets prior to move in. Under penalties of perjury, the household certifies the information presented on this form is true and accurate to the best of their knowledge. False, misleading, or incomplete information may result in termination of this application/lease.





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Please Provide the following documents that apply to your household:

- ✓ Completed "Application for Housing" for all adult applicants
- ✓ Photo ID of all adult applicants
- ✓ Social Security Card for entire household
- ✓ Birth Certificate for all minors
- ✓ Proof of income – 3 months paystubs (Employment verification will be required) or other income documentation, Self-Employment requires tax return (Entire Federal Only)
- ✓ Current Statements of Social Security, SSI and/or Disability payments
- ✓ Statements of alimony and/or child support
- ✓ 1 Months of Checking, Saving account statements (include all pages), (Venmo, Cashapp, PayPal etc. is considered an asset and needs to be counted)
- ✓ 401K, IRA, Stocks, Bonds – Need current statements
- ✓ Documentation of changes in the household (divorce decree etc.)



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. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

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



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? Yes No
 If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. 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
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)

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.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. 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	
59. Location of property	
60. Appraised Market Value	\$
61. Mortgage or outstanding loans balance due	\$
62. Amount of annual insurance premium	\$
63. Amount of most recent tax bill	\$
64. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	

65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, Type of property:	
66. Market value when sold/disposed	\$
67. Amount sold/disposed for	\$
68. Date of transaction:	

69. 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
If yes, describe the asset:			
70. Date of disposition:			
71. Amount disposed			\$

72. Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:			

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:			
75. Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
76. Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
77. Will you take an apartment when one is available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:			

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. 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.			
86. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
87. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
88. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			



H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</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 and date the application.

SIGNATURE(S) (***Must be dated***):

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



APPLICATION TO RENT

(One application per adult)

Individual Applicant
 Co-Tenant (separate applications)
 Co-Signer/ Guarantor (separate applications)

New Co-Tenant
 Transfer

Property Name HALE KALELE
Property No. 52415

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 _____ Property Name _____
Circle Which _____ \$ _____

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

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

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

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

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) _____ Wages \$ _____ per year/ hour/ mon. circle which _____

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

Address _____ City _____ State _____ Zip _____ From - To (mo/yr) _____ Wages \$ _____ per year/ hour/ mon. 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 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 \$25 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	_____	

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

PROPERTY NAME: _____
 TENANT RENT: _____
 SUBSIDY: _____

UNIT #: _____
 BEDROOM SIZE: _____
 UTILITY ALLOWANCE: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO
5.				[] YES [] NO
6.				[] YES [] NO
7.				[] YES [] NO
8.				[] YES [] NO

Are any household composition changes expected in next 12 months? [] YES [] NO

If YES explain: _____

Are any student changes expected in next 12 months? [] YES [] NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	[] YES [] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES [] NO
Was a student previously a foster child?	[] YES [] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
Is a student married and eligible to file a joint tax return?	[] YES [] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12-month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.
All adults must sign the form.*

	Head of Household			Co-Head and/or Other Member Name:		
Type of Income	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	[] YES [] NO	\$		[] YES [] NO	\$	
2. Overtime or shift pay	[] YES [] NO	\$		[] YES [] NO	\$	
3. Bonus/commission/etc.	[] YES [] NO	\$		[] YES [] NO	\$	
4. Do you have a 2 nd job?	[] YES [] NO	\$		[] YES [] NO	\$	
5. Seasonal/sporadic work	[] YES [] NO	\$		[] YES [] NO	\$	
6. Tips	[] YES [] NO	\$		[] YES [] NO	\$	
7. Cash pay	[] YES [] NO	\$		[] YES [] NO	\$	
8. Self-employment income	[] YES [] NO	\$		[] YES [] NO	\$	
9. Periodic gift income	[] YES [] NO	\$		[] YES [] NO	\$	
10. Non-cash contributions	[] YES [] NO	\$		[] YES [] NO	\$	
11. Formal child support	[] YES [] NO	\$		[] YES [] NO	\$	
12. Is child support awarded but not paid?		[] YES [] NO		[] YES [] NO	\$	
13. Informal child support	[] YES [] NO	\$		[] YES [] NO	\$	
14. Formal spousal support	[] YES [] NO	\$		[] YES [] NO	\$	
15. Is spousal support awarded but not paid?		[] YES [] NO		[] YES [] NO	\$	
16. Informal spousal support	[] YES [] NO	\$		[] YES [] NO	\$	
17. Social Security	[] YES [] NO	\$		[] YES [] NO	\$	
18. SSI	[] YES [] NO	\$		[] YES [] NO	\$	
19. TANF, AFDC, etc.	[] YES [] NO	\$		[] YES [] NO	\$	
20. Unemployment benefits	[] YES [] NO	\$		[] YES [] NO	\$	
21. Severance pay	[] YES [] NO	\$		[] YES [] NO	\$	
22. Pension income	[] YES [] NO	\$		[] YES [] NO	\$	
23. Retirement acct payments (including RMDs)	[] YES [] NO	\$		[] YES [] NO	\$	
24. Investment acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
25. Annuity acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
26. Trust acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
27. Disability/death benefits	[] YES [] NO	\$		[] YES [] NO	\$	
28. Real estate rent income	[] YES [] NO	\$		[] YES [] NO	\$	
29. Student financial aid	[] YES [] NO	\$		[] YES [] NO	\$	
30. Military pay	[] YES [] NO	\$		[] YES [] NO	\$	
31. Veterans/VA income	[] YES [] NO	\$		[] YES [] NO	\$	
32. Other income:	[] YES [] NO	\$		[] YES [] NO	\$	
33. Other income:	[] YES [] NO	\$		[] YES [] NO	\$	
34. Did you file a tax return last year?	[] YES [] NO			[] YES [] NO		

35. Are any income changes expected in the next 12 months? [] YES [] NO If YES please describe:

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household		Co-Head and/or Other Member Name:	
	Check One	Approx Cash Value	Check One	Approx Cash Value
1. Checking account	[] YES [] NO	\$	[] YES [] NO	\$
2. 2 nd checking account	[] YES [] NO	\$	[] YES [] NO	\$
3. Savings account	[] YES [] NO	\$	[] YES [] NO	\$
4. 2 nd savings account	[] YES [] NO	\$	[] YES [] NO	\$
5. Debit /direct deposit card	[] YES [] NO	\$	[] YES [] NO	\$
6. 2 nd prepaid debit card	[] YES [] NO	\$	[] YES [] NO	\$
7. Cash on hand	[] YES [] NO	\$	[] YES [] NO	\$
8. Certificate of Deposit	[] YES [] NO	\$	[] YES [] NO	\$
9. Other bank account	[] YES [] NO	\$	[] YES [] NO	\$
10. Mutual Fund	[] YES [] NO	\$	[] YES [] NO	\$
11. Stocks	[] YES [] NO	\$	[] YES [] NO	\$
12. Portfolio/brokerage	[] YES [] NO	\$	[] YES [] NO	\$
13. IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
14. 2 nd IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
15. Treasury bills/bonds	[] YES [] NO	\$	[] YES [] NO	\$
16. Company retirement acct	[] YES [] NO	\$	[] YES [] NO	\$
17. Annuity	[] YES [] NO	\$	[] YES [] NO	\$
18. Pension	[] YES [] NO	\$	[] YES [] NO	\$
19. Trust (Irrevocable or Revocable)	[] YES [] NO	\$	[] YES [] NO	\$
20. Life insurance (not term)	[] YES [] NO	\$	[] YES [] NO	\$
21. Real estate equity	[] YES [] NO	\$	[] YES [] NO	\$
22. PayPal, Venmo, Cash App	[] YES [] NO	\$	[] YES [] NO	\$
23. Other asset	[] YES [] NO	\$	[] YES [] NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [] YES [] NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<i>For each asset checked YES above, please complete the following:</i>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Date

Co-Head and/or Other Member Signature

Date

Management Signature

Date

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:		Contact Person:					
Address:		Phone:		Fax:			
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form. Please do not leave blanks.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ____/____/____ No Last Date of Employment: ____/____/____

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
Pay Method Cash Check Direct Deposit Other _____

Number of regular hours scheduled per week:
(If hours vary please list maximum anticipated) _____

Overtime Rate: \$ _____ per hour
Average number of OT hours per week: _____

Gross Year to Date Pay: \$ _____
From ____/____/____ Through ____/____/____
Number of pay periods included in the YTD earnings above: _____
Gross pay from prior year: \$ _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

COMMISSION \$ _____ Weekly Bi-weekly Monthly BONUS: \$ _____ Weekly Bi-weekly Monthly Yearly
TIPS: \$ _____ Weekly Bi-weekly Monthly OTHER: \$ _____ Semi-monthly Yearly

Did employee receive a raise last year? No Yes If YES, when? _____ If the employee received a raise last year, is there any reason to think this year might be different? _____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ _____ Hours _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked: _____

Is employee eligible for unemployment during the layoff? No Yes

Employer Signature

Employer Printed Name & Title

Date

Phone #

Fax #

E-Mail

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.



UNDER \$50,000 ASSET CERTIFICATION

(Effective 1/1/2024)

For households whose combined net assets are \$50,000 or less.
Complete only **ONE** form per household; include assets of children.
Do not leave blanks. Use N/A if not applicable.

Applicant/Tenant: _____ Unit #: _____

Complete by checking 1 or 2:

1.		I/we do not have any assets at this time (skip to #4 below)
2.		I/we have assets as follows: (record assets below and answer #3)

2 (continued). Assets	Cash Value	x Int. Rate	= Annual Income
Cash on hand			
Direct express debit card(s) balance(s): not linked to a bank account			
Current checking account balance			
Current savings account balance			
CD/money market			
Stocks/bonds			
Life insurance (except term life)			
Safe deposit box			
Equity in real estate			
Lump sum amounts received (i.e. lottery/inheritance/insurance)			
Cryptocurrency/Bitcoin			
Cash app (Venmo, PayPal, etc.)			
Other:			
Other:			
Other:			

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list a pension account balance that cannot be accessed without terminating employment.
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."

3.	The total family assets above do not exceed \$50,000 and the total annual income from the net family assets is \$ _____. This amount is included in total gross annual income.
4.	In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for more than \$1,000 below fair market value (FMV) If YES list asset disposed of: _____ Date of Disposal: _____ Fair market value: _____ Amount received: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date