

1060 Bishop Street Apartments

Date _____

Affidavit of Eligibility for City-Regulated Affordable Housing Units

Project and Unit		
Project Name 1060 Bishop Street Apartments	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 _____

1060 Bishop Street Apartments

Application for Affordable Housing Units

Project and Unit		
Project Name 1060 Bishop Street Apartments	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)		

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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)			

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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		

- | |
|--|
| <p>(1) Choices for this category are:</p> <ul style="list-style-type: none"> Self Spouse/Partner Parent Child Sibling Extended Family Friend (not related) Caretaker |
|--|

Please provide a photo ID for every household member

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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		

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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		

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Household Asset Verification	
<i>Choose asset type from options in List (2) below</i>	
Asset 1	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 2	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 3	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 4	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 5	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 6	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 7	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	
Asset 8	Name of financial institution
Asset type (2)	Annual Percentage Yield or mark 0% if none listed
Current market value	

- | |
|--|
| <p>(2) Choices for this category are:</p> <ul style="list-style-type: none"> 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

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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 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

Choose income source type from options in List (3)

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	

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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)

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

Table A. Household Income Limits for Affordable Housing (2024)				
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	\$78,000			
2-person household	\$89,120			
3-person household	\$100,240			
4-person household	\$111,360			
5-person household	\$120,320			

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 Last two years' tax returns, including W-2s, 1099s and applicable schedules 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>

APPLICATION TO RENT

(One application per adult)

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

New Co-Tenant
 Transfer

Property Name 1060 Bishop
Property No. 52427

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 \$50 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	\$	_____