

KĀNEKAPŌLEI

collection

Affordable Rental Housing Application Package Checklist

Please provide the following documentation:

- 12 page “Affordable Housing Rental Application” including notarized affidavit
 - 1 page Certification
 - Please include the following documentation with this application:
 - Statement that household member does not intend to work for a year (required if no income is selected)
 - Most recent two month’s pay stubs or other documentation of income, including Social Security and VA benefits
 - Last two years’ tax returns, including all applicable schedules
 - Bank and other financial institution statements, showing interest rate or interest earned
 - IRS Forms 1099, as applicable
 - Mortgage pre-qualification (for sale) or lease agreement (rental)
 - Photo ID of all household members
 - Other supporting documents (divorce decree, marriage certificate, etc.)
 - \$25 application fee per applicant (cashier’s check, credit card, ACH, Money Order). Please make payable to **Cirrus Asset Management**.
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(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) If application has been approved, you will be required to select a rental unit and to make a \$100 holding deposit at the time you confirm your rental unit selection. (cashier’s check, credit card, ACH, Money Order). Please make money order payable to “**Kanekapolei Collection**”. ** This holding deposit will be applied toward Security Deposit at move-in.

**The holding deposit 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.LiliaWaikiki.com/KanekapoleiCollection.com
KanekapoleiCollection@cirrusami.com
(808) 436-7769

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	Applicant name	
Unit No.	___ BR / ___ BA	<input type="checkbox"/> For-sale <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
For-sale applicants: I have sufficient gross household income to qualify for a mortgage and spend no more than 33% of gross household income toward monthly housing payments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental applicants: 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
For-sale applicants: I, either individually or with a household member, do not own or have not owned for three years (or one, if UA project) prior to this application, a majority interest in fee simple or leasehold lands suitable for dwelling purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental applicants: 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
For-sale applicants: My total net available household asset does not exceed the purchase price of the unit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental applicants: 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
For-sale applicants only: I have not previously received assistance under a program designed and implemented by any State or county agency to assist persons to purchase affordable housing units.	<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

STATE OF HAWAII)
 : SS.
CITY AND COUNTY OF HONOLULU)

On this ____ day of _____, 20____, before me personally appeared _____, to me personally known, who, being by me duly affirmed, did say that such person executed the forgoing instrument as the free act and deed of such person, and in the capacity shown, having been duly authorized to execute such instrument in such capacity.

Name: _____
Notary Public, State of Hawaii

My commission expires: _____

Date of Doc: _____	# Pages: _____
Name of Notary: _____	Notes: _____
Doc. Description: Affidavit of Eligibility to Rent an Affordable Rental Dwelling Unit in the _____	
	(stamp or seal)
Notary Signature _____	Date _____
	First Circuit, State of Hawaii
NOTARY CERTIFICATION	

(Please have the affidavit notarized for each applicant and co-applicant)

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		Building name (if applicable)
Project address		
Unit No.	___ BR / ___ BA	<input type="checkbox"/> For-sale <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 Member 6			
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			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 7			
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			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 8			
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			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Asset Verification	
<i>Choose asset type from options in List (2) below</i>	
Asset 1 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 2 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 3 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 4 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 5 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 6 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 7 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income
Asset 8 Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

- | |
|--|
| <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

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 _____

Table A. Household Income Limits for Affordable Housing (2020)				
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.				
	2020 income limits for Affordable Housing units designated for households earning:			
	80% of AMI	100% of AMI	120% of AMI	140% of AMI
1-person household	\$70,500	\$88,150	\$105,800	\$123,450
2-person household	\$80,600	\$100,750	\$120,900	\$141,050
3-person household	\$90,650	\$113,350	\$136,000	\$158,700
4-person household	\$100,700	\$125,850	\$151,050	\$176,200
5-person household	\$108,800	\$136,000	\$163,200	\$190,400
6-person household	\$116,850	\$146,050	\$175,250	\$204,500
7-person household	\$124,900	\$156,150	\$187,400	\$218,650
8-person household	\$132,950	\$167,150	\$200,600	\$234,050

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 month's pay stubs or other documentation of income, including Social Security and VA benefits • Last two years' tax returns, including all applicable schedules • Bank and other financial institution statements, showing interest rate or interest earned • IRS Forms 1099, as applicable • Mortgage pre-qualification (for sale) or lease agreement (rental) • Photo ID of all household members • Other supporting documents (divorce decree, marriage certificate, etc.)

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. 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. 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. 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. 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