

Cloudbreak Communities at Kapolei

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Rental Criteria

Cloudbreak Communities at Kapolei welcomes your application. To understand the criteria and the application process, please read the following:

- Veteran preferred community, with Honorable or Other-Than-Honorable discharge
- Single individuals (Max of 1 person to a unit)
- Rents range from \$650 - \$1,350 depending on unit type and allocation
- Gross monthly income must meet or exceed (1.5) one and a half times the monthly rent (except subsidized housing choice voucher holders which will require a minimum of \$250 monthly income. Project-Based units are exempt from a required minimum monthly income.)
- No application processing fees are charged to the applicant or resident
- Move-in costs include 1st month rent and security deposit (deposit is equivalent to the monthly rent)

Income limits for 2021

	30%	50%	60%	80%	100%	Market
1 Person	\$25,380	\$42,300	\$50,760	\$67,680	\$84,600	No limit

Application & Documentation

Print legibly, fill in all blanks ("N/A" for not applicable) and use either black or blue ink.

Rental Application must be completed along with supporting documents BEFORE it can be processed.

- Identification
 - Gov't issued picture ID (State ID or Driver's License, VA ID, Passport, etc.)
 - Social Security card (print out may be accepted while awaiting card)
 - DD214 or a statement of service
- Income Verification (as applicable)
 - 90 consecutive days of current pay stubs
 - Current Benefit award letters i.e. SSI/ SSD, VA disability, pension, retirement, etc.
 - Public Assistance award letter such as GR; no need to provide food stamp award letter
 - Unemployment benefits, Student financial aid or Any other form of income
- Financial bank statements
 - Bank statements
 - Checking account statements for the last 6 months
 - Savings account statements for the last 1 month
 - Retirement, Pension or Trust funds – those that you can currently withdraw money from
 - Investments and personal property held as an investment



Verifications

Screening criteria will be applied in a manner consistent with all applicable laws including the Hawaii and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules.

- All sources of income must be provided and will be verified directly from our office
- A criminal background will be obtained. Your credit rating and debts will not affect your approval unless you are a returning resident at any of our sites with a previous balance.
- A past conviction will not necessarily lead to non-approval. However, we do not accept applicants with a sex offense, arson or terrorist conviction.
- Current references may be obtained: Landlord, program, case managers or other references will help determine history and other issues including but not limited to chronic non-payment, health and safety issues, property damage, and/or repeated disruptive behavior.
- As part of the process, potential residents may meet with US Vets Inc. for a clinical assessment and drug test.

Rejected Applications

You will be notified in writing of the decisions made on your application if rejected. Information on how to obtain a copy of your background will be on the letter sent to you. Applications may be rejected for any of the following reasons but not limited to:

- Falsification of any information on the application.
- Not meeting income guidelines.
- A criminal background that reveals an arson, sex offense, or acts of terrorism.
- A violent felony conviction within the last 12 months, unless you are currently being supervised by a law enforcement officer such as a parole officer.
- Good cause including, but not limited to: any display of disruptive or aggressive behavior towards the staff, residents or guests prior to move-in.
- Poor current reference response that identifies but not limited to chronic non-payment, health and safety issues, property damage, and/or repeated disruptive behavior.
- Failure to meet other qualifications or selection criteria required under Affordable Housing Program, or management policy.

There may be additional paperwork that may need to be completed. If you would like, you may call ahead to schedule an appointment or we will meet with you, as time permits, when you return your application and requested documents. You may bring your own copies or we can make copies for you (please do not include your picture ID with your copies). Rejected applicants will be informed in writing within fourteen (14) days of determination with the reasons for denials and will include instructions for an appeal process should you wish to appeal.

Waiting List

We welcome your application for our waitlist if unit of desirable size or type is not currently available. The waitlist is maintained open at all times. All inquiries and applications shall be made at the management office located at the address stated on page 1

An applicant must submit a completed pre-application form. All applications will be dated and time stamped upon receipt by the management agent. The application or information received will be evaluated by a staff member to determine if, preliminarily, eligibility criteria has been met (e.g. income, household size, student status), and if the application has been completely filled out. Applications completely filled and meeting the eligibility requirements will be placed on the waitlist in the order received.

An application that is incomplete or does not meet the eligibility requirements will be rejected and marked "Denied" with the reason for denial indicated, and not placed on the waitlist. In the event that an applicant is rejected, the applicant will receive written notification of the rejection, and will also be notified that they shall have ten (10) days from the date of the notification to respond in writing, or request a meeting, to discuss the rejection. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time of the rejection.

The applicant at, or near the top of the wait list has forty-eight (48) hours from receipt of the phone call or, if notified by letter, five (5) business days from date of mailing, to notify the management of their intention to accept or reject the unit offered. An applicant will be removed from the wait list if mail is returned with incorrect mailing information or if a phone number is disconnected or incorrect.

An applicant who refused a unit due to medically necessary reasons will not lose his or her place on the waitlist. Otherwise, any applicant who is offered a unit and refuses a second time will be removed from the wait list and will have to reapply at any time to be at the bottom of the list.

Violence Against Women Act

The Violence Against Women Act (VAWA): This act provides protections for persons that have been subject to domestic violence, dating violence, sexual assault, or stalking. VAWA protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

- Protections for applicants: You cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.
- Protections for tenants: You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

The Development will comply with state and federal fair housing and antidiscrimination laws; including, but not limited to, consideration of reasonable accommodations requested to complete the application process. Chapter 1, Subchapter B of this title provides more detail about reasonable accommodations.

If you need any further information regarding any written information on this document, do not hesitate to contact us directly at (808) 682-1949 or CloudbreakHawaii@cantwell-anderson.com. General office hours are Monday through Friday 8:30am-3:30pm and by appointment, if you desire. Thank you for your interest.

Cloudbreak HI - waitlist

Pre-Application



NAME: _____ Date of Birth: _____

Mailing address: _____

1st Phone number _____ 2nd Phone number _____

Email: _____ Unit type desired: Studio Single Shared

MONTHLY INCOME:

Employment: Hourly Wage \$ _____ Hours per week _____ OR Monthly Salary: \$ _____		
Social Security \$ _____	Family Contributions \$ _____	Other \$ _____
SSI / Disability \$ _____	Pensions: \$ _____	Other \$ _____
GR \$ _____	Unemployment \$ _____	Other \$ _____
VA \$ _____	Spousal Support: \$ _____	
Annuity \$ _____		

- Yes No Are you a U.S. Veteran? type of discharge: _____
 Yes No Are you currently a student? If yes, Part-time or Full-time? _____
 Yes No Will your household be receiving Section 8/VASH Voucher rental assistance at the time of move-in?
 Yes No Did you previously live at any of our properties including this one? If yes, when? _____

How did you hear about us? _____

*The information on this form is use to determine your income eligibility. I agree that I have provided current anticipated annual income amounts. **I agree to notify the landlord immediately if any information on this form changes. I am responsible to maintain this information as accurate as possible.** Upon a unit becoming available I will be subject to provide proof of income and student status if applicable.*

Applicant's Signature

Date

OFFICE USE ONLY

Date received: _____ Time: _____ Received by: _____

Date entered: _____ Entered by: _____



Cloudbreak HI LLC - An Affordable Housing Community for Individuals Engaged in Recovery
Affordable Housing Rental Application



Rental policy: Landlord does not discriminate based on age, race, color, religion, sex, disability (mental or physical), national origin, marital status, familial status or sexual orientation. All rental applications are evaluated based on rental history, ability to pay and credit history.

Unit type desired: Single Room Studio **UNIT #** _____

Referred by / how did you hear about us? _____

PERSONAL INFORMATION

First name: _____ Last Name: _____ Middle initial: _____

Birth Date: _____ SS#: _____ ID or D/L#: _____

Cell phone #: () _____ Other phone #: () _____

Other phone #: () _____ E-mail Address: _____

RESIDENCE INFORMATION

Where do you live now?

Number & Street Name _____ Apt _____ City & State _____ Zip code _____

How long at this address? _____ years _____ months How much do you pay per month? _____

Why do you want to move? _____

INCOME INFORMATION

Current Income or Employer name: _____

Address _____ City _____ State _____ Zip _____

How often are you paid (check one): every week every other week twice a month monthly yearly

Gross income before deductions:\$ _____ Job title: _____

Source or Supervisor's name: _____ Phone number:() _____

Date income started: _____ Fax number:() _____

OTHER INFORMATION

Yes No Are you a U.S. Veteran? If yes, what type of discharge did you have? _____

Yes No Do you have any pets?

Yes No Will you be receiving Section 8/VASH rental assistance at the time of move-in?

Agency & Contact Person: _____

Yes No Have you used substances such as illegal drugs or alcohol in the last 12 months?

If yes, when was the most recent date of use? _____

Yes No Have you ever been convicted of a felony? If yes, please provide the following information:

Reason: _____

County _____ State _____ Date _____

SECONDARY CONTACTS

Name _____ Relationship _____ Daytime phone number _____

Name _____ Relationship _____ Daytime phone number _____

Applicant represents that all of the information on this application is true and correct and authorizes verification of income and assets. Incorrect information will result in termination of your residency. By signing, applicant states: "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation, any and all information about me. I understand the information contained in, or obtained during the processing of this application may be shared with third parties including, but not limited to, my current, previous or future creditors or their representatives and may be used for collection of a present or future debt. I release from liability any third party or user of information contained in or related to my application."



Applicant Signature

Date



Name: _____

ADDITIONAL RENTAL HISTORY INFORMATION

Number & Street name _____ City & State & Zip code _____
How long were you at this address? _____ years _____ months Did you rent or own? _____
Reason for moving out? _____

Number & Street name _____ City & State & Zip code _____
How long were you at this address? _____ years _____ months Did you rent or own? _____
Reason for moving out? _____

ADDITIONAL INCOME INFORMATION

(Circle one)
Prior or Additional Income source: _____
Address _____ City _____ State _____ Zip _____
Gross income before deductions:\$ _____ Type of assistance: _____
Source's name: _____ Phone number:() _____
Start date: _____ End date: _____

(Circle one)
Prior or Additional Income source: _____
Address _____ City _____ State _____ Zip _____
Gross income before deductions:\$ _____ Type of assistance: _____
Source's name: _____ Phone number:() _____
Start date: _____ End date: _____

(Circle one)
Prior or Additional Income source: _____
Address _____ City _____ State _____ Zip _____
Gross income before deductions:\$ _____ Type of assistance: _____
Source's name: _____ Phone number:() _____
Start date: _____ End date: _____



TENANT RELEASE

Date: _____
TO: _____

Applicant/Resident
Name: _____
Social Security Number: _____
Unit Number: _____

We are required to verify the income & assets to determine eligibility for participating in the Low-Income Housing Programs. This information is used only in determining the eligibility status and rent for household members.

We will need to verify such agencies as, but not limited to:

Employment
Social Security Administration
Veteran’s Administration
Social Services
Unemployment
Housing Authority

Banks
Educational Institutions
District Attorney’s Office
Current / Previous Landlords
Credit Reporting Agencies
Criminal Background Agencies

I agree that a photocopy of this authorization may be used for the purposes stated above and verification purposes. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.

Print Name of Applicant/Tenant

Date

Signature

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.



UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: YES NO

I work on a seasonal basis depending on the time of year: YES NO

I receive benefit income such as unemployment, disability, workers compensation: YES NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$_____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: Hale Uhiwai Nalu Unit: _____

Certification Type:

Move In/Initial Certification

Re-certification

Other: _____

Housing Program:

Low Income Housing Tax Credit

HOME

Other: RHTF

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 HH 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.*

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

	Head of Household		Co-Head and/or Other Member Name:	
Type of Asset	Check One	Approx Cash Value	Check One	Approx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 nd prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> 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>				

For each asset checked YES above, please complete the following:

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