Cloudbreak Communities at Kapolei

91-1078 Yorktown Street, Kapolei, HI 96707 Phone (808) 682-1949 • Fax (808) 682-1970



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 \$500 \$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)

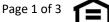
Income limits for 2019

	30%	50%	60%	80%	100%	Market
1 Person	\$25 <i>,</i> 320	\$42,200	\$50,640	\$67,520	\$84,400	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 addendums

- Identification
 - Sov'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
- <u>Financial bank statements</u>
 - 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.

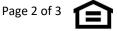
- All sources of income must be provided and will be verified directly from our office
- A criminal background will be obtained. Your credit rating and debts will not affect your approval unless you are a returning resident at any of our sites with a previous balance.
- A past conviction will not necessarily 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.



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 <u>not</u> 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.

- <u>Protections for applicants:</u> You cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.
- <u>Protections for tenants</u>: 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. General office hours are Monday through Friday 8am-330pm and by appointment, if you desire. Thank you for your interest.



Cloudbreak HI - waitlist <u>Pre-Application</u>



NAME:	Date of Birth:
Mailing address:	
1 st Phone number	2 nd Phone number
Email:	Unit type desired: Studio Single Shared

MONTHLY INCOME:

		_ Family Contributions \$	Other \$
SSI / Disability\$		Pensions: \$	Other \$
GR \$			
VA\$		Unemployment \$	Other \$
		Spousal Support: \$	
Yes	No	Are you a U.S. Veteran? type of dis	scharge:
Yes	No	Are you currently a student? If yes,	Part-time or Full-time?
			ection 8/1/ASH Voucher rental
Yes	No	Will your household be receiving S assistance at the time of move-in?	

The information on this form is use to determine your income eligibility. I agree that I have provided current anticipated annual income amounts. <u>I agree to notify the landlord immediately if any information on this form</u> 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	_
	OFFIC	E USE ONLY	
Date received:	Time:	Received by:	
Date entered:		Entered by:	
		02 Kanala: 11 06707	

Cloud	break HI	LLC	- A V	eteran Communit	ty & S	ober Livin	ig En	vironmen	t	\sim	
Afford	able Ho	using	Rent	al Application	-		-				
origin, marita				based on age, race, color, r prientation. All rental applica					ity COr	nmunities	X
Unit type of	desired:			SRO		Efficiency		Double O	occupancy	UNIT #	
Referred k	by / how did	you hear	about u	ıs?							
				PE		NAL INFOR	RMA	ΓΙΟΝ			
First name					Las	st Name:				Middle initial:	
Birth Date:	:			SS#:					ID or D/L#	#:	
Cell phone	¥: ()				_	Other p	ohone #: ()		
Other phor	ne #:()					E-mail	Address:			
				RE	SIDE		RMA	TION			
Where d	do you live	now?									
 Number {	& Street Nan	 ne				Apt		City & S		Zip code	
	at this addr			years		months	s	-		y per month?	
-				youro			·		511 66 J = F J	, por	
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					NCOM		<u>/////////////////////////////////////</u>				
Current	Income or	r Emplo	yer na	ame:							
	Addre	SS				Cit	.у		State	Zip	
How often	are you paid	(check on	.e): □	□ every week □ e	every oth	her week 🛛	twice	e a month	□ monthly	o yearly	
Gross inco	ome before de	ductions:	\$,	Job title	e:			_
Source or	Supervisor's	name:				ſ	Phone	number:()		
Date incom	ne started:					1	Fax nur	mber:()		
					OTHE		ΙΑΤΙΟ	ON			
	Yes		No	Are you a U.S. Vet	teran? I	If yes, what t	ype of	discharge d	lid you have?		
	Yes		No	Are you a former for							
	Yes		No	Do you have any p							
	Yes		No	Are you currently a		•		•	me or full tim	e?	
	Yes		No	Have you been a s							
	Yes		No	Will you be receivin	-		rental	assistance	at the time of	move-in?	
	Yes		No	Agency & Cont Have you used sub			egal d	rugs or alco	hol in the last	12 months?	
				If yes, when wa	as the m	most recent d	date of	use?			
	Yes		No	_					Provide the	following information:	
				Reason: County						Date	
					FCON	IDARY CO					
					LUUII						
Name				Relationship				-	Daytime pho	one number	
Name				Relationship			—		Daytime pho	one number	
	represents th:	at all of the	e inform:		is true ar	nd correct and	l author	rizes verificati		ind assets. Incorrect informati	ion will

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."





	ADDITION	NAL INCOME INFORMATION	
Prior or Additional Income sour	ce:		
Address	City	State Z	ïp
Gross income before deductions:\$		Type of assistance:	
Source's name:		Phone number:()	
Start date:		End date:	
Prior or Additional Income sour	ce:		
Address	City	State Z	
Gross income before deductions:\$		Type of assistance:	
Source's name:		Phone number:()	
Start date:		End date:	
Prior or Additional Income sour	ce:		
Address	City		
Gross income before deductions:\$		Type of assistance:	
Source's name:		Phone number:()	
Start date:		End date:	
Prior or Additional Income sour	ce:		
Address	City	State Z	üp
Gross income before deductions:		Type of assistance:	
Source's name:		Phone number:()	
Start date:		End date:	



APPLICANT RENTAL HISTORY INFORMATION

Please provide the last 5 years of rental history information. This includes periods you may have lived with family & friends, or rented rooms. Also, if you don't have any rental history due to being homeless, or other circumstances, please provide any assistance received from agencies, programs, and institutions.

Print Applicant Name

Building/Unit Number

Landlord Name	Landlord Phone Number
Landlord Address	Months/Years Rented

Landlord Name	Landlord Phone Number
Landlord Address	Months/Years Rented

Landlord Name	Landlord Phone Number
Landlord Address	Months/Years Rented

Applicant Signature

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Created: 11/14/2018 Revised:



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Co	mmu	niti	es	

TENANT RELEASE

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	Banks
Social Security Administration	Educational Institutions
Veteran's Administration	District Attorney's Office
Social Services	Current / Previous Landlords
Unemployment	Credit Reporting Agencies
Housing Authority	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 <u>will stay in effect for a</u> <u>year and one month</u> 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.

