

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	\$25,320	\$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
 - 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. General office hours are Monday through Friday 8am-330pm 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 - A Veteran Community & Sober Living Environment
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: SRO Efficiency Double Occupancy **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 Are you a former foster youth? _____
- Yes No Do you have any pets? _____
- Yes No Are you currently a student? If yes, attending part-time or full time? _____
- Yes No Have you been a student within the past 12 months? _____
- 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 INCOME INFORMATION

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: _____

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: _____

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: _____

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: _____



CLOUDBREAK HAWAII, LLC

Office Location: 91-1078 Yorktown Street, Kapolei, Hawaii 96707

Mailing Address: PO Box 75492, Kapolei, Hawaii 96707

Phone: (808) 682-1949 | Fax: (808) 682-1970

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

Date

Created: 11/14/2018

Revised:





TENANT RELEASE

Date: _____	Applicant/Resident Name: _____
TO: _____	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.

