

Lokahi Pacific

1935 Main Street, Suite 204 , Wailuku, Hawaii 96793 • Telephone (808)242-5761 • Fax: (808)244-2057
Website: www.lokahipacific.org

Lokahi Pacific currently administers and maintains seven residential projects in Maui County. These were established to assist and support various groups of citizens to live independently and productively in the community. By providing quality housing, they maximize the ability of residents to live and function at the highest level of independence possible. All residents must be capable of independent living, comply with house rules and policies, and refrain from the abuse of drugs and alcohol. Residents are encouraged to view their apartment as their homes and their stay has no predetermined duration.

Eligibility requirements and length of waiting lists vary from project to project. For more specific information, please call Lokahi Pacific at (808)242-5761.

Please take the time to complete the housing application accurately and completely. Applications can be delivered by hand or by mail to Lokahi Pacific, 1935 Main Street, Suite 204, Wailuku, Hawaii 96793. Faxed applications will **not** be accepted. We will verify the information you provide. If any information is missing, false and/or inaccurate, the processing of your application will be delayed and/or rejected.

Admission will be denied for the following reasons:

- Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to, admit the household.
- Any household member is currently engaging in illegal drug use.
- The owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of drug may interfere with the health, safety, or right of peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)
- Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Owners shall established standards that prohibit admission to any Federally-assisted property to sex offenders subject to a lifetime registration requirement under a state sex offender's registration program.
- The Owner determines that there is reasonable cause to believe that a household member's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- During a reasonable time before the admission decision, you had a conviction for:
 1. Violent criminal activity;
 2. Drug-related criminal activity;
 3. Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 4. Other criminal activity that would threaten the health or safety of the Owner or any employee contractor, subcontractor or agent of the Owner who is involved in the housing operations.

After receiving the completed housing application and required documents, Lokahi Pacific will conduct a criminal background check on all household members 18 years or older. If there has been no drug-related or criminal activity within the past three years, then the application will be processed. When all verifications are received, the applicant will be placed on our "pool of applicants" list.

Applications that are not fully completed and/or do not have the required documents will be rejected and returned to the applicant.

Lokahi Pacific

Housing Application

Applicant's Name: _____ Home Phone: _____
 Current Address: _____ Work Phone: _____
 Mailing Address: _____ Cell Phone: _____

Case Manager's Name: _____ Bus. Phone: _____
 Name of Agency: _____ Cell Phone: _____

A. FAMILY COMPOSITION						
No.	Relationship	Name (List Head of Household First)	Relationship to Head	Age	Date of Birth	Social Security Number
1	Head					
2	Co-Head					
3	Child					
4	Child					

B. INCOME					
Please identify each income by Family Member Number from Part A.					

No.	Source of Income	Gross Monthly Amount	No.	Source of Income	Gross Monthly Amount
	Welfare Assistance			Veteran's Pension	
	Social Security			Veteran's Educational Benefits	
	Supplemental Security (SSI)			Child Support from _____	
	Unemployment Compensation			Alimony	
	Workers' Compensation			Support from adult children	
	Other _____			Other _____	

No.	Employer's Name	Address	Gross Monthly Amount

No.	Pension (List Source)	Address	Gross Monthly Amount

No.	Retirement (List Source)	Address	Gross Monthly Amount

C. ASSETS					
Please identify each income by Family Member Number from Part A.					

No.	Checking/Savings: List names of Banks, Credit Unions, etc.	Amount	No.	Stocks/Mutual Funds List names	No. of shares	Estimated Value
		\$				\$

No.	List all real property: Location Est. Market Value Est. Equity	Automobile: Model/Year License Plate No.	Estimated Value
			\$

D. RENTAL HISTORY

Present Landlord:	Home Phone:
Mailing Address:	Work Phone:
How Long? From: To:	Rent Amount:
Previous Landlord:	Home Phone:
Mailing Address:	Work Phone:
How Long? From: To:	Rent Amount:
Reason for leaving:	

E. CHARACTER REFERENCES Please give complete name and address

Name:	Home Phone:
Mailing Address:	Work Phone:
Name:	Home Phone:
Mailing Address:	Work Phone:
Name:	Home Phone:
Mailing Address:	Work Phone:

F. HANDICAP VERIFICATION

If you are applying for housing at our CMI or PD projects, we are required by HUD to verify your handicap.

Name of Physician:	Telephone:
Address:	<input type="checkbox"/> CMI <input type="checkbox"/> Physical
Name of Physician:	Telephone:
Address:	<input type="checkbox"/> CMI <input type="checkbox"/> Physical

G. HOUSING PREFERENCES

Please check the housing project(s) where you wish to live. If you are offered a unit of your choice and you don't accept it, this will be counted as a refusal. After two (2) refusals, your application will be taken off the waiting list.

The U.S. Government under HUD Section 8 subsidizes the following housing projects; therefore your rent will be based on 30% of your income. Please note that this is **NOT** the same as the County Section 8 Voucher Program.

- | | |
|--|---|
| <input type="checkbox"/> Hale O Mana'o Lana Hou I, Wailuku (CMI)
(Shared, 2-bedroom unit) | <input type="checkbox"/> Hale O Mana'o Lana Hou II, Wailuku (CMI)
(1-bedroom unit) |
| <input type="checkbox"/> Hale Lokahi Akahi, Wailuku (PD)
(1-bedroom unit) | <input type="checkbox"/> Kaho'okamamalu, Inc., Wailuku (PD)
(1-bedroom unit) |

The following housing projects are **NOT** subsidized by HUD, therefore you are responsible for the entire rent. We accept the County Section 8 Voucher at these housing projects.

- Kaho'okamamalu-HOME, Wailuku (PD) Hale Lokahi Elua, Kihei (LI) Market Street, Wailuku (LI)

Note: (PD) Physically Disabled, (CMI) Chronically Mentally Ill, (LI) Low Income individual or families

H. ADDITIONAL INFORMATION & CRIMINAL HISTORY

1. Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? Yes No
2. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? Yes No
3. Do you own any pets? Yes No
If yes, describe (maximum weight is 30 lbs.): _____
4. Have you or any other person on your application ever been convicted of any offense against the law? Yes No
(Omit traffic violations and any offense tried in juvenile court.) If YES, list each offense and the date (attach a separate sheet, if necessary): _____

5. Is any household member a student? Yes No
6. Does this household currently occupy a HUD-Assisted unit? Yes No

I. APPLICANT CERTIFICATION

I certify that the above information is correct to the best of my knowledge; that the unit being applied for will be my (our) permanent residence and agree not to maintain a separate subsidized rental unit; that I am not falsifying or withholding any information from LOKAHI PACIFIC, and I understand that false statements or information may be punishable under Federal Law. **IF LOKAHI PACIFIC IS UNABLE TO CONTACT ME (US) AT THE ADDRESS PROVIDED, MY (OUR) APPLICATION WILL BE CANCELLED.** I also understand that LOKAHI PACIFIC assumes NO responsibility for applications NOT received.

I authorize LOKAHI PACIFIC to obtain and verify information about the income, assets, personal data and conduct of all persons listed in my family. I also authorize the sources of such information (which may include, but not be limited to employers, social workers, landlords, resident managers, housing managers, welfare workers, parole officers, court records (criminal check), drug treatment centers, clinics, physicians, or the police department) to release such requested information. I also authorize LOKAHI PACIFIC to telephone me COLLECT, if necessary.

Signature

Date

Signature

Date

Please submit a copy of the following documents with the application for all household members listed on the application otherwise the application will not be processed:

- Social Security Card
- Photo I.D.
- One of the following:
 - Birth Certificate
 - U.S. Passport
 - Naturalization Certificate
 - Certificate of Citizenship
 - Alien Registration Card
- Current Social Security Benefit Letter, if applicable
- Current Welfare Benefit Letter (financial only), if applicable



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I hereby authorize and direct any Federal, State or local agency, organization, business or individual to release and verify my application for housing, and/or to maintain my continued housing under the **Lokahi Pacific** housing program. I understand and agree that this authorization or the information obtained with its use may be given to and used by **Lokahi Pacific** in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous and current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- Identity and Martial Status
- Medical or Child Care Allowances
- Residences and Rental Activity
- Verification of Handicap
- Employment, Income and Assets
- Credit History
- Criminal Record

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Banks or other Financial Institutions
- Courts and Post Offices
- Credit Providers and Credit Bureaus
- Law Enforcement Agencies
- Medical and Child Care Providers
- Past and Present Employers
- Present and/or Previous Landlords (including Public Housing Agencies)
- Retirement Systems
- Schools and Colleges
- Social Security Administration
- State Unemployment Agencies
- Support and Alimony Providers
- Veterans Administration
- Welfare Agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with **Lokahi Pacific** and will stay in effect for one year from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household	Print Name	Date
-------------------	------------	------

Co-Applicant	Print Name	Date
--------------	------------	------

