




688 Kinoole St. Suite #102, Hilo, Hawaii 96720 Ph: 808.969.3327 Fax: 808.969.7608 TDD: 711 EM: bihf@bigislandhousing.com

FILL IN APPLICATION COMPLETELY IN BLACK INK.

**FAILURE TO PROVIDE ALL INFORMATION REQUESTED MAY RESULT IN PROCESSING DELAYS.
FAILURE TO TRUTHFULLY COMPLETE THE APPLICATION MAY RESULT IN DENIAL OF HOUSING.**

Part I: Housing Preferences (See Page 4 for Locations)

Mark an "x" in the block(s) of the housing site(s) where you prefer to live and indicate the bedroom size you are requesting. Please note that the assignment of bedrooms will be based on Big Island Housing Foundation's occupancy guidelines. Big Island Housing Foundation does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. BIHF is an Equal Opportunity Provider and Employer.

Elderly Housing Sites (62 & Over or disabled)			# Bedrms			Multi Family Housing Sites			# Bdrms		
Area	1			Area	1	2	3				
Kamana	Hilo			E Komo Mai Apts.	Hilo				N		
Keaau (62 & Over Only)	Keaau			Riverside Apts.	Hilo						
Waimea (62 & Over Only)	Kamuela			 ALL UNITS SMOKE FREE SINCE 2010!							
Papa'aloa	Papa'aloa						0	1	2		

Part II: Family Composition

Information Needed Only for Household Members 18 Years of Age or Older

No.		Last Name	First Name	M. I.
1.	Head of household			
2.	Spouse or Co-Head			
3.				
4.				
No.	*Social Security # or Alien Registration #	Place of Birth: City, State, Country	*Date of Birth (MM/DD/ YY):	Occupation
1.				
2.				
3.				
4.				
* Needed for background checks.				

Total Number of People Who Will be Living in the Household (included those listed above).

Information Needed for Head of Household, Only:

Mailing Address:	Home Phone #	Cell Phone #
City, State, Zip:	Work #	Other #
Personal References (NO Relatives):		
Name:	Phone #:	Name:
		Phone #:



Note: Mobility-impaired persons may qualify the family for an adapted unit. Do you request such a unit? NO YES Please note, we will verify the applicant's need for an accessible unit or for a reasonable accommodation.

Part III – Criminal History

Have you or any other person on your application EVER been convicted for any offense against the law?
NO YES

Is ANY household member subject to a lifetime sex offender registration requirement in ANY state? NO YES

If you answer **yes to either question**, provide explanation, date(s) and status - (attach a separate sheet if needed). **Please note, we verify all applicants' criminal histories by checking the public records that are available.**

List ALL states in which ANY household member has resided:

Part IV: Income & Family Assets

Current employment: Please identify each working member by the Family Member Number indicated in Part II.

No.	Employer's Name	GROSS pay per Hour or per month	Work Hours per week	Estimated Annual GROSS pay	
				This Year	Next Year
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

Other Income: Please identify the income by the Family Member Number indicated in Part II.

No.	Source	Amount Per Month	No.	Source	Amount per Month
	Alimony			Unemployment	
	Child Support			Veteran's Benefits	
	Pension—From:			Veteran's Pension	
	Retirement—From:			Welfare:	
	Social Security			Unit/Worker	
	Supp. Security (SSI)			Worker's Comp	
	Support/Others			Other.	

Assets: Please identify each asset by Family Member Number indicated in Part II.

No.	Bank Accounts-- List Names of Banks etc. AND account numbers	Amounts	No.	Stocks/Mutual Funds: List names AND account #'s.	No. of shares AND Estimated Value
		\$			
		\$			

No.	List all real property: Location Market Value Estimated Equity	No.	List all Bonds: Denomination	# of Bonds AND Estimated Value
	\$ \$			

Do you currently hold a Housing Choice Voucher for rental assistance? NO [] YES []

Part V: Housing History

Each Household Member 18 Years or Older Must Fill in Past 5 Years of Housing History, Starting with the Most Current. Application will not be processed if this section is left blank or is incomplete.

No.	Please complete the housing history for each Family Member by Number as indicated in Part II.		
1	Address of Current Rental:	Address of Prior Rental:	Address of Prior Rental:
	Current Landlord's Name:	Prior Landlord's Name:	Prior Landlord's Name:
	Current Landlord's Address:	Prior Landlord's Address	Prior Landlord's Address
	Current Landlord's Phone No.: Work: _____ Home: _____ Fax No: _____	Prior Landlord's Phone No.: Work: _____ Home: _____ Fax No: _____	Prior Landlord's Phone No.: Work: _____ Home: _____ Fax No: _____
	Date rented from:	Date rented from:	Date rented from:
	Reason for leaving:	Reason for leaving:	Reason for leaving:

Part V: Housing History – Cont'd.

Each Household Member 18 Years or Older Must Fill in Past 5 Years of Rental History, Starting with the Most Current. Application will not be processed if this section is left blank or is incomplete.

No.	Please complete housing history for each Family Member by Number as indicated in Part II.		
2	Address of Current Rental:	Address of Prior Rental:	Address of Prior Rental:
	Current Landlord's Name:	Prior Landlord's Name:	Prior Landlord's Name:
	Current Landlord's Address:	Prior Landlord's Address	Prior Landlord's Address
	Current Landlord's Phone No.:	Prior Landlord's Phone No.:	Prior Landlord's Phone No.:
	Work: _____	Work: _____	Work: _____
	Home: _____	Home: _____	Home: _____
	Fax No: _____	Fax No: _____	Fax No: _____
Date rented from:	Date rented from:	Date rented from:	
Reason for leaving:	Reason for leaving:	Reason for leaving:	
No.			
3	Address of Current Rental:	Address of Prior Rental:	Address of Prior Rental:
	Current Landlord's Name:	Prior Landlord's Name:	Prior Landlord's Name:
	Current Landlord's Address:	Prior Landlord's Address	Prior Landlord's Address
	Current Landlord's Phone No.:	Prior Landlord's Phone No.:	Prior Landlord's Phone No.:
	Work: _____	Work: _____	Work: _____
	Home: _____	Home: _____	Home: _____
	Fax No: _____	Fax No: _____	Fax No: _____
Date rented from:	Date rented from:	Date rented from:	
Reason for leaving:	Reason for leaving:	Reason for leaving:	
No.			
4	Address of Current Rental:	Address of Prior Rental:	Address of Prior Rental:
	Current Landlord's Name:	Prior Landlord's Name:	Prior Landlord's Name:
	Current Landlord's Address:	Prior Landlord's Address	Prior Landlord's Address
	Current Landlord's Phone No.:	Prior Landlord's Phone No.:	Prior Landlord's Phone No.:
	Work: _____	Work: _____	Work: _____
	Home: _____	Home: _____	Home: _____
	Fax No: _____	Fax No: _____	Fax No: _____
Date rented from:	Date rented from:	Date rented from:	
Reason for leaving:	Reason for leaving:	Reason for leaving:	

Part VI – Student Status

Is ANY member of the household enrolled in an institution of higher learning? NO [] YES []

Part VII – Applicant Certification

I/We Certify:

- (1) that the information provided is correct to the best of my knowledge;
- (2) that the unit being applied for will be my permanent residence and I/we agree not to maintain a separate or additional residence;
- (3) that I/we are not falsifying or withholding any information from Big Island Housing Foundation;
- (4) that I/we understand that false statements or information may be punishable under Federal Law;
- (5) that I/we are providing our birth date and Social Security Number to allow Big Island Housing Foundation to conduct a background check, including but not limited to credit, criminal, and court records.

I understand that it is my responsibility to notify Big Island Housing Foundation of any changes in address and phone number contacts for me. **If Big Island Housing Foundation is unable to contact me at the address and/or phone number provided, my application may be cancelled.** I also understand that the Big Island Housing Foundation assumes NO responsibility for applications not received.

I authorize Big Island Housing Foundation to obtain and verify information about the income, assets, personal data, and conduct of all persons listed in my household. I also authorize the sources of such information (which may include but not be limited to: employers, social workers, current or prior landlords and resident managers, housing managers, welfare workers, parole officers, court records, drug treatment centers, clinics, physicians, or the police department) to release such requested information. I also authorize Big Island Housing Foundation to telephone me collect, if necessary if I reside outside of the United States.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

Persons assisting applicant complete application must complete below:

Print Name	Signature	Agency (if applicable)	Date
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Note: Preliminary notice regarding the status of your application can normally be expected within 5 to 7 days of receipt of your completed application.

Please indicate how you heard about our properties: Ad [] Friend/Relative [] Resident [] Other _____

LOCATION OF PROPERTIES MANAGED BY BIG ISLAND HOUSING FOUNDATION:

Multi-Family	E Komo Mai Apartments	816 Kinoole St.	Hilo, HI 96720
	Riverside Apartments	333 Ohai St.	Hilo, HI 96720
Elderly	Kamana Elderly Apartments	145 Kamana St.	Hilo, HI 96720
	Harry & Jeanette Weinberg Kea’au Elderly	16-184 Pili Mua St.	Kea’au, HI 96749
	Papa’aloha Elderly	35-1981 Mamalahoa Hwy	Papa’aloha, HI 96781
	Waimea Elderly	67-5165 Kamamalu St.	Kamuela, HI 96749

OMB Control #2502-0581
Exp. (02/28/2019)

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Things You Should Know

Purpose This is to inform you that there is certain information you must provide when you apply for assisted housing. There are penalties that may be enforced if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State or local governments may have other laws and penalties as well.

Asking Questions When you sit down with the person who reviews your application, you should know what is expected of you. If you do not understand, say so. That person can answer your question or find out what the answer is.

Completing the Application When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income for assets (interest from a savings account, credit union, or certificate of deposit dividends from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/ Household Members The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you read it, understand it, are sure everything is complete and accurate.
 - When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct
 - Do not pay for anything not covered by your lease.
-

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family /household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
 - Any family/household member who has moved in or out.
 - All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
-

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list.
 - Get a receipt for any money you pay.
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
-

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA.

If you cannot report to the manager, call the local HUD office or the HUD hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

By signing below you acknowledge that you have read and understand all the preceding instructions.



Signature of Applicant

Date

Signature of Applicant

Date

HOUSING NON-DISCRIMINATION POLICY & PROCEDURE STATEMENT

It is our policy not to unlawfully discriminate in any real property transaction, including any decisions related to the use of any residential unit, facility, and/or service due to an individual's sex, race, color, religion, marital status, familial status, ancestry, disability, age or HIV (human immunodeficiency virus) infection, as stated in Hawaii Revised Statutes, Chapter 515 and Title VIII of the Civil Rights Acts of 1968, as amended by the Fair Housing Amendments of 1988.

Pursuant to H.R.S. Chapter 515, it is a discriminatory practice for an owner or any other person engaging in a real property transaction, because of sex, race, color, religion, marital status, familial status, ancestry, disability, age or HIV infection:

- (1) To refuse to engage in a real property transaction with a person;
- (2) To discriminate against a person in the terms, conditions, or privileges of a real property transaction or in the furnishing of facilities or services in connection therewith;
- (3) To refuse to receive or to fail to transmit a bona fide offer to engage in a real estate transaction from a person;
- (4) To refuse to negotiate for a real property transaction with a person;
- (5) To represent to a person that real property is not available for inspection, sale, rental, or lease when in fact it is so available;
- (6) To refuse to permit a person to inspect real property;
- (7) To steer a person seeking to engage in a real property transaction¹;
- (8) To subject a person to unwelcome or offensive harassment because of that person's protected basis. Harassment based on race, disability or sex (or other protected basis) that has the purpose or effect of creating an intimidating, hostile, or offensive living environment, or otherwise adversely affects an individual's home environment, constitutes unlawful harassment in a violation of state and federal civil rights laws.

Harassment may include many forms of offensive behavior. The following is a partial list:

- a. Verbal harassment, such as racial or sexual (or any protected basis) epithets, derogatory comments, jokes or slurs;
 - b. Physical harassment, such as touching, assault, impeding or blocking movement;
 - c. Requests for sexual favors which are conditioned upon offered benefits or threats of lost benefits, whether express or implied; or
 - d. Visual forms of harassment, such as displaying racial or sexual (or any protected basis) derogatory posters, cartoon or drawings that are offensive;
- (9) To print, circulate, post, or mail, or cause to be so published a statement, advertisement, or sign, or to use a form of application for real property transaction, or to make a record or inquiry in connection with a prospective real property transaction, which indicates, directly or indirectly, an intent to make a limitation (preference), specification, or discrimination with respect thereto;

¹ The term "steering" includes the practice of directing persons who seek to enter into a real estate transaction toward or away from real property in order to deprive them of the benefits of living in a discrimination-free environment.

- (10) To refuse to engage in a real property transaction with a person or to deny equal opportunity to use and enjoy a housing accommodation due to a disability because the person uses the services of a guide or signal dog, or other service animal;
- (11) To solicit or require as a condition of engaging in a real property transaction that the buyer, renter, or lessee be tested for human immunodeficiency virus infection (HIV), causative agent of acquired immunodeficiency syndrome(AIDS);
- (12) To refuse to permit, at the expense of a person with a disability, reasonable modifications to existing premises occupied or to be occupied by the person if modifications may be necessary to afford the person full enjoyment of the premises;
- (13) To refuse to make reasonable accommodations in rules, policies, practices, or services, when the accommodations may be necessary to afford a person with a disability equal opportunity to use and enjoy a housing accommodation;

If you are a person who has a physical or mental condition which substantially limits one or more of your major life activities, such as walking, seeing, hearing, breathing or caring for oneself, and you need a modification to your unit or an accommodation in order to use and enjoy your housing unit, please contact Susan Akiyama, **owner's agent**, at (808) 969-3327 ext. 9 for help.

- (14) To institute or apply facially neutral policies or restrictions which result in a disparate adverse impact; or
- (15) To fail to design and construct housing accommodations in a manner that it has at least one accessible entrance, unless it is impracticable to do so because of the terrain or unusual characteristics of the site²

State law also recognizes other discriminatory practices involving retaliation, threatening, intimidating, interfering, or otherwise obstructing or preventing persons in the enjoyment or exercise of full and equal rights to enjoy a housing accommodation as guaranteed by Chapter 515; or to aiding, inciting, or coercing another person to engage in a discriminatory practice prohibited by Chapter 515. See HRS 515-16.

If you think you are being harassed or discriminated against in any real property transaction because of your sex, race, disability, color, religion, marital status, familial status, ancestry, age or HIV infection, or have any questions or concerns regarding any suspected or known discriminatory practice, please contact: Susan Akiyama, **owner's agent**, at (808) 969-3327 ext 9.

You may file a complaint with:

HAWAII CIVIL RIGHTS COMMISSION

Keeli'ikolani Building

830 Punchbowl Street, Room 411

Honolulu, Hawaii 96813

Phone: 808.586.8636

TDD: 808.586.8692

Website: www.state.hi.us/hcrc

Toll Free from Island of Hawaii: 974-4000, ext. 6-8636#

Fax: 808.586.8655

Email: info@hicrc.org

² In connection with the design and construction of housing occupancy after March 13, 1991. See HRS 515-3(12).