



HPHA

Waitlist opening

HCV – March 22-26th

Project-Based – March 29-31st

Important Information



Open Waitlists

- Housing Choice Voucher Waitlist
 - Preference: Families with a non-elderly disabled family member
 - **Opening: March 22-26th**
- Palolo Project-Based Waitlist
 - Preference: Families with a non-elderly disabled family member
 - Only accepting families who qualify for a 4-bedroom unit
 - **Opening: March 29-31st**



Lottery Selection

- HCV Waitlist – 1,000
- Palolo-Project Based – 200
- Randomly select from the pool of applicants who will be placed on the waitlist
- Waitlist order will be randomly assigned
- All applicants will be contacted via email stating whether they made it onto the waitlist or not
- No appeal process for applicants who did not make the waitlist
- Waitlist will expire on May 1. All those still on the waitlist or who have not been issued a voucher will be cancelled.



Applicant Information

Reset

HAWAII PUBLIC HOUSING
AUTHORITY
P.O. Box 17907
Honolulu, HI 96817

PHYSICIAN'S CERTIFICATE OF "DISABLED" OR "HANDICAPPED" FORM

Re: _____

TO WHOM IT MAY CONCERN:

Please complete this Certification as requested by the individual listed below. Please return form by: _____

Call _____ at _____ if you have any questions.

Thank you for your cooperation.

I. In my opinion, the above named individual meets the following definition of (1) a "disabled person" or (2) a "handicapped person".

CHECK OFF ANY OF THE BLOCKS IF APPLICABLE

(1)(a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

(b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 6001(7)) defines developmental disability as:
"Severe chronic disability that: (a) is attributed to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in 3 or more of the following areas of major life activity: (1) Self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, and (6) economic self-sufficiency; and (7) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

(2) This person has a physical or mental impairment that (a) is expected to be of long continued and indefinite duration, and (b) is of such a nature that such ability could be improved by more suitable housing conditions.

II. In my opinion, the above-named individual does **NOT** meet either of the above definitions of a "disabled person" or a "handicapped person."

Physician's Signature **Physician (Please Print)**

Address

Phone Number **Date**

TENANT/APPLICANT RELEASE

I, _____ hereby authorize _____
to release the above requested information.

Signature _____ Date _____



FY 2020 Income Limit Area	Median Family Income	FY 2020 Income Limit Category	Persons in Family							
	Explanation		1	2	3	4	5	6	7	8
		Very Low (50%) Income Limits (\$)	44,100	50,400	56,700	62,950	68,000	73,050	78,100	83,100
		Explanation								

FY 2020 Income Limit Summary (Honolulu)

<https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

Applicant's Gross income may not exceed their family size income limits

Applicants - To Prepare

Have ready

- Full legal name of all family members
- Social Security Numbers
- Birth dates of all family members
- Estimated income of all family members
- Valid mailing address
- Valid email address

If Selected

- Verification of disability
- Valid Photo ID – all adult members
- Proof of birth documentation
- Income documents
 - 3 Monthly of consecutive paystubs or employment verification of start date, rate of pay, and average hours
 - Child Support, Social Security, Pension, etc.
- Asset documents
 - Bank statements for all accounts, IRA documentation, life insurance, etc.



Landlord Benefits of the Section 8 Program

▶ **Guaranteed Rent**

- ▶ HPHA pays a fixed amount of the rent to participant landlords each month. The tenant pays the difference between the subsidy and the total rent, in addition to any utilities not included in the rent.

Free Inspections

- ▶ HPHA will inspect your unit to ensure that it is safe, decent, and in good repair. The inspections meet the requirements of the requirements of HUD regulations and City and County of Honolulu ordinances.

Free Listings

- ▶ Participating landlords may list their rentals with HPHA.

▶ **Helping Others in Need**

- ▶ Landlords experience the satisfaction of providing a place to live for low-income families while receiving a dependable source of income



Applying for the waitlist



Interpreter's will be available on Monday and Tuesday for each waitlist period via zoom to assist applicants with portal and other application questions

HCV Interpreter Schedule		
Monday 3/22	9 am – 11 am	Marshallese
Monday 3/22	1 pm – 3 pm 3 pm – 4:30 pm	Cantonese/Mandarin Vietnamese
Tuesday 3/23	9 am – 11 am	Chuukese
Tuesday 3/23	1 pm – 3pm	Korean
Palolo Project-Base Interpreter Schedule		
Monday 3/29	9 am – 11 am	Marshallese
Monday 3/29	1 pm – 3 pm 3 pm – 4:30 pm	Cantonese/Mandarin Vietnamese
Tuesday 3/30	9 am – 11 am	Chuukese
Tuesday 3/30	1 pm – 3pm	Korean

**For questions or Reasonable Accommodation Requests needed for applying:
Call (808) 832-6040 or email Hpha.s8waitlist@Hawaii.gov**

Schedule and zoom links will be posted online at
www.hpha.Hawaii.gov and www.hphaishereforyou.org

A quick walk-through of the online portal www.hpha.myhousing.com

User friendly

Translated into
12 languages

My Housing

Hawaii Public Housing Authority

Apply For Housing Here

Choose Your Language

English Español Ilokano 한국어 Chuukese Tiếng Việt 简体中文 中國傳統的 Sámóa Tagalog Tongan

Marshallese

If you do not see the language that you need listed above, or if you require any other assistance to apply, please call (808)832-5961.

The Hawaii Public Housing Authority (HPHA)
Making Housing Dreams Come True

Welcome to the Hawaii Public Housing Authority's (HPHA's) pre-application for the Public Housing and Rental-Assistance Voucher programs.

To see which waiting lists are open, and get more details about HPHA's housing programs, property locations, and eligibility requirements, please visit http://www.hpha.hawaii.gov/portal/WebApp_FAQs.html.

PRE-APPLICATION
To begin your application, please select the green "start here" box below. You must complete the entire pre-application in order to be placed on a waiting list. During the completion of the pre-application, you will be provided a list of waiting lists for you to choose from. This list is based on the information you provide and the eligibility requirements for each open waiting list. Once your application is submitted, you will be given a confirmation number and information on how to manage your application moving forward.

REQUIRED INFORMATION

1. Full Legal names of all family members.
2. Social Security Numbers
3. Birth dates of all family members
4. Estimated Income of all family members
5. Valid mailing address
6. Valid email address

ELIGIBILITY

To be eligible, you must meet the following criteria:

- The Head of Household must be 18 or older, or a legally emancipated minor.
- The total household income must be below the income limits established by HUD.
- At least one (1) person in the household must be an eligible citizen or an eligible non-citizen.

[Start Here](#)

[Hawaii Public Housing Authority](#) | [Already Applied?](#) | [Enter Agent Code](#)

More fields below ↓

ELIGIBILITY

To be eligible, you must meet the following criteria:

- The Head of Household must be 18 or older, or a legally emancipated minor.
- The total household income must be below the income limits established by HUD.
- At least one (1) person in the household must be an eligible citizen or an eligible non-citizen.

Final program eligibility will be determined when your name reaches the top of the waiting list.

PLEASE NOTE: All of HPHA's housing programs have extensive waiting lists. Waiting time depends on the date and time of your application and waiting list preferences.

For more immediate housing needs please see our website for additional community resources.

The Hawaii Public Housing Authority does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in, housing programs or activities.

Open Waiting List(s)

Please note that all Dates shown and captured in this site are in US Format month/day/year

TEST_Project Based KPT
Start: 10/14/2020 04:30 PM

End: 10/14/2020 08:00 PM

TEST_HCV - Lease in Place
Start: 10/14/2020 04:30 PM

End: 10/14/2020 08:00 PM

[Start Here](#)

[Hawaii Public Housing Authority](#)

[Already Applied?](#)

[Enter Agent Code](#)

Easy to translate into other languages.

Zoom dates have been scheduled to further assist those who need language assistance.

Apply Ren Imw (Housing) Ikei
Fini Fosun Fonuwom

lokano 한국어 **Chuukese** Tiếng Việt 简体中文 中國傳統的 Sāmoa Tagalog
Marshallese

fonuwom me asan, pwan ika en mi mochen aninis ren omw kopwe apply, kose mochen kokori (808) 832-5

The Hawaii Public Housing Authority (HPHA)
Sia Anisi Chomong Famini Ar Repwe Kutta Iimwer/Nenier

Public Housing Authority's (HPHA's) pre-application for the Public Housing and Rental-Assistance Vouc

Hawaii Public Housing Authority (HPHA) me mwan kopwe amasou taropwe ren aninisin iimw me ren
rogramen Rental-Assistance Voucher. Ren omw kopwe kuna porausan an HPHA kewe housing progr
pekin iimw, kose mochen visit ei website http://www.hpha.hawaii.gov/portal/WebApp_FAQs.html.

- 1 Your Information
- 2 Your Family
- 3 Your Address
- 4 Your Income
- 5 General Questions
- 6 Supplemental Contact Form
- 7 Summary
- 8 Your Lists
- 9 Additional Questions
- 10 Done!

Tell Us About The Head Of Household

(You'll add your family members later)

<input type="text"/>	First Name
<input type="text"/>	Middle Name
<input type="text"/>	Last Name
<input type="text" value="Select One"/>	Gender
<input type="text"/>	Social Security Number ⓘ
<input type="text" value="Birth Date"/>	Birth Date ⓘ
<input type="text" value="White"/> Black/African American American Indian/Alaska Native Asian	Race(s) (select all that apply)
<input type="text" value="Select One"/>	Ethnicity

< Back

More fields below ↓

Next >

Scroll down for more questions

4 Your Income

5 General Questions

6 Supplemental Contact Form

7 Summary

••••••••

05/28/1949 

White
Black/African American
American Indian/Alaska Native
Asian

Not Hispanic or Latino ▾

No ▾

Select One ▾

Phone Number

Email Address

Confirm Email Address

✓ Social Security Number ⓘ

✓ Birth Date ⓘ

✓ Race(s) (select all that apply)

✓ Ethnicity

✓ Are you a U.S. Veteran?

Are you disabled?

Phone Number ⓘ

Email Address

Confirm Your Email Address

Once completed, applicant will be able to move onto the next page

Number of other members in the household.
Applicant does not count themselves

Tell Us About Your Family
Provide information for the individuals who will live with you in your household.

How many family members (**NOT** including yourself) will be on this application?

0	1	2
3	4	5

[I have more family members](#)

Applicant will answer the same questions for each additional family member.

The screenshot shows a multi-step web form. At the top, a progress bar contains 10 steps: 1. Your Information (checked), 2. Your Family (active), 3. Your Address, 4. Your Income, 5. General Questions, 6. Supplemental Contact Form, 7. Summary, 8. Your Lists, 9. Additional Questions, and 10. Done! Below the progress bar, the main heading is "Tell Us About Your Family Members" with the instruction "Provide information for the individuals who will live with you in your household." A sub-heading reads "Family Member 1 of 3 - Continue without entering any more." The form contains several input fields, each with a green checkmark to its right: "John" (First Name), "Middle Name" (Middle Name), "Doe" (Last Name), "Male" (Gender), "Co-Head" (Relationship to Head Of Household), "....." (Social Security Number), "08/04/1985" (Birth Date), and "White" (Race(s) (select all that apply)). A "More fields below" link is visible at the bottom right. Navigation buttons for "< Back" and "Next >" are located at the bottom left and right respectively.

1 ✓ Your Information

2 Your Family

3 Your Address

4 Your Income

5 General Questions

6 Supplemental Contact Form

7 Summary

8 Your Lists

9 Additional Questions

10 Done!

Tell Us About Your Family Members

Provide information for the individuals who will live with you in your household.

Family Member 1 of 3 - Continue without entering any more.

John ✓ First Name

Middle Name Middle Name

Doe ✓ Last Name

Male ✓ Gender

Co-Head ✓ Relationship to Head Of Household.

..... ✓ Social Security Number

08/04/1985 ✓ Birth Date

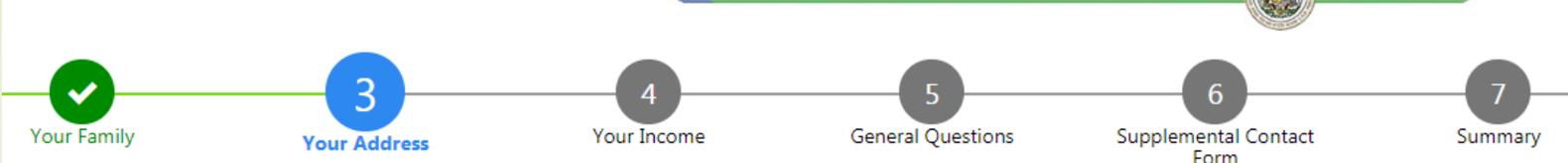
White ✓ Race(s) (select all that apply)
Black/African American

More fields below

< Back

Next >

Insert your Current address



Tell Us About Your Address...

<input type="text" value="Street"/>	Street
<input type="text" value="Address Line 2"/>	Address Line 2
<input type="text" value="Suite/Apt"/>	Suite/Apt
<input type="text" value="City"/>	City
<input type="text" value="Hawaii"/>	✓ State
<input type="text" value="Zip Code"/>	Zip Code

Applicant
must report
all income
individually

✓ Your Address

4 Your Income

5 General Questions

6 Supplemental Contact Form

7 Summary

Tell Us About Your Family's Income...

Please include income from all family members

+ Add Income

Click “Add Income” for each new income source you’re entering

4 Your Income 5 General Questions 6 Supplemental Contact Form 7 Summary

Tell Us About Your Family's Income...

Please include income from all family members

✖ Remove This Income

Select One Whose income is it?

Select One Type of Income?

Who do you receive it from? Who do you receive it from?

Gross Amount How much do you receive?

Select One How often do you receive it?

+ Add Income

Tell Us About Your Family's Income

Please include income from all family members

✖ Remove This Income

Select One Whose income is it?

Select One
Jane Doe
John Doe - Co-Head
Mary Charles - Other Youth Under 18
Alice Wonderland - Other Youth Under 18

Who do you receive it from? Who do you receive it from?

Gross Amount How much do you receive?

Jane Doe ✓ Whose income is it?

Select One Type of Income?

Select One
Pension
Own Business
Social Security
Military Pay
Supplemental Security Income
Federal Wage
Temporary Assistance Needy Families
General Assistance
Other Wage
Child Support
Unemployment Benefits
Other NonWage Sources
Annual imputed welfare income
Medical reimbursement

Who do you receive it from? Who do you receive it from?

How much do you receive? How much do you receive?

How often do you receive it? How often do you receive it?

Select the household member you are entering income for.

Select the type of income you are entering, then provide the source and amount

“Other Wage” can be used for all employment income

“Other Non Wage Sources” = Contributions, gifts, etc.

Examples: Parent pays phone bill; friend gives applicant \$100/month for necessities

Average gross income (before taxes) and How often you receive that amount

4 Your Income 5 General Questions 6 Supplemental Contact Form 7 Summary

Tell Us About Your Family's Income...

Please include income from all family members

✖ Remove This Income

Jane Doe ✓ Whose income is it?

Other Wage ✓ Type of Income?

Department of Education ✓ Who do you receive it from?

\$ 2,000.00 ✓ How much do you receive?

Twice-Monthly ✓ How often do you receive it?

+ Add Income

Select One ▼

Select One

Weekly

Bi-Weekly

Twice-Monthly

Monthly

Quarterly

Semi-annually

Annually

How often do you receive it?

Twice-monthly = paid 2 times a month
(SOH pays the 5th and the 20th)

Bi-weekly = every other week (paid every
other Friday)

Department Of Education

✓ Who do you receive it from?

\$2,000.00

✓ How much do you receive?

Twice-Monthly

✓ How often do you receive it?

 Remove This Income

John Doe - Co-Head

✓ Whose income is it?

Pension

✓ Type of Income?

VA

✓ Who do you receive it from?

\$ 500.00

✓ How much do you receive?

Monthly

✓ How often do you receive it?

 Add Income

Click “add income” to report additional income. Continue until all income is reported.

We recommend applicants collect this information now and keep handy.

Deadlines will be firm for submitting information once the applicant is contacted.

Next >

Answer Question(s) Below:

Please answer all questions

1

Yes

No



I am in a lease and my landlord is willing to participate.

Upon interview we will require certification documents\approvals.

Pre-Qualifying question for HCV Preference

If you do not choose "Yes", you will not qualify for the Non Elderly Disabled Preference

Your Address Your Income General Questions **6 Supplemental Contact Form** 7 Summary 8 Your Lists

Optionally Provide Additional Contact

If you would like to provide an additional contact that can assist us with your application, please do so now. This is a 3 step process as follows:

Step 1: Pull down the Supplemental Agreement Form here: [Supplemental Contact Form](#)

Step 2: Fill out the form you've downloaded (Please don't forget to sign it...)

Step 3: Upload the document here:

Option for Participants to provide additional contact info.

This portion does not need to be completed at application.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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.	
<input checked="" type="checkbox"/> Check this box if you choose not to provide the contact information.	
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 to average 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. 13664) 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.

The Optional Contact Form

Step 2: Fill out the form you've downloaded (Please don't forget to sign it...)

Step 3: Upload the document here:

Optional Contact Information – Form HUD-920 

Upload

If you choose to complete the form now, download, fill it out, and upload it into the portal.

What You've Told Us...

Click on an item to make changes

Family Info

Jane Doe (Head of Household)

Birth Date: 05/28/1949 Races: American Indian/Alaska Na... Disabled: Yes Veteran: No

John Doe (Co-Head)

Birth Date: 08/04/1985 Races: American Indian/Alaska Na... Disabled: Yes Veteran: Yes

Mary Charles (Other Youth Under 18)

Birth Date: 01/02/2015 Races: American Indian/Alaska Na... Disabled: No Veteran: No

Alice Wonderland (Other Youth Under 18)

Birth Date: 02/09/2010 Races: American Indian/Alaska Na... Disabled: Yes Veteran: No

I verify that the information provided in this application is correct.

< Back

Alice Wonderland (Other Youth Under 18)

Birth Date: 02/09/2010 Races: American Indian/Alaska Na... Disabled: Yes Veteran: No

Address Info

Residence

Address: 123 Bishop St Honolulu, HI 96813

Income Info

Department Of Education

For: Jane Doe Amount: \$2,000.00 Frequency: Twice-Monthly Type: Other Wage

VA

For: John Doe Amount: \$500.00 Frequency: Monthly Type: Pension

I verify that the information provided in this application is correct.

Review your application information.
If correct, check the box at the bottom and click "Next"

I verify that the information provided in this application is correct.

Next >

Progress bar with 6 steps: Your Address, Your Income, General Questions, Supplemental Contact Form, Summary, and Your Lists (8).

Choose Your List(s)...

(To apply to a particular list, click on the list below.)

TEST_HCV - Lease in Place

Lists You Don't Qualify For

TEST_Project Based KPT [Why?](#)
Location:

If you do not meet one of the requirements to apply for a waitlist, you will not be able to apply for it.

Click the “Why” button for an explanation why you do not meet the requirement for a list.

[Why?](#)

You didn't qualify for the list because of the following reasons:

- There are no units with bedroom sizes for you

Choose Your List(s)...

You have not selected a list. Click **Select List** to go back and choose a list. If you click **Withdraw** your application will not be processed.

Select List

Withdraw

You Must select a list to apply for or you may withdraw your application

Choose Your List(s)...

(To apply to a particular list, click on the list below.)

[TEST_HCV - Lease in Place](#)



Lists You Don't Qualify For

TEST_Project Based KPT
Location:

[Why?](#)



Applicant's can use the “Back” button to correct previous tabs

Choose Your List(s)...

(To apply to a particular list, click on the list below.)

[TEST HCV - Lease in Place](#)



[TEST Project Based KPT](#)



Preference Question – page 9

Your Address ✓ Your Income ✓ General Questions ✓ Supplemental Contact Form ✓ Summary ✓ Your Lists ✓ Additional Questions 9

Answer A Few More Questions

Please answer these questions

1

Does a member of your family have a disability, and is at least 18 but not yet 62?

Yes – Application will be marked as selecting the preference

No – Will be marked as non-preference

✓ Your Family ✓ Your Address ✓ Your Income ✓ General Questions ✓ Supplemental Contact Form ✓ Summary ✓ Your Lists ✓ Additional Questions 10 Done!

You're Done!

You've completed the application process, and your information is being submitted to the housing agency. Be sure to record your confirmation number:

Confirmation Number: 1082881400047995

If you would like to keep a copy of this confirmation for your records, select the options below:

[Print Confirmation](#) [Email Confirmation](#) [Close](#)

You have applied to the following lists:

- TEST_HCV - Lease in Place
- TEST_Project Based KPT

Housing Authority's Application Date: 10/14/2020 6:48 PM

You can only submit ONE application to the Public Housing Authority. Duplicate forms will not be accepted.

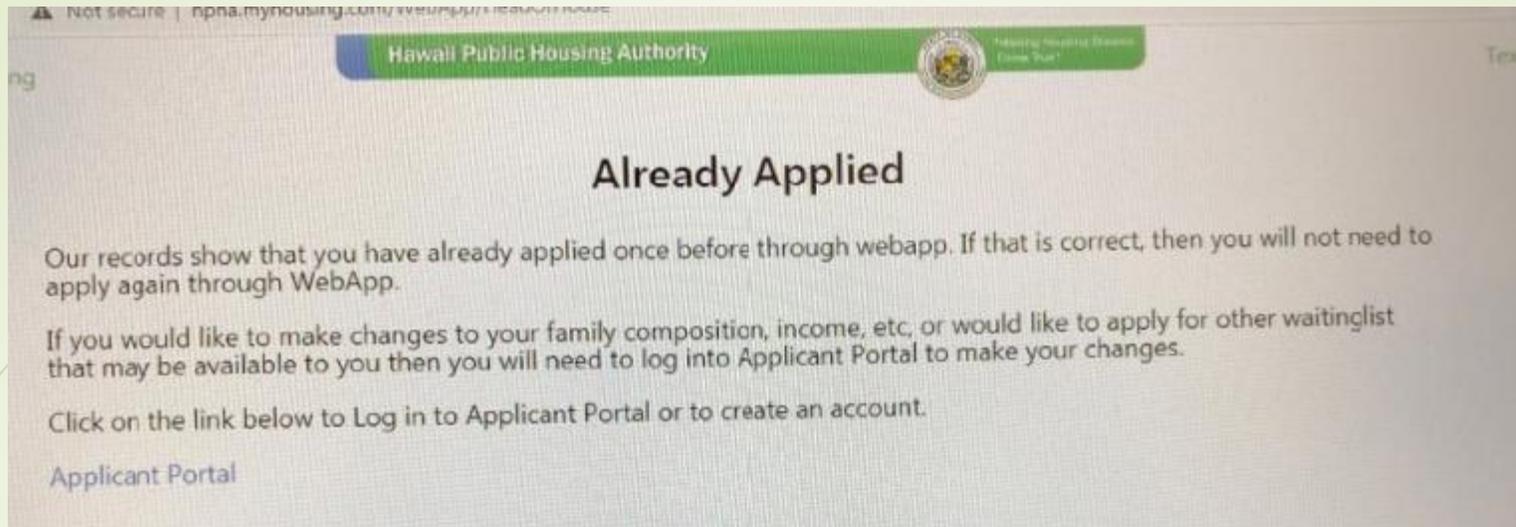
Two (2) days after you apply, you must create an Applicant Portal login username and password with your Confirmation Number. To check application status and to make any changes on your application, it must be done through the Applicant Portal. No changes will be taken over the phone.

Any contact by HPHA will be by mail. Failure to respond to any request could result in your name being removed from the waiting list.

[More fields below](#)

Congratulations! You've applied!

If you are a first-time applicant, you may disregard creating a portal account at this time.



Applicants may only apply once.

Applicant's who already have an active HPHA portal account must apply through their account.

Go to "Update Application" to select the waitlist.

You MUST press "SUBMIT" for the application to be submitted.