

# KAMA'OKŪ KAUAHALE

Managed & Operated by U.S.VETS  
91-1070 Yorktown Street | Kapolei, HI 96707  
Phone: 808-699-0779



## RENTAL CRITERIA

U.S.VETS welcomes your application to be a resident of the Kama'okū Kauhale. To understand the criteria and the application process, please read the following rental criteria set forth as follows:

- Meets the criteria for homeless, or at-risk for homelessness
- Single individuals (Max of 1 person to a unit)
- Rental amount per unit is \$500, with shared dining, bathroom, showering, and laundering facilities
- Move-in costs include 1<sup>st</sup> month rent
- Must not be a convicted sex offender, convicted of arson
- Must not have been convicted of violent crime within two years

### 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
  - Government issued picture ID (e.g., State ID/Driver's License, VA ID, Passport, etc.)
  - Social Security Card (print out may be accepted while awaiting card)
  - DD214 or a statement of service, if applicable
- Income Verification (As applicable)
  - 90 consecutive days of current pay stubs
  - Current benefit award letters (e.g., SSI/SSDI, 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

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## VERIFICATIONS

Screening criteria will be applied in a manner consistent with all applicable laws include the Hawai'i and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, and program guidelines.

- 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 include 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 be given a clinical assessment and drug screen.**

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.

## 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

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- 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 units are 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.

To be placed on our waiting list, an applicant must submit a completed application form. All applications will be dated and **time stamped** upon receipt by the management team. 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, etc.), and if the application has been completely filled out. Applications completely filled out 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 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/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.

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## WAITLIST PRE-APPLICATION

### APPLICANT INFORMATION

<b>Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	
<b>1<sup>st</sup> Phone Number:</b>	<b>2<sup>nd</sup> Phone Number:</b>
<b>Email:</b>	

### MONTHLY INCOME

<b>EMPLOYMENT:</b> Hourly Wage \$ _____ Hours Per Week ____ OR Monthly Salary \$ _____		
<b>SOCIAL SECURITY:</b> \$ _____	<b>PENSIONS:</b> \$ _____	<b>OTHER:</b> \$ _____
<b>SSI/DISABILITY:</b> \$ _____	<b>UNEMPLOYMENT:</b> \$ _____	<b>OTHER:</b> \$ _____
<b>GR:</b> \$ _____	<b>SPOUSAL SUPPORT:</b> \$ _____	<b>OTHER:</b> \$ _____
<b>VA:</b> \$ _____	<b>FAMILY CONTRIBUTIONS:</b> \$ _____	
<b>ANNUITY:</b> \$ _____		

Yes  No

Yes  No

Yes  No

**Are you a U.S. veteran?**

Type of Discharge: \_\_\_\_\_

**Are you currently a student?**

If Yes, Part-Time or Full-Time? \_\_\_\_\_

**Did you previously live at any U.S.VETS program?**

If yes, when? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

The information on this form is used to determine your income eligibility. I agree that I have provided current anticipated income amounts. **I agree to notify U.S.VETS 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: \_\_\_\_\_

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## AFFORDABLE HOUSING RENTAL APPLICATION

**RENTAL POLICY:** U.S.VETS 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 rent, and credit history.

**UNIT TYPE DESIRED:**  Standard Unit  ADA Unit (limited availability)

**REFERRED BY/HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

### PERSONAL INFORMATION

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **ID/D/L #:** \_\_\_\_\_

**CELL PHONE:** ( ) \_\_\_\_\_ **OTHER PHONE:** ( ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### RESIDENCE INFORMATION

**WHERE DO YOU LIVE NOW?**

\_\_\_\_\_ Apt \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code  
Number & Street Name

**HOW LONG AT THIS ADDRESS?** \_\_\_\_\_ years \_\_\_\_\_ months

**HOW MUCH DO YOU PAY PER MONTH?** \_\_\_\_\_

**WHY DO YOU WANT TO MOVE?** \_\_\_\_\_

### INCOME INFORMATION

**CURRENT INCOME/EMPLOYER NAME:** \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Address

**HOW OFTEN ARE YOU PAID? (Check one):**  Weekly  Every other week  2x/mth  Mthly  Yrly

**GROSS INCOME BEFORE DEDUCTIONS: \$** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**SOURCE/SUPERVISOR'S NAME:** \_\_\_\_\_ **PH. #:** ( ) \_\_\_\_\_

**DATE INCOME STARTED:** \_\_\_\_\_ **FAX #:** ( ) \_\_\_\_\_

### OTHER INFORMATION

YES  NO **ARE YOU A U.S. VETERAN? IF YES, DISCHARGE STATUS:** \_\_\_\_\_

YES  NO **DO YOU HAVE PETS?** \_\_\_\_\_

YES  NO **ARE YOU CURRENTLY A STUDENT? IF YES, FT OR PT?** \_\_\_\_\_

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<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>HAVE YOU BEEN A STUDENT WITHIN THE PAST 12 MONTHS?</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>HAVE YOU USED SUBSTANCES LIKE ILLEGAL DRUGS/ALCOHOL IN THE PAST 12 MONTHS? IF YES, MOST RECENT DATE OF USE: _____</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b> Reason: _____ County: _____ State: _____ Date: _____

## SECONDARY CONTACTS

*\*Place an \* check mark next to the contacts that you are consenting to have us contact in the event of an emergency or death.*

NAME	RELATIONSHIP	DAYTIME PHONE #
_____	_____	_____
NAME	RELATIONSHIP	DAYTIME PHONE #
_____	_____	_____

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 collections of a present or future debt. I release from liability any third party or user of information contained in or related to my application."

_____	_____
<b>APPLICANT SIGNATURE</b>	<b>DATE</b>

## ADDITIONAL INCOME INFORMATION

**PRIOR OR ADDITIONAL INCOME SOURCE:** \_\_\_\_\_

_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP CODE

GROSS INCOME BEFORE DEDUCTIONS: \$ \_\_\_\_\_ TYPE OF ASSISTANCE: \_\_\_\_\_  
SOURCE'S NAME: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**PRIOR ADDITIONAL INCOME SOURCE:** \_\_\_\_\_

_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP CODE

GROSS INCOME BEFORE DEDUCTIONS: \$ \_\_\_\_\_ TYPE OF ASSISTANCE: \_\_\_\_\_  
SOURCE'S NAME: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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**PRIOR ADDITIONAL INCOME SOURCE:** \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

GROSS INCOME BEFORE DEDUCTIONS: \$ \_\_\_\_\_

TYPE OF ASSISTANCE: \_\_\_\_\_

SOURCE'S NAME: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

**PRIOR ADDITIONAL INCOME SOURCE:** \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

GROSS INCOME BEFORE DEDUCTIONS: \$ \_\_\_\_\_

TYPE OF ASSISTANCE: \_\_\_\_\_

SOURCE'S NAME: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

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## 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'S NAME**

\_\_\_\_\_  
**DATE**

LANDLORD NAME	LANDLORD PHONE NUMBER
LANDLORD ADDRESS	MONTHS/YEARS RENTED/LIVED

LANDLORD NAME	LANDLORD PHONE NUMBER
LANDLORD ADDRESS	MONTHS/YEARS RENTED/LIVED

LANDLORD NAME	LANDLORD PHONE NUMBER
LANDLORD ADDRESS	MONTHS/YEARS RENTED/LIVED

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**



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## TENANT RELEASE

<b>DATE:</b>	<b>APPLICANT NAME:</b>
<b>TO:</b>	<b>SSN:</b>

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 **will stay in effect for a year and one month** from the date signed.

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**PRINT NAME OF APPLICANT**

---

**DATE**

---

**SIGNATURE OF APPLICANT**