



It is illegal to discriminate against any person because of religion, color, sex (including gender and expression), ancestry/national origin, age, marital status, disability, race, familial status, sexual orientation, or HIV infection.



Pohulani Elderly

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Phone: (808) 744-6063 Fax: (808) 744-6582

INSTRUCTIONS: PLEASE PRINT AND COMPLETE BOTH SIDES. ANSWER EACH SECTION AND ITEM. IF NO ANSWER WRITE "N.A." IN THE SPACE PROVIDED. SIGN AND DATE THE APPLICATION ON THE BACK SIDE.

APPLICANT(S) & HOUSEHOLD	MEMBER NO.	APPLICANT'S NAME			
	1	(LAST)	(FIRST)	MIDDLE INITIAL	
		(SSN)	BIRTH DATE		
	2	CO-APPLICANT'S NAME			
		(LAST)	(FIRST)	MIDDLE INITIAL	
		(SSN)	BIRTH DATE		
	MAILING ADDRESS				
	(NO.)		(STREET)	(APT)	
	(CITY)		(STATE)	(ZIP)	
	(HOME PHONE)		(BUSINESS PHONE)		
LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU. (DO NOT LIST APPLICANT & CO-APPLICANT)					
MEMBER NO.	FULL NAME		SSN. OR ALIEN NO.		
3					
4					
UNIT SIZE	CHECK UNIT SIZE INTERESTED IN (CHECK ONLY ONE)				
	1 Bedroom	<input type="checkbox"/>	Studio	<input type="checkbox"/>	
	1 Bedroom Handicap	<input type="checkbox"/>			
HOUSEHOLD INCOME	LIST EVERYONE ON THE APPLICATION WHO IS WORKING, THEIR EMPLOYERS, THEIR PAY RATES				
	MEMBER NO.	EMPLOYER'S NAME	POSITION	HOURS	ANNUAL GROSS PAY
					THIS YEAR NEXT YEAR
	MEMBER NO.	SOURCE	MONTHLY AMOUNT	MEMBER NO.	MONTHLY AMOUNT
		WELFARE			VETERAN'S COMP.
		SOCIAL SECURITY			VETERAN'S PENSION
		UNEMPLOYMENT			CHILD SUPPORT
		WORKER'S COMP.			ALIMONY
		RETIREMENT			FAMILY SUPPORT
	PENSION			OTHER	
Do you receive Section 8? Yes () No () If yes, is it a Voucher () or Certificate ()					
Do you receive Rental Supplement? Yes () No ()					

DOES ANYONE ON THE APPLICATION HAVE THE FOLLOWING ASSETS?							
CHECKING YES () NO ()				STOCKS/MUTUAL FUNDS YES () NO ()			
MEMBER NO	FINANCIAL INSTITUTION NAME	ACCT. NO.	BALANCE	MEMBER NO	NAME STOCK, ETC.	# SHARES & VALUE	
SAVINGS YES () NO ()				BONDS YES () NO ()			
MEMBER NO	FINANCIAL INSTITUTION NAME	ACCT. NO.	BALANCE	MEMBER NO	DENOMINATION	# BONDS & VALUE	
PROPERTY/REAL ESTATE YES () NO ()				LIFE INSURANCE YES () NO ()			
MEMBER NO	LOCATION	EST. VALUE	EST. EQUITY	MEMBER NO	COMPANY NAME	CASH VALUE	
OTHER ASSETS					YES	NO	BALANCE
A.	IRA/KEOGH/DEFERRED COMP.						
B.	TRUST FUND						
C.	JOINT ACCOUNT						
D.	REAL PROP. (LAND/BUILDING)						
E.	INVESTMENT (COIN COLLECTION/ANTIQUES, ETC.)						
F.	PROFIT SHARING						
HAVE YOU EVER RENTED ON YOUR OWN? () YES () NO							
DO YOU PRESENTLY OCCUPY A RENTAL UNIT? () YES () NO							
HOW LONG AT PRESENT RENTAL ADDRESS?		NO. OF BEDROOMS	RENT AMOUNT	ARE UTILITIES INCLUDED?			
(YEARS)	(MONTHS)	(SIZE)	(RENT)	(YES)	(NO)		
NAME OF PRESENT LANDLORD		LANDLORD'S ADDRESS			PHONE NUMBERS		
		STREET			HOME		
		CITY/STATE/ZIP			BUSINESS		
NAME OF PREVIOUS LANDLORD		LANDLORD'S ADDRESS			PHONE NUMBERS		
		STREET			HOME		
		CITY/STATE/ZIP			BUSINESS		
HOW LONG AT THIS RENTAL?		REASON FOR LEAVING?					
(YEARS)	(MONTHS)						
HAVE YOU OR ANY PERSON(S) LISTED ON APPLICATION BEEN CONVICTED FOR ANY CRIME? () YES () NO							
LIST OFFENSE AND DATE							
APPLICANT CERTIFICATION							
I/WE CERTIFY THAT ALL OF THE INFORMATION LISTED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT WITHHOLDING, AND/OR LISTING FALSE INFORMATION IS GROUNDS FOR: (1) DENIAL OF ADMISSION TO THIS PROGRAM AND FUTURE PROGRAMS; (2) IMMEDIATE EVICTION AND TERMINATION OF RENTAL AGREEMENTS; (3) PAYMENT OF BACK CHARGES; (4) PROSECUTION UNDER THE LAWS OF THE COUNTY, STATE AND FEDERAL GOVERNMENTS.							
APPLICANT'S SIGNATURE			DATE	CO-APPLICANT'S SIGNATURE			DATE