

Project Information

Location:	Halia Hale 851 N. School Street Honolulu, HI 96817 808-586-7595	Hale Poa'i 1001 N. School Street Honolulu, HI 96817 808-832-3445
Number of Units:	31 Studio (3 HDCP) 10 One Bedroom (1 HDCP)	80 Studio – 390 sq. ft. 126 One Bedroom – 544 sq. ft. (18 HDCP)
Total:	41 Units (4HDCP)	206 Units (18 HDCP)
Type of Structure:	5 story concrete frame structure building	7 story concrete frame structure building
Amenities:	Unit - Electric range and refrigerator, central heat pump, and emergency call system Other - resident manager, management office, maintenance shop, community laundry facility, community room, visitor parking stalls for residents and guests	

Eligibility Requirements:

1. “Elderly household” means households in which at least one member is 62 years of age, the spouse or partner has attained the age of majority of 55 years of age.
2. Not have previously lived in a housing project and been evicted from the project since March 01, 1985.
3. Be a resident of state of Hawaii.
4. Have an income and assets, which does not exceed the applicable limits.
5. Not have an outstanding debt owed to the HPHA; and
6. Meet occupancy standards.
7. Not own a majority interest in residential property in fee simple or leasehold suitable for a dwelling unit within the same county in, which housing is sought.

Annual Income/Assets Qualifications:

	Effective: 5/14/10	
	<u>Income</u>	<u>Assets</u>
Family of 1	\$34,300	\$38,600
Family of 2	\$39,200	\$44,100

Occupancy Standards and Rental Rates:

<u>Unit Type</u>	<u>Family Size</u>
Studios	1
One Bedroom	2

- Rent - Will be the 30 percent of adjusted annual income for rent or the minimum of \$170.00 for studio and \$195.00 for one bedroom unit whichever is greater.
- Utility - Rent will include water and electricity.
- Security Deposit - Will equal one month's rent

App ID

Office use only

State of Hawaii Hawaii Public Housing Authority

HPHA USE ONLY
NEW
REACT
MISTEN
NOC
HIST

Application for State Elderly Housing Program

Instructions: Please print and complete each section/item on this application. Do not leave any sections unanswered.

Head of Household	First Name	Middle Initials
Last Name		

Mailing Address		Residential Address	
No.	Street	No.	Street
City	State	City	State
	Zip		Zip
Home Phone	Message Phone	Business Phone	

I/we are applying for the following State Elderly housing apartments (check any apartments that you wish to reside in):

- Hale Poai (Honolulu)
- Lalola (Wahiawa)
- Kamalu-Hoolulu (Waipahu)
- Halia Hale (Honolulu)

The Hawaii Public Housing Authority (HPHA) assigns units in accordance with prevailing zoning and City and County Building, health and fire codes. A family shall be assigned the smallest unit suitable for its needs and each bedroom shall be occupied by at least one person. As an applicant you may also wait for a smaller unit than the HPHA determines you qualify for, providing your family meets certain criteria. Are you willing to accept a smaller unit? Yes No

Effective June 1995, Section 214 of the Housing and community Development Act of 1980 prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States Citizens, nationals, or certain categories of eligible non-citizens.

Is any member of your household an alien with a Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Give family member's name and alien number(s)	

Household Members who will be living with you				Race	Ethnicity	Birth Place			5 Client	Income							
Last	First	M I	Relation to HEAD	Sex	Social Security Number	Date of Birth	1=White 2=Black 3=Am Indian 4=Asian 5= Pac Islander	1=Hispanic 2=Non-Hispanic	City	State	Country	Y=Yes N=No	Includes: UJB, Work Comp., Pension, VA, Child Support, Alimony, TDI	Occupation	Rate of Pay/hr Or Monthly	Employer	
HH																	
1			HEAD OF HOUSE														
2																	
3																	
4																	
5																	

Does anyone in your family require a unit to accommodate their special needs? Yes No If Yes, indicate the type of unit and for whom _____

Have you or any person(s) on your application ever been convicted for any offense against the law? Yes No If Yes, list name and offense and date _____
 Have you or any person(s) on your application been subjected to the lifetime sex offender registration? Yes No Drug or Violent Criminal related? Yes No

Is anyone in your household pregnant? Yes No If Yes, who is pregnant and expected date of birth _____

APPLICANT'S PERSONAL DECLARATION

Hawaii's public housing does not condone drug usage. The Hawaii Public Housing Authority does not discriminate against any persons because of race, color, sex, disability, familial status, national origin, religion or any other non-merit factors. You have the right to ask for a hearing in writing if you are dissatisfied.

We certify that all the information provided is correct to the best of my knowledge and I/we am/are not falsifying or withholding any information from the Hawaii Public Housing Authority. I understand that I/we may be denied admission to programs administered by the Hawaii Public Housing Authority or subject to eviction/termination and/or back charges for falsifying or withholding any information requested in this application, pursuant to Title 15, Chapters 186, Hawaii Administrative Rules.

We authorize the Hawaii Public Housing Authority to obtain and verify information about the income, assets, personal data and conduct of all persons listed in my household. Sources of such information may include but are not limited to employers, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court records, drug records, clinic, physician, or police departments.

We hereby declare that the above certification is true. I/we understand that I/we must provide verification from reliable sources acceptable to Hawaii Public Housing Authority (HCDC).

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE / CO-HEAD

SIGNATURE OF SPOUSE / CO-HEAD

CERTIFICATION BY AUTHORIZED REPRESENTATIVE OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION

I HELPED THE APPLICANT FILL OUT THIS FORM.

SIGNATURE OF AUTHORIZED REPRESENTATIVE, LEGAL GUARDIAN, INTERPRETER, OR OTHER PERSON

DATE

HOME ADDRESS

TELEPHONE NUMBER