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## Kaiaulu O' Kupuohi Application Package

Dear Applicant,

We thank you for your interest in applying for Kaiaulu O' Kupuohi Apartment Homes.

The selection of residents for Kaiaulu O' Kupuohi will be completed in the order as follows.

1. All previous original Kaiaulu O' Kupuohi residents (who wish to return to the project).
2. All Original Lottery winners in order of ranking.
3. All waitlist applicants in order of date and time of receipt of application.

The selection criterion only defines the order in which the application will be processed for eligibility and does not guarantee an applicant will receive an apartment.

Kaiaulu O' Kupuohi Apartment Homes are Affordable Low Income Housing Tax Credit homes. Income and rent limits apply (see tables on the following pages). Please read all the pages included in this package carefully before completing the application. There are instructions and tips included to ensure that your application is complete, and we can accept it. Please be aware that staff can explain questions to you if you don't understand them, but we cannot fill the forms out for you. For general assistance or questions you may call us at (808) 466-0554 Ext. 704.

The application requires information regarding household members, income, assets, student status, prior and current residence history, references, and a release of information.

Completed applications may be submitted via email to [KupuohiA0704@thirtyone50.com](mailto:KupuohiA0704@thirtyone50.com), via fax to (808) 755-3252, or in person during office hours at the locations below. Only completed Kaiaulu O' Kupuohi applications will be accepted. **Incomplete applications will not be considered.**

Kaiaulu O' Kukuia  
119 Kukuia Street  
Lahaina, HI 96761  
Monday, Wednesday  
Times: 9am-5pm

Kaiaulu O Halelea  
112 Halelea Way  
Kihei, HI 96753  
Tuesday, Thursday, Friday  
Times: 9am-5pm

Upon receipt of the application, Management will complete a preliminary review (preselection) of the application to determine the household self-certified income to determine AMI eligibility. Applicants with income that exceeds the highest applicable income limit for the household size will not be eligible and will be notified in writing via email their application is removed.

If the applicant is within the income guidelines, the head of household name, phone number, and email will be logged on the waitlist. The application will receive a number which will be reflected on the wait list, application, and management software. Returning Kaiaulu O' Kupuohi residents will not be required to re-apply but must comply with the annual recertification process.

All original lottery winners will be processed in order of ranking based on household size and AMI.

All waitlist applications received will be placed on the Kaiaulu O' Kupuohi waitlist in order of date and time of receipt and will be processed based on household size and AMI.

Mahalo,  
Brittany Alaniz  
Property Manager

Kaiaulu O’ Kupuohi Income and rent limits are below. The household total gross income must be below the income limit for the specified. Area Median Income (AMI). The rent limit applies to the AMI designation at move in. Note that these limits are subject to change. The household annual gross income must be below the income limit.

AMI	Number of Household Members							
	One	Two	Three	Four	Five	Six	Seven	Eight
30%	\$26,190	\$29,940	\$33,690	\$37,410	\$40,410	\$43,410	\$46,410	\$49,410
40%	\$34,920	\$39,920	\$44,920	\$49,880	\$53,880	\$57,880	\$61,880	\$65,880
60%	\$52,380	\$59,880	\$67,380	\$74,820	\$80,820	\$86,820	\$92,820	\$98,820

AMI	1 BEDROOM	2 BEDROOMS	3 BEDROOMS
30%	\$601	\$702	\$791
40%	\$835	\$983	\$1,116
60%	\$1,303	\$1,544	\$ 1,764

\*Subject to change

To ensure we can accept your application, it is very important that your application be complete and accurate. Deliberate false or misleading information reported on the application is grounds for immediate denial. Please carefully read all the information and instructions prior to completing the application to avoid any errors that may cause delay. We cannot accept incomplete applications; you will be notified in person or via email if your application is incomplete.

**Tips for completing the application:**

- Use Blue or Black ink only.
- Write as clearly as possible.
- If you make a mistake, cross it out and initial the change.
- DO NOT USE whiteout or correction tape, we cannot accept the application if you do.
- Answer all questions Yes or No and if it doesn’t apply write “N/A for not applicable.
- You must report ALL income and assets of ALL household members, failure to do so will result in denial of your application.
- Income reported should be the gross (before taxes or other deductions) income.
- Be sure to submit all pages of the application (in order) including the contact sheet.
- All adults aged 18 years and older must sign and date the application form.

Application Decision

Once a decision has been made regarding your application, you will be notified in writing. If your application is denied, and you disagree with the decision, you have the right to request an appeal. To do so, you must email the reason you disagree with the decision and any supporting documentation to [info@thirtyone50.com](mailto:info@thirtyone50.com) within five (5) days of notification of denial.

Your application will then be reviewed, and a final decision will be made. You will be notified in writing if your appeal is approved or denied.

**ALL FOLLOWING PAGES MUST BE RETURNED**

# Official Kaiaulu O' Kupuohi Pre-Application

## Kaiaulu O' Kupuohi Pre-Application

Lahaina, Hawaii, [kupuohiA0704@thirtyone50.com](mailto:kupuohiA0704@thirtyone50.com)



**PRINT CLEARLY WITH BLUE OR BLACK INK. If additional space is needed, attach a separate page.  
FOR OFFICE USE ONLY:**

Date & Time Received:	Household Size:	Bedroom Size:	App#
Estimated Gross Annual Income \$	AMI %	Lottery #	

### Part I: Applicant Information

**Name of Applicant (Head of Household)**

**Mailing Address:**

**Physical Address:**

<b>Phone contacts:</b>	<b>Home #:</b>	<b>Work#:</b>
<b>Cell #:</b>	<b>Other #:</b>	<b>Email (required):</b>
<b>Emergency Contact Name</b>		<b>Phone Number:</b>

Bedroom Size Requested:  2 Bedroom  3 Bedroom  4 Bedroom Do you required an ADA Unit? \_\_\_\_\_

**Changes in contact, income, or other information MUST be made in writing and sent by email and will NOT be taken by phone. If the applicant(s) cannot be reached, the application may be canceled.**

### Part II: Family Composition

No.	Relationship	Last Name	First Name	M.I.
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

  

No.	*Social Security # or Alien Registration #	Place of Birth: City, State, Country	*Date of Birth (MM/DD/YY):	Occupation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



# Official Kaiaulu O' Kupuohi Pre-Application

## Part III: Household Income & Assets

Current employment: Identify each working member by the Family Member Number shown 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 YR
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

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

No.	Source	Amt. Per Mo.	No.	Source	Amount per Month
	Alimony/Child Support	\$		Unemployment	\$
	General Assistance (TANF/AFDC, ETC)	\$		Veteran's Benefits or Pension	\$
	Pension/Retirement:	\$		Worker's Compensation	\$
	Social Security/SSI	\$		Other:	\$
	Support/Others	\$		Other:	\$

Assets: List all assets for each Family Member Number shown in Part II

No.	Source: (Bank, credit union, name of company)	Type of acct: (Ckg/Svgs/CD, IRA, 401K/ Stocks/Bonds etc)	Amount
			\$
			\$
			\$

## Part IV: Applicant Certification

I/We Certify:

- (1) that the information provided is correct to the best of my/our knowledge;
- (2) that the unit being applied for will be my/our 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;
- (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 Property Manager to conduct a background check, including but not limited to prior landlord, credit, criminal, and court records.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Person assisting applicant complete this application must sign and date below:

Print Name

Signature

Agency (if applicable)

Date



### Applicant Contact Information

Provide contact details for each adult household member.

Be sure to print clearly as it is important we can reach you.

Head of Household Name: \_\_\_\_\_

Head of Household Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Head of Household Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Head of Household Email: \_\_\_\_\_ @ \_\_\_\_\_

Member #1 Name: \_\_\_\_\_

Member #1 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #1 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #1 Email: \_\_\_\_\_ @ \_\_\_\_\_

Member #2 Name: \_\_\_\_\_

Member #2 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #2 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #2 Email: \_\_\_\_\_ @ \_\_\_\_\_

Member #3 Name: \_\_\_\_\_

Member #3 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #3 Phone: (\_\_\_\_\_) \_\_\_\_\_ (home / work / mobile)

Member #3 Email: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

**Each adult age 18 years or older must execute the Authorization for Release of Information**

**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
Property Name: Kaiaulu O' Kupuohi  
Address: 258 Kupuohi Street  
Lahaina, Hawaii

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
Authorized Signature Title  
\_\_\_\_\_  
Print Name Date

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**Release by Applicant/Tenant**

I hereby authorize the release of all requested information.

\_\_\_\_\_  
Signature Date

***Verification form is attached.***



**Each adult age 18 years or older must execute the Authorization for Release of Information**

**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title

\_\_\_\_\_ Print Name \_\_\_\_\_ Date

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**Release by Applicant/Tenant**

I hereby authorize the release of all requested information.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

***Verification form is attached.***

