



## Affordable Rental Housing Application Package Checklist

---

Please provide the following documentation:

- Affidavit of Eligibility for City-Regulated Affordable Housing Units
- Application for City-Regulated Affordable Housing Units
- Kanekapolei Collection Certification
- Employment Verification
- Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits
- Zero Income Certification (if no income)
- Last two years' tax returns, including all applicable schedules and W-2 / 1099
- Asset Documents- 2 most recent statements for ALL bank accounts; plus any other asset ownership documents
- Photo ID of all household members and Proof of Hawaii Residency
- Other supporting documents (divorce decree, marriage certificate, etc.)
- \$25 credit application fee *per applicant* (cashier's check, credit card, ACH, Money Order). Please make payable to **Cirrus Asset Management**.
- \$75 applicant eligibility certification fee payable to **City and County of Honolulu**.
- \$100 holding deposit (cashier's check, credit card, ACH, Money Order). Please make payable to **Kanekapolei Collection\*\*\***

(1) Applicant's total Gross household income must be at least 2.5 times the rent to be paid for the unit. Applicant's credit history and criminal background check must be satisfactory based on pre-established screening criteria set by Brookfield Properties.

(2) \*\*\*The holding deposit will be applied toward Security Deposit at move-in and is refundable (a) for up to 72 hours, or (b) if the City denies final acceptance of your rental application, and will be forfeited upon cancellation thereafter.

**Incomplete applications will not be processed. Please do not leave any blanks (use N/A instead). The top section "Project and Unit" of the application, will be filled out by the rental office when selecting your rental unit.**

Date \_\_\_\_\_

## Affidavit of Eligibility for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting  
per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project and Unit			
Project Name	<b>Lilia Waikiki / Kanekapolei Collection</b>	Applicant name	
Unit No.	___ BR / ___ BA	<input type="checkbox"/> Rent	

Affidavit of Eligibility for AH Unit	
The undersigned Applicant(s) certify the following:	
I am a citizen of the United States or a resident alien.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am at least eighteen (18) years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am domiciled in the State of Hawaii and have a bona fide intent to physically reside in the AH unit for the duration of the restriction period or lease agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My total gross household income does not exceed the unit's designated income limit. See Table A for income limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have sufficient gross household income to demonstrate an ability to pay rent and meet any additional criteria established by the City.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not own, and will not own for the duration of the rental period, a majority interest in fee simple or leasehold lands suitable for dwelling purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My total net available household asset does not exceed the unit's designated income limit as adjusted by household size.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>The City's Affordable Housing Rules provide waivers and exceptions to some requirements under certain circumstances.</i>	

By signing this Affidavit the undersigned represent(s) and affirm(s) that the undersigned has/have read, understand(s) and agree(s) to the above statements.

- 1) \_\_\_\_\_  
*Applicant signature* \_\_\_\_\_ *Print name* \_\_\_\_\_ *Date*
  
- 2) \_\_\_\_\_  
*Co-applicant 1 signature* \_\_\_\_\_ *Print name* \_\_\_\_\_ *Date*
  
- 3) \_\_\_\_\_  
*Co-applicant 2 signature* \_\_\_\_\_ *Print name* \_\_\_\_\_ *Date*

Date \_\_\_\_\_

## Application for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting  
 per Rules to Implement City's Affordable Housing Requirements (3/2019)

<b>Project and Unit</b>		
Project Name <b>Lilia Waikiki / Kanekapolei Collection</b>	Building name (if applicable)	
Project address		
Unit No.	___ BR / ___ BA	<input type="checkbox"/> Rent

<b>Primary Applicant</b>			
First name		Middle name/initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

<b>Co-Applicant 1 (if applicable)</b>			
First name		Middle name/initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

<b>Co-Applicant 2 (if applicable)</b>			
First name		Middle name/ initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

Primary Household Member			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1) below</i> Self			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 3</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

- (1) Choices for this category are:
- Self
  - Spouse/Partner
  - Parent
  - Child
  - Sibling
  - Extended Family
  - Friend (not related)
  - Caretaker

Please provide a photo ID for every household member

Household Member 2			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 3			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 4			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 5			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

**Household Asset Verification**

*Choose asset type from options in List (2) below*

<b>Asset 1</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 2</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 3</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 4</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 5</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 6</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 7</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

<b>Asset 8</b> Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

- (2) Choices for this category are:
- Bonds
  - Certificate of Deposit (CD)
  - Checking account
  - Life insurance
  - Mutual funds
  - Real estate
  - Savings account
  - Stock
  - Other

Please provide account statements and other supporting documents



<b>Household Income</b>
Please list all income earners, including those part-time and self-employed. Do not include income of minor children, full-time students up to 23 years old, and live-in aides.

<b>Income -- Household Member 1</b>	
<i>Choose income source type from options in List (3) below</i>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> type (3)	Income source 3 Employer name
Annual income	
<b>Income source 4</b> type (3)	Income source 4 Employer name
Annual income	

(3) Choices for this category are: Alimony Child support Gross pay Investment income No income Pension Retirement Social Security Unemployment compensation Other
---

Please provide pay stubs, bank statements and other supporting documents

<b>Income -- Household Member 2</b>	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> type (3)	Income source 3 Employer name
Annual income	

<b>Income -- Household Member 3</b>	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> type (3)	Income source 3 Employer name
Annual income	

<b>Income -- Household Member 4</b>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> type (3)	Income source 3 Employer name
Annual income	

<b>Income -- Household Member 5</b>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> type (3)	Income source 3 Employer name
Annual income	

(Add pages as needed)

Income limit, AMI group	
Income limit \$ _____	AMI group _____ 80 %

Table A. Household Income Limits for Affordable Housing (2024)				
To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the following limits. These figures are updated annually. <b>AMI</b> is the Area Median Income.				
	Income limits for Affordable Housing units designated for households earning: <b>80% of AMI</b>			
1-person household	\$78,000			
2-person household	\$89,120			
3-person household	\$100,240			
4-person household	\$111,360			
5-person household	\$120,320			

Documentation
<p>Please include the following documentation with this application:</p> <ul style="list-style-type: none"> <li>Applicant AH eligibility affidavit (<i>Page 1 of this application</i>)</li> <li>Statement that household member does not intend to work for a year (required if no income is selected)</li> <li>Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits</li> <li>Last two years' tax returns, including W-2s, 1099s and applicable schedules</li> <li>Bank and other financial institution statements, showing interest rate or interest earned</li> <li>Mortgage pre-qualification (for sale) or draft lease agreement (rental)</li> <li>Photo ID of all household members</li> <li>Other supporting documents (divorce decree, marriage certificate, etc.)</li> </ul>

Under penalties of perjury, I declare that I have examined all of this application, including accompanying documents, and, to the best of my knowledge, information, and belief, all of the statements contained herein are true, correct and complete.

1)					
	<i>Applicant signature</i>		<i>Print name</i>		<i>Date</i>
2)					
	<i>Co-applicant 1 signature</i>		<i>Print name</i>		<i>Date</i>
3)					
	<i>Co-applicant 2 signature</i>		<i>Print name</i>		<i>Date</i>

**Certification:**

I certify that this will be my primary residence, and that I will not sublease or rent it to others. I understand that my eligibility for the affordable rental dwelling unit indicated above will be based on applicable income limits and by the criteria set forth by OliverMcMillan Kuhio LLC (“**OM Kuhio**”) for the Lilia Waikiki/Kanekapolei Collection (the “**Project**”). I certify that all of the information herein is true, correct, and complete to the best of my knowledge and making false statements or providing false or inaccurate information to OM Kuhio will cause me to be disqualified to rent a unit in the Project or termination of my tenancy after occupancy. I authorize the OM Kuhio or its agent to contact present or past and employers, landlords, creditors and other sources deemed necessary to verify and evaluate this information. I understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorize OM Kuhio to obtain such reports as allowed by the Fair Credit Reporting Act and information relating to criminal activities. This information is gathered for screening purposes only and is strictly confidential. The applicant will not hold OM Kuhio or its agent liable for any decision made based on the information provided and obtained during processing and consideration of this application.

I hereby further confirm and certify to OM Kuhio and DPP as follows:

1. [redacted] I promise and agree that I shall promptly notify OM Kuhio or OM Kuhio’s designated agent if at any time during the duration of my rental agreement with OM Kuhio, my gross household income or gross household assets as adjusted by household size for my affordable rental dwelling unit increases and shall exceed the then current limitations applicable to the affordable rental dwelling units governed by the Affordable Rental Housing and Regulatory Agreement dated September 26th, 2019 for Lilia Waikiki (the “Regulatory Agreement”).
2. [redacted] I confirm my understanding that if at any time during the duration of the rental period under the rental agreement with OM Kuhio that my gross household income and gross household assets exceed the applicable limitations therefor that my continued right to rent my affordable rental dwelling unit shall lapse; provided, however that I may be allowed to continue to rent my affordable rental dwelling unit for a rental period to be determined in the sole discretion of OM Kuhio up to but not greater than twenty-four (24) months.
3. [redacted] I promise and agree during the duration of my rental agreement with OM Kuhio that I shall not rent or offer to rent to others any interest in or right to use or occupy my affordable rental dwelling unit.
4. [redacted] I understand and agree that during the duration of my rental agreement with OM Kuhio that OM Kuhio or DPP may from time to time request verification of my primary residence status and then gross household income and gross household assets and if I fail to submit such verifications within a reasonable time following such request, OM Kuhio or DPP may conduct an investigation to determine and verify my primary residence status, gross household income, and gross household assets, and I shall upon demand promptly reimburse OM Kuhio or DPP for all reasonable costs and expenses incurred by OM Kuhio or DPP in connection with any such determination and verification.
5. [redacted] I understand that if I make any knowingly false statement in this Affidavit or otherwise violate the applicable provisions of the Regulatory Agreement, I may be subject to legal charges and, if convicted, I may be fined or imprisoned, or both.
6. [redacted] If more than one person signs this Affidavit, all singular pronouns shall be deemed to refer to all signatories, jointly and severally.

By signing this Affidavit the undersigned represent(s) and affirm(s) that the undersigned has/have read, understand(s) and agree(s) to the above statements.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

# EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Kanekapolei Collection	Unit ID:		Date:	
Applicant/Tenant:		SSN:	XXX-XX-		

### Employer Contact:

Business Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
			Fax:
			Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:  
**Cirrus Asset Management, Inc.**  
 Office: 441 Walina Street #100 Honolulu, HI 96815  
 Email: [customerservice-main@cirrusami.com](mailto:customerservice-main@cirrusami.com)  
 Office Hours: MON – FRI 9AM – 6PM

Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed: \_\_\_/\_\_\_/\_\_\_ No  Last Date of Employment: \_\_\_/\_\_\_/\_\_\_

Current Wages (check one)  Hourly  Salary \$ \_\_\_\_\_ Pay Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  
Pay Method  Cash  Check  Direct Deposit  Other

Number of regular hours scheduled per week: \_\_\_\_\_  
(If hours vary please list maximum anticipated)

Gross pay from prior year: \$ \_\_\_\_\_

Gross Year to Date Pay: \$ \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_  
 Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

(CIRCLE ONE) Frequency  Weekly  Bi-weekly  Monthly  
COMMISSIONS, BONUS, TIPS, OTHER: \$ \_\_\_\_\_  Semi-monthly  Yearly  Other \_\_\_\_\_

List the most recent change in the employee's rate of pay/hours: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is employee eligible for unemployment during the layoff?  No  Yes Does employee participate in a retirement plan i.e. 401k?  No  Yes

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction



# CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

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

1.  I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have **ANY** income whatsoever **DO NOT** complete this form).

2. I have been living with zero income for \_\_\_\_\_ years and \_\_\_\_\_ months.

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Income from driving for Uber/Lyft
- j. Cash payments
- k. Student financial aid
- l. Any other source not named above

4. The reason I have no income is: \_\_\_\_\_

5. I will be using the following sources of funds to pay for (**Use N/A instead of leaving blanks**):

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing and laundry: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Internet/Cable/Phone: \_\_\_\_\_  
Toiletries: \_\_\_\_\_  
Credit cards/loans/bills: \_\_\_\_\_

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

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

