



Dear Applicant,

Hausten Gardens now accepts waitlist applications for subsidized Elderly units for ages 62+. If you are interested in being placed on the waiting list, please fill out the attached waiting list application and email or mail to our office at your earliest convenience.

- Wait list for 1-bedroom units are approximately 2 - 5+ years long

Hausten Gardens is a beautifully landscaped apartment community, located in the Moiliili Neighborhood of Honolulu, HI. Our spacious apartment homes offer you subsidized housing in one-bedroom floor plan in downtown Honolulu.

**Subsidized (HUD Section 8) 50% Income Limits as of 2023**

**1 PERSON \$45,850**  
**2 PEOPLE \$52,400**

No Application Fee.

Deposit: equal to total tenant payment (one month's rent plus utility allowance of \$38)

**OUR APARTMENT FEATURES INCLUDE:**

- Onsite laundry facilities
- Cable Ready
- Stove
- Refrigerator
- Microwave
- Water, Sewer, & Gas Paid for by the property

**DIRECTIONS:**

From H-1, heading East. Take exit 24A to merge onto Bingham St. Turn right onto Isenberg Street. Turn left onto South King St. Turn right onto Hausten Street. Destination will be on the right.

Please give us a call for more information. Our phone number is: 808-947-3423. Our office hours are Monday through Friday 9:00 AM to 3:00 PM.

Thank you,  
Hausten Gardens Apartments  
Phone: 808-947-3423  
Fax: 808-955-6105  
Email: [manager@haustengardens.com](mailto:manager@haustengardens.com)

APPLICATION FOR PLACEMENT ON THE WAITING LIST

Hausten Gardens  
808 Hausten Street – Honolulu, HI 96826  
P: 808.947.3423 | F: 808.955.6105 |



## WAITLIST APPLICATION

Every line of this application must be filled in. If an item does not apply to you, write "N/A". The application must be complete, signed, and returned to the property you are applying with before you can be placed on the waiting list. To remain on the waiting list, you must contact us through any of the contacts listed at the bottom of the page every 6 months.

**Head of household information:**

Head of Household Name:	Phone Number:	Email Address:
Street Address:	City, State:	Zip Code:

Bedroom Preference (Circle Selection): <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">One Bedroom</span> Two Bedroom
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**Occupancy Standards:**

Bedroom Size	Household Minimum	Household Maximum
1	1	3
2	2	5

**List all persons that will reside in the home:**

Name	Relationship	Social Security Number	Birthdate	Student Status (FT, PT, NA)

**List all earned and unearned income received by each household member:**

Household Member	Type of Income	Monthly Amount	Annual Amount



**Please answer all of the following questions concerning your household:**

	YES	NO
Do you have any pets? List here:		
Is any member of the household a Student Enrolled in an Institute of Higher Education?		
Are you and/or any other household member US citizen Or, are you and/or other household members non-citizens who have eligible immigration status?		
Have you or co-applicant served in the U.S armed forces?		
Have you ever been convicted of a crime against any person or property?		
Are you or anyone named on this application subject to State lifetime sex offender registration in any state?		
Have you ever been evicted? If so when?		
Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?		
Are you currently living in HUD subsidized housing?		
Do you currently have a Section 8 voucher?		
Has your tenancy or subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?		
Were you or anyone in your household older than 62 as of 1/31/2010 who do not have a social security number?		
<b>If yes, were you or a person in your household receiving HUD rental assistance as of 1/31/2010?    YES    NO    (circle your answer)</b>		

**Please list all states in which any household member has resided:**

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**How did you learn about this apartment community? Is there a resident we can thank for referring you?**

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*This pre-application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list. Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community. Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants.*

I/We understand that upon receipt of the completed application for tenancy, our name will be placed on the waiting list, processed for admission, or may be rejected based on preliminary eligibility determination. If placed on the waiting list, this application will be recorded by date and time received by management.



I/We certify that to the best of my/our knowledge, all statements made herein are true and correct. False, fraudulent, and or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.



Indigo Real Estate Services and Hausten Gardens are committed to providing equal opportunity in the provision of housing. We do not discriminate on the basis of race, color, religion, sex, disability, national origin or familial status. If you have any questions about the application process, please call the Manager of the building(s) to which you applied.

**I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED.**

Head of Household Name	Signature	Date
Co-Head/Spouse/Other Adult	Signature	Date
Co-Head/Spouse/Other Adult	Signature	Date
Co-Head/Spouse/Other Adult	Signature	Date

**OFFICE USE ONLY - ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED/REVIEWED:	SIGNATURE

Property Name: Hausten Gardens <hr/> 504 Coordinator Name: Holly Paterson	does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	  
Address: 808 Hausten St, Honolulu, HI 96826		Telephone #: 808-947-3423

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# RENTAL APPLICATION CRITERIA

## NON-DISCRIMINATION

**Hausten Gardens** ("Management") operates in accordance with the Federal Fair Housing Act, as well as all state and local fair housing and civil rights laws. We do not discriminate against any person based on race, color, religion, gender, national origin, age, sex, familial status, handicap, disability, veteran status, or any other basis protected by applicable state or local laws. The Rental Criteria below outlines some of the policies for this community with regard to standards that may be required by each applicant in order to be approved for residency.

## APPLICATIONS

All applicants must be of legal age. All parties 18 years of age or older are required to complete an application and pay any and all applicable fees. **Applications are to be completed in full; applications containing untrue, incorrect, or misleading information will be denied.** The application fee is non-refundable unless otherwise provided by state or local law.

## IDENTITY VERIFICATION

ALL applicants are REQUIRED to show at least one of any of the following Government issued photo identification:

- A valid military identification, driver's license or passport
- A valid age of majority card

## RENTAL SCORE

**CREDIT HISTORY.** We obtain a credit report on each applicant. Our credit reporting agency evaluates credit (which may include rent payment history) as an indicator of future rent payment performance. An unsatisfactory or insufficient finding will result in the requirement of an additional deposit, guarantor, or denial. Applicants are responsible for ensuring their credit history is accurate.

Hausten Gardens does not accept Comprehensive Reusable Tenant Screening Reports.

## GUARANTORS/CO-SIGNERS

If RentGrow recommends "Accepted with Conditions" or "Denial," a guarantor or co-signer may be considered. In this instance, the original applicant's application will be re-submitted along with the guarantor or co-signer's application. Applications for guarantors and co-signers processed through Screening Works are also scored, but are typically held to a more stringent, pre-established screening standard because guarantors and co-signers are technically responsible for the payments for this residence, as well as their own place of residence.

## INCOME VERIFICATION

Written verification of income with a Rent-to-Income Ratio of 50% of the monthly rent per household will be required, along with any necessary supporting documents.

## RESIDENCE VERIFICATION

Management reserves the right to verify the applicant's residence history.

## CRIMINAL CHARGES/CONVICTIONS

Applicants charged convicted for certain felony and misdemeanor offenses may not be approved for residency, depending upon the pre-established criteria set by Management.

## EVICCTIONS

Applicants who have been a party to an eviction proceeding may not be approved for residency, depending upon the pre-established criteria set by Management.

## DENIAL POLICY

If your application is denied due to unfavorable information received on your screening report you may:

- Contact RentGrow to discuss your application and identify any unfavorable information.
- Supply RentGrow with proof of any incorrect or incomplete information.
- Initiate a dispute with RentGrow to adjust or remove any inaccurate information. A successful dispute may result in an update to your application result.

## HOW YOU CAN IMPROVE YOUR RENTAL SCORE

Your rental score results from information found in your credit report, criminal history, references, and application data. Such information may include your history of paying bills and rent, the accounts you have, collections and delinquencies, income and debt.

Your rental score may change if the underlying information it is based upon changes. To improve your score, concentrate on paying your bills on time, paying down outstanding balances, and removing incorrect information. Your chances of approval may also improve if you apply for an apartment with lower monthly rent, or use a guarantor or co-signer if permitted by Management.

## HOW YOU CAN REMOVE INCORRECT INFORMATION

RentGrow is committed to accuracy and will investigate any information you dispute. Contact the consumer relations team at [www.rentgrow.com](http://www.rentgrow.com) or by phone at 800-898-1351. If you provide proof of your claim, we will promptly make appropriate adjustments. Download the form on our site for details.