	Last Comp	lete Update:	4/16/2024			AREA	. Makiki
PROJECT NAME:	1506 P'IKOI AI	PARTMENT	rs .			PROJECT TYPE	Family
ADDRESS:	1506 Piikoi St.					PHONE: 808-53	86-1506
CITY:	Honolulu	STATE: HI	ZIP:	96822		FAX:	
MANAGER	R: Pam Sakai			APPLY AC	DDRESS:		OUT-OF-STATE
APPLY TO	): Contact Pam Sakai fo	or an application					APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	E: 808-536-1506			<b>FAX:</b> 973-0605	EMAIL:	pams@hsiservice	s.net
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	itudio:	800			1	2	
One	Bdrm:	900			1	3	
Two	Bdrm:	1200			4	5	
Three	Bdrm:	1500			5	7	
Four	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME		UTILITIES INC Electricity, wat	CLUDED: ter, sewer, and refus	6e	MINIMUM V ESTIMATE MAXIMUM V	(Months): 3
AGE CRITERIA:						TO REMAIN ON	Į.
18 and older			WAITL PARKING INF	IST FOR PARKING O: YES	: PET INFO	CALL EVERY	Y (Months): PETS OK: NO
				, .			r
AN OWN DECK	ASSET LIMITS:				CENEDAL	INITO:	
ASSET LIMIT INF	DENTIAL PROPERTY:		LEASE:		Call for ap office Two 3 & 2 All applica	n: Request by ema	up from manager's dings. iencing
\$45,850; 2 person	IA: 50% of HUD Oahu AMI; ns - \$52,400; 3 - \$58,950 750; 6 - 76,000; 7 - \$81,7	0; 4 -	FURNISHED:		to resider convictior offender.	ncy at the project. In two years prior; no Must show legal refust be able to pay	No violent criminal or registered sex esidency if not a
1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	3821				
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	4367				

1	Last Comple	·	4/12/2024			AREA:	
	1727 SOUTH B	ERETAN	IA STREET			PROJECT TYPE:	J,
ADDRESS:	1727 S. Beretania St.					PHONE: 808-94	
CITY:	Honolulu	STATE: HI	ZIP:	96826		1724  000 00	
MANAGER	R: Josephine Michael			APPLY AD	DRESS:		OUT-OF-STA
APPLY TO	: Housing Solutions, Inc.						APPLICATIO ACCEPTEI
APPLY ATTN	l:						
APPLY PHONE	E: 808-944-5020			<b>FAX:</b> 955-5915	EMAIL:	Website: https://ww Email: josephine@	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 0	0					
	Bdrm: 18	942		600	2	4	
Three E		1131		700	5	7	
	Bdrm: 0						
,			,	,	,	,	,
	NT IS 30% OF INCOME:		UTILITIES INCI	LUDED:	_	TOTA	AL UNITS: 23
meless and hav	e homeless or at risk of byte at least one child unde red every 6 months for the	r age 18.	Water/sewer			MINIMUM W ESTIMATE	
e waitiist.			ļ			MAXIMUM W ESTIMATE	
E CRITERIA:						TO REMAIN ON V	
or older.			WAITLIS	ST FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO	D: YES	PET INFO	: 1	PETS OK:
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL		
SET LIMIT INFO	<u>O:</u>		LEASE:		one-and t	ne permanent hous wo-bedroom apartn	nents for family
			Month-to-montl	h	risk of bei child unde	<ol> <li>Applicants must the second half and half and half are second to the secon</li></ol>	ave at least one
COME CRITERI	IA:		,		fee.		
ax \$25,260 1 bdi ax \$33,930 2 bdi	lrm		FURNISHED:				
ERSON MAXIM	IUM MONTHLY INCOME	i:	0				

		Last Comp	lete Update:	4/11/2024			AREA:	Wahiawa	
ROJECT NAME:	<mark>220 (</mark>	California					PROJECT TYPE:	Elderly	
ADDRESS:	220 Cali	ifornia Ave.					PHONE: 808-220	)-7671	
CITY:	Wahiaw	/a	STATE: H	ZIP:	96786		<b>FAX</b> : 808-484	1-4051	
MANAGER		Ü			APPLY AE 98-030 He Aiea, Haw	kaha Street #26	6	OUT-OF-STA	
APPLY TO		ty Profiles Inc. arlene Higa			,			ACCEPTED YES	
APPLY ATTN	l: Proper	ty Managemer	nt Division					0	
APPLY PHONE: 808-220-7671					<b>FAX:</b> 808-484-40		darlene@pro808.co	om	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio: Bdrm:		005	1470	400				
	Bdrm:	41	925	1470	403	1	2		
Three				,					
	Bdrm:							NO	
1			ļ	,	,	,	,	110	
RENT INFO: RENT IS 30% OF INCOME: NO  Fixed rent of \$925; 50% AMI ertificate holders need not meet the minimum gross income requirement.  *Confirmation letter is sent after application is received. Inform management if contact information an application changes.			UTILITIES INC All utilities incluphone (\$25 per month	uded except cable & Basic o		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):		
AGE CRITERIA:							TO REMAIN ON W		
All residents must	be 55 or	older			ST FOR PARKING		CALL EVERY		
				PARKING INFO		PET INFO	: h	PETS OK: YES	
	Δ	SSET LIMITS:	NONE						
AN OWN RESI						GENERAL	. INFO:		
ASSET LIMIT INF	O:			LEASE:		Opened 2	Opened 2007. Picnic Area, Community		
			1 year		area, victo manager. 2 handica	meeting room, elevator, private park with BBQ area, victory garden, visitor parking, on-site manager.  2 handicapped accessible units. Coin operated laundry on each floor.			
INCOME CRITERIA: 50% AMI: 1 person \$45,850; 2 persons \$52,400 Food stamps accepted to help meet min. income criteria.			·		*Failure to	respond to commu	inication from		
			FURNISHED:  Partly furnishe appliances; vir garbage dispos shower.	nyl flooring,		management in a timely manner will result in being removed from the waitlist.			
-PERSON MAXIN	10M MUI	NTHLY INCOM	1E:	3820					
PERSONS MAXI	1841 184 846		ME.	4366					

ADDRESS: 436 Ena Rd.  CITY: Honolulu STATE: HI ZIP: 96815  MANAGER: UNDER CONSTRUCTION APPLY ADDRESS: Appointment only APPLY TO:  APPLY ATTN:  APPLY PHONE: FAX:  Unit Type: Number of UNITS: RENT: RENT: Required: SQ FT: Of People of People: People: Three Bdrm: Three Bdrm: Three Bdrm: Three Bdrm: Three Bdrm: Three Bdrm: Four Bdrm: Three Bdrm:	
MANAGER: UNDER CONSTRUCTION  APPLY ADDRESS: Appointment only  APPLY ATTN:  APPLY PHONE:  FAX:   Unit Type:   Number of UNITS:   RENT:   RENT:   Number of People   People:   People:   Number of People:   Num	APPLICATION ACCEPTED:
MANAGER: UNDER CONSTRUCTION  APPLY ADDRESS: Appointment only  APPLY ATTN:  APPLY PHONE:  FAX:   Unit Type:   Number of UNITS:   RENT:   Minimum INCOME Required:   SQ FT:   Of People   People:   People:   Studio:   1 2	APPLICATION ACCEPTED:
APPLY TO:  APPLY ATTN:  APPLY PHONE:  FAX:    Unit Type:	CAREGIVER
APPLY ATTN:  APPLY PHONE:  FAX:    Unit Type:   Number of Of UNITS:   RENT:   Minimum   INCOME   Required:   SQ FT:   Minimum   Number of Of People   People:   To TALL UNITS:   TO RENT IS 30% OF INCOME:   UTILITIES INCLUDED:   TO TALL UNITS:   TO REMAIN ON WAIT CALL EVERY (M.)	ACCEPTED:
APPLY PHONE:  FAX:    Unit Type:   Number of UNITS:   RENT:   Minimum INCOME Required:   SQ FT:   Of People   People:	
APPLY PHONE:    Unit Type:	
Number of UNITS: RENT: RENT: SQ FT: Number of People People: Studio: 1 2  One Bdrm: 1 2  One Bdrm: 1 2  Two Bdrm: 1 1 2  RENT INFO: RENT IS 30% OF INCOME: UTILITIES INCLUDED: TOTAL UMAXIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE (M. M. MAXIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE (M. M. M	
One Bdrm: Two Bdrm: Three Bdrm: Four Bdrm:  UTILITIES INCLUDED:  Electric and water  MINIMUM WAIT ESTIMATE (Modern Maximum Wait ESTIMATE)  AGE CRITERIA:  TO REMAIN ON WAIT CALL EVERY (Modern Maximum Wait Call EVERY) (Modern Maximum Wait Call EVERY)	
Two Bdrm: Three Bdrm:  Four Bdrm:  UTILITIES INCLUDED:  Electric and water  MINIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE (M. M. MAXIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE (M. M. M	1
Three Bdrm:  Four Bdrm:  UTILITIES INCLUDED:  Electric and water  MINIMUM WAIT ESTIMATE (Month of the control o	
RENT INFO: RENT IS 30% OF INCOME:  UTILITIES INCLUDED:  Flectric and water  MINIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE)  MAXIMUM WAIT ESTIMATE (M. MAXIMUM WAIT ESTIMATE)  WAITLIST FOR PARKING:	
AGE CRITERIA:  Electric and water  MINIMUM WAITESTIMATE (Months)  MAXIMUM WAITESTIMATE (Months)  TO REMAIN ON WAITEST FOR PARKING:	
AGE CRITERIA:  TO REMAIN ON WAI  CALL EVERY (MO	Months): 0
CALL EVERY (Me WAITLIST FOR PARKING:	
PARKING INFO: PET INFO: PET	
	TS OK: NO
ASSET LIMITS:	
AN OWN RESIDENTIAL PROPERTY: GENERAL INFO:	
LEASE:	
INCOME CRITERIA:	
FURNISHED:	
-PERSON MAXIMUM MONTHLY INCOME: 0	

	Last Comp	olete Update:	AREA:	Waikiki			
PROJECT NAME:	AINAHAU VIS	ТА				PROJECT TYPE:	Elderly
ADDRESS:	2428 Tusitala St.					PHONE: 808-926-6700	
CITY:	Honolulu	STATE: HI	ZIP:	96815		FAX:	
	R: Bernadette Tai  D: Ainahau Vista			APPLY ADI 2428 Tusita Honolulu, H	la St		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATT	<b>N:</b> Resident Manager's (	Office					YES
APPLY PHONE	E: 808-738-3100			<b>FAX:</b> 735-1978	/	nttps://www.eahhor /ainahau-vista-1/	using.org/apartments
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	<b>Bdrm:</b> 99	1305	2xrent	403			
	Bdrm: 7	1566	2xrent	607			
	Bdrm:						YES
11 Units - 30%AN 88 Units - 50% AI 7 Units - 50%AN	MI 1 Bedroom - \$1305 MI 2 Bedroom - \$1566 ate holders need not me		UTILITIES INC	and sewer		TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON V CALL EVERY	(Months): 6  VAIT LIST (Months): 12  VAITLIST
			PARKING INFO 18 tenant/ 5 ha \$40/mo. Once	ndicap stalls all stalls	PET INFO:	I	PETS OK: NO
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:		assigned, occur restricted to ter own a vehicle.	nants who do not	GENERAL	INFO:	
ASSET LIMIT INF	FO:		LEASE: 1 year		time. 6 ha with kitche park/Victor	007. Has Social W ndicapped units. ( n; picnic area, tran y Garden ırking stalls, coin la	Community room sportation, private
INCOME CRITERIA:  30% of AMI: 1 person \$29,250; 2 persons \$33,420 50% of AMI: 1 person \$48,750; 2 persons \$55,700 Food stamps accepted to help meet min. income criteria. Sect 8 certificate holders need not meet min. income requirements.			floor. Fu Credits		floor. Fund	ding: Low Income	

Printed: 9/10/2024 Page: 5

		Last Compl	ete Update:	8/1/2024			AREA	: Waikiki	
ROJECT NAME:	AINA	HAU VIST	AII				PROJECT TYPE: Elderly		
ADDRESS:	2426 Tu	ısitala St.					PHONE: 808-92	26-6700	
CITY:	Honolul	u	STATE: HI	ZIP:	96815		FAX:		
MANAGER	t: Bernad	dette Tai			APPLY AD 2428 Tusita	ala St		OUT-OF-STATI	
APPLY TO	): Ainaha	u Vista II		Honolulu, HI 968				APPLICATION ACCEPTED:	
APPLY ATTN	I: Reside	ent Manager's C	Office						
APPLY PHONE	<b>:</b> : 808-73	88-3100		F	AX:	EMAIL:	/ainahau-vista-2/	ousing.org/apartment	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:	15	1218	2x rent	377				
	Bdrm:	47	1305	2x rent	420				
	Bdrm:								
Three									
Four	Bdrm:		J		J	J	J	YES	
RENT INFO: RE	NT IS 30	% OF INCOME	:: NO	UTILITIES INCLU	IDED:		тот	AL UNITS: 62	
6 units - 30% AM 9 units - 50% AM 41 units - 50% AM	11 studio · 11 1 bedrr	- \$1218 per mo oom - \$1305 p	nth er month	Electricity, Water	, Sewer		MINIMUM V ESTIMATE		
6 units - 60% AM	1I 1 bedro	oom - \$1566 pe	r month				MAXIMUM V ESTIMATE		
AGE CRITERIA:							TO REMAIN ON		
55+					FOR PARKING:		CALL EVERY		
				PARKING INFO: 22 parking stalls,	available only	PET INFO	:	PETS OK: NO	
	AS	SSET LIMITS:		to 50% and 60% month					
AN OWN RESID		PROPERTY:				GENERAL			
ASSET LIMIT INF	<u>O:</u>			LEASE:		Locked er Communi	ty room for recreat al activities	ional and	
NCOME CRITER	IA:			1					
Maximum Income 30% AMI \$2 50% AMI \$4		\$33,420/y \$55,700/y	r r	FURNISHED:  Range/Oven, Gal Refrigerator/Free floor covering, W Coverings, walking	zer, Resilient indow				
-PERSON MAXIN	10M MUI	NTHLY INCOM	E:	4062		]			

	Last Com	plete Update:	8/1/2024			AREA	McCully
PROJECT NAME:	ARTESIAN VI	STA				PROJECT TYPE	Elderly
ADDRESS:	1828 Young St.					PHONE: 808-949-5936; 808-	
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 949-52	38
MANAGER	R:		APPLY ADDRESS: 1828 Young St				OUT-OF-STATE
APPLY TO	<b>):</b> Artesian Vista			Honolulu, Hl	96826		APPLICATION ACCEPTED:
APPLY ATTN	: Resident Manager's	Office					YES
APPLY PHONE	E: 808-738-3100			<b>FAX</b> : 735-1978	EMAIL:	https://www.eahho /artesian-vista/	using.org/apartments
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 53	1305	2xrent	420			
	Bdrm: 53	1305	zxient	420			
Three	Bdrm:						
Four	Bdrm:						YES
RENT INFO: RENT IS 30% OF INCOME: NO  6 units at 30% AMI rent \$783 47 units at 50% AMI rent \$1305 2 handicapped units; food stamp benefit can be used to meet min income requirement and Section 8 holders are not required to meet min. income.		can be used	JTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 6
AGE CRITERIA:	quired to meet min. inc	ome.				ESTIMATE	
All residents must	t be 55 or older		\ <b>\</b> / \ I.T.I	IST FOR PARKING:		TO REMAIN ON V	
		F	PARKING INF		PET INFO	:	PETS OK: NO
]	ASSET LIMITS:		14 parking sta	ills; \$40/ month			
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INFO:			LEASE:		*Confirmation letter is mailed once application is received. Has computer area and community room, no closet in bathroom, walk in shower with grab bars, no tub, has kitchen pantry. Laundry room on every floor.		
INCOME CRITER		•				ocial worker	
30% of AMI: 1 person \$29,250; 2 persons \$33,420 50% of AMI: 1 person \$48,750; 2 persons \$55,700 preference for 30% units given to lowest income (<20%AMI) minimum income is 2x rent				ces, vinyl flooring, linds, a/c. garbage		prox. 9/2006 LIHTC, RHTF, Sec	tion 8
					NO RESP	PONSE IN 2020. LA	AST UPDATE 2019
1-PERSON MAXIM	MUM MONTHLY INCOM	ME:	4062				
2-PERSONS MAXI	IMUM MONTHLY INCO	DME:	4641				

	Last Compl	ete Update:	8/27/2024			AREA:	Palama
PROJECT NAME:	<b>BANYAN STRE</b>	ET MANO	R			PROJECT TYPE:	Family
ADDRESS:	1122 Banyan St.					PHONE: 808-843-0021	
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 376-0042	
	R: Shanted Rivera D: Banyan Street Manor			APPLY ADD 1122 Banya Honolulu HI	n St.		OUT-OF-STATE APPLICATION ACCEPTED:
	•						
APPLY ATTN	I: Shanted Rivera			EMAII		managar@hanyan	atro atmonar aom
APPLY PHONE: 808-843-0021				<b>FAX:</b> 376-0042	EMAIL:	manager@banyans	streetmanor.com
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 12			438		4	
	Bdrm: 42			651	1	6	
	Bdrm:						
Four	Bdrm:						NO
Must respond to d	monthly gross income. communication from man er or be removed from wa		Hot and cold w	rater, Trash, Sewer		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24
AGE CRITERIA:						TO REMAIN ON W	VAITLIST
Head of househol time of application	d must be 18 years or ol			ST FOR PARKING:		CALL EVERY	
			PARKING INFO	O: NO	PET INFO	: F	PETS OK: NO
k	ASSET LIMITS:	NONE					
AN OWN RESII	DENTIAL PROPERTY:				GENERAL		
AGGET EIIVITT INI	<u>.                                    </u>		LEASE: 1 Year		Send requences	n: ligement to mail it or liest with self-addres om manager's office	ssed stamped
INCOME CRITER	IA:				NO RESP	ONSE IN 2023.	
Maximum Annual Income 1 person: \$48,744 2 ppl: \$55,700 3 ppl: \$62,650 4 ppl: \$69,600			FURNISHED: Partly furnishe appliances onl			ed 8/24/2024. ent has changed fro Rivera	om Jodie Sakai to
I-PERSON MAXIN	MUM MONTHLY INCOMI	E:	4062		J		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ИE:	4642				

			lete Update:	8/1/2024			AREA:	
PROJECT NAME:	BIRC	H STREE	T APARTM	ENTS			PROJECT TYPE:	Family
ADDRESS:	916 Birc	h St.					PHONE: 808-59	
CITY:	Honolulu	J.	STATE: HI	ZIP:	96814		<b>FAX</b> : 589-28	97
MANAGER	: Reside	nt Manager			APPLY AD 916 Birch S			OUT-OF-STATE
APPLY TO	: Birch S	Street Apartmer	nts		Honolulu, F			APPLICATION ACCEPTED:
APPLY ATTN: Resident Manager						EMAIL.	https://www.aahhaa	YES
APPLY PHONE	: 808-73	8-3100			<b>FAX:</b> 735-1978		https://www.eannoi	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:							
Two E	3drm:	52	1879	2	600			YES
Four B								YES
RENT INFO: RE Section 8 certificat gross income requ	te holders			UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 0
AGE CRITERIA:							TO REMAIN ON V	VAITLIST
Head of household	d must be	e 18 years or ol	der	WAITL	IST FOR PARKING:		CALL EVERY	(Months):
				PARKING INF	O: NO	PET INFO:		PETS OK: NO
	AS	SSET LIMITS:		free				
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO	0:			LEASE:		Funding: L	IHTC, RHTF	
				1 year		Application Download	ns: from website	
INCOME CRITERI								
Maximum Yearly II 1 person \$58,500 2 persons \$66,840 3 persons \$75,180 4 persons \$83,520	) )			FURNISHED: Partly furnishe appliances on				
-PERSON MAXIM	IUM MOI	NTHLY INCOM	E:	4875		<u> </u>		

	Las	t Complete	Update:	8/27/2024			AREA:	Chinatown	
PROJECT NAME:	<b>CHINATO</b>	WN GA	TEWAY	PLAZA			PROJECT TYPE:	Family	
ADDRESS:	, 1031 Nuuanu <i>A</i>	Ave.					PHONE: 808-524	1-3737	
OITY	<u> </u>		NTATE	710			FAX: 528-529	99	
CITY:	Honolulu	`	STATE: HI	ZIP:	96817		-		
	: Nua Vaovasa Sheng Huang Randeatte Mr : Hawaiian Affo	, Resident i	nanager ertv Manager	APPLY ADDRESS: Chinatown Gateway Pla 1031 Nuuanu Avenue Honolulu, Hawaii 96817			1	OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY PHONE	: 808-524-3737	,		F.	AX:		shenh@hawaiiaffor https://www.chinatc	dable.com wngatewayplaza.co	
Unit	Type: Num of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 1		1100	2050	500	1	2	YES	
One I	<b>3drm:</b> 19	9	1200	2160	555	1	3	YES	
Two I	3drm:								
Three I	3drm:								
Four I	3drm:							YES	
RENT INFO: RENT IS 30% OF INCOME: NO  Rent posted is the low rent of a range.  1 Bedroom - 60% AMI - \$1200; 80% AMI - \$1300; 120% AMI - \$1400; 140% AMI - (Market) \$1500. accept section 8			.MI -	UTILITIES INCLUDED: Water + Sewer			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6	
AGE CRITERIA:							TO REMAIN ON W		
Head of household time of application		ars or older		_	FOR PARKING:		CALL EVERY		
				PARKING INFO: Parking starts at	\$150 mo	PET INFO: PETS OK: NO  Service animals need reasonable accomidation			
1	ASSET L	IMITS: NO	ONE	(maybe depends amount.)		request			
AN OWN RESIDE		ERTY: YE	S				NERAL INFO:		
Impeeded income is counted				Rent			ng in the City Housi sistance Program. n deck with bbq grill		
INCOME CRITERI	A:			,					
60% AMI \$5 80% AMI 7 120% AMI 1	52,920 \$60,48 70,500 80,60 105,800 120,9	on 3 perso 80 \$68,040 00 90,650 900 136,00 050 158,70	00	FURNISHED:  Partly furnishedmajor appliances only. Carpet or tile. Washer/dryer in each unit					
1-PERSON MAXIM	UM MONTHLY	INCOME:		,		į.			

		Last Comp	lete Update:	4/12/2024			AREA:	Chinatown
PROJECT NAME:	CHIN	ATOWN I	MANOR				PROJECT TYPE:	Family
ADDRESS:	175 Nor	th Hotel St.					PHONE: 808-545	5-1996
CITY:	Honoluli	u	STATE: HI	I ZIP: 96817			<b>FAX:</b> 536-680	08
MANAGER	: Susan	Chen			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	: Chinate	own Manor						APPLICATION ACCEPTED:
APPLY ATTN	: Winnie	Louie						YES
APPLY PHONE	: 808-54	5-1996		F	FAX: 536-6808	EMAIL: \	vinniel@hawaiiaffo	rdable.com
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	89	612	2.5x rent	310	1	2	YES
One I	3drm:							
Two I	3drm:							
Three I	3drm:							
Four I	Bdrm:							NO
RENT INFO: RE 310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to c in a timely manner	ommunic	cation from mar	nagement	UTILITIES INCLU			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6 AIT LIST (Months):
AGE CRITERIA: Head of household	d must be	e 18 vears or o	der at the				TO REMAIN ON W CALL EVERY	
time of application		<b>,</b>		PARKING INFO:		PET INFO:	F	PETS OK: NO
	AS	SSET LIMITS:	NONE	Parking not avail	lable			
AN OWN RESID		PROPERTY:	YES			GENERAL	INFO:	
ASSET LIMIT INF	0:			LEASE:		.	open until decision	
				1 year			ndry facility and co 2 adults only	mmunity room
NCOME CRITERI	A:			,				
Maximum Annual 2 persons - \$66,84	Income:	1 person - 58,	500	FURNISHED:  Partly furnished- appliances only,				
-PERSON MAXIM		NTHLY INCOM		4875				

	Last Comp	lete Update:	7/27/2023				Ewa
DDO IECT NAME.					DEDI	AREA: PROJECT TYPE:	
	D.E. THOMPSO	JN VILLA	GE (EWA V	ILLAGE ELI	DEKL		
ADDRESS:	91-1295 Renton Rd.					PHONE: 808-681	
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		<b>FAX</b> : 681-496	50
ı	,	,					
MANAGER	: Susan Lee, EAH			APPLY A	DDRESS:		
						OUT-OF-STATE APPLICATION	
APPLY TO	: Closed for application						ACCEPTED:
APPLY ATTN	•						YES
A	•				EMAIL:		
APPLY PHONE	: 808-681-4960			FAX:	LWAL.		
			Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
	tudia		Required.		oi People	People.	
	tudio:						YES
	Bdrm: 84	0		600	1	3	TES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						NO
rent is 30% to a m allowance = \$100° Deposit is based or responsible for up	NT IS 30% OF INCOME aximum of \$1165 minus of the second of	s \$68 utility are	UTILITIES INC Water; \$68 utili Utility Allowanc		nge	MINIMUM W ESTIMATE MAXIMUM W	(Months): 24 AIT LIST
J			Į.			ESTIMATE	(Months):
AGE CRITERIA:	spouse, must be 62 year	ars or				TO REMAIN ON W CALL EVERY	
older, or disabled	(section 515). If disable	d, please	WAITLI PARKING INFO	ST FOR PARKING	E PET INFO		PETS OK: YES
	note (disability does not opy of SSI/SSDI benefit		Parking include	1.10		nimal only, with MD	Р.
ja.	ASSET LIMITS:	VEC				•	,
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO		1120	I EASE:			ed in 2023. Acc units	: 7 total, 5 for
income from assets cannot put applicant over income			1 year wheelc hearing Caregio outside			elchair w/ 1 for sight impairment, 2 for ing impairment. Priority given to 30% AMI. egivers are allowed with MD letter; can work ide home. If elderly tenant dies, under age pouse may rent unit, must be income	
INCOME CRITERI	IA:				eligible. F	unding: Farmers Ho	me
	Tenant must have adec nt to afford own basic liv lectric, etc.)	Partly furnishedmajor appliances only, vinyl opened on waitlis			stration. CCH Shopping van available, d 1992. Must respond to communication anagement in a timely manner to remain dist.  8/27/24, no response		
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4575				

Printed: 9/10/2024 Page: 12

	Last Com	plete Update:	4/12/2024			AREA:	Ewa
PROJECT NAME:	FRANCISCAN	VISTAS E	WA			PROJECT TYPE:	Elderly
ADDRESS:	91-1471 Miula St.					PHONE: 808-681	I-4000
						FAX: 681-400	)1
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		,	
MANAGER:	: Community Director	- Geraldine Bare	ng	APPLY AD			
APPLY TO:	: Franciscan Vistas Ev	wa		91-1471 Mi Ewa Beach	ula St, 7000 , HI 96706		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Attn: Leasing Office						YES
APPLY PHONE	808-681-4000			<b>FAX:</b> 681-4001	EMAIL:	assistant@Francisowww.Franciscanvis	
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
St One E	audio: 126	1290	2Xrent	530	1	n/a	
Two E							
		1512	2Xrent	750	1	n/a	
Three E							
Four E	sarm:		ļ				YES
RENT INFO: REN	NT IS 30% OF INCOM	IE: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 149
w/\$664 rent with m	s w/\$571 rent and 2 - 2 iinimum income requir n. income not needed	ement of	Water, Sewer	+ Trash		MINIMUM W ESTIMATE	AIT LIST
	income may include F					MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
62 years of age at applicants.	the time of application	and for all	WAITLI	IST FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO	1.25	PET INFO		PETS OK: NO
Į			Parking based 102 stalls total	l on availability, l	Service ar	nimals ok	
	ASSET LIMITS:				]		
AN OWN RESID	ENTIAL PROPERTY:	YES			GENERAL	. INFO: :: Community cente	r that includes
Assets are taken in	nto consideration in de	termining	LEASE:		gathering	room, kitchen, activ	rity & learning
income eligibility.			1 year			ess room, salon and each building.	nap pool. On-site
INCOME ODITEDI	Δ.					30% AMGI, 1 unit (	@ 50% AMGI
30% AMI - 1 perso	A: n - max - \$27,510, 2 p	erson max -	FURNISHED:		Applicatio		
\$31,440 60% AMI - 1 perso	n - max - \$52,880, 2 p	erson -	Each unit has		www.Fran	ri. ciscanvistasewa.co gement to mail it	m
max - \$55,020	. ,,		refrigerator, disconditioner, ar	sposai, air nd walk in shower.		om manager's office	9
1-PERSON MAXIM	UM MONTHI Y INCOM	ΛF·	4410				

Printed: 9/10/2024 Page: 13

	Last Comp	olete Update:	11/2/2021			AREA	Aiea
ROJECT NAME:	HALAWA VIEV	N				PROJECT TYPE	: Family
ADDRESS:	99-009 Kalaloa St.					PHONE: 808-48	88-3613
CITY:	Aiea	STATE: HI	ZIP:	96701		<b>FAX</b> : 486-61	50
	R: Tammy K. Lopez D: Halawa View Apts.			APPLY AD 99-009 Kal Aiea HI 96	aloa St.		OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN	N: Management Office						NO
APPLY PHONE	<b>≣:</b> 808-488-3613		F	<b>AX:</b> 486-6150	EMAIL:	tammy@pacificdg	.com
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:						
	Bdrm: 52	0		630	1	5	YES
Three	Bdrm: 56	0		840	3	7	YES
Four	Bdrm: 12	0		1080	4	9	YES
Limited number o Two bdrm: \$948 - Three bdrm: \$105 Four bdrm: \$1147 Updates not requi	· \$1500 maximum. 53 - \$1850 maximum. 7- \$2000- maximum ired to remain on waitlis	t unless	Electricity, gas an	nd water		MINIMUM V ESTIMATE MAXIMUM V	E (Months): 12  VAIT LIST  E (Months): 18  WAITLIST
			PARKING INFO:	FOR PARKING NO : waitlist only	PET INFO	):	PETS OK: NO
AN OWN DECU	ASSET LIMITS: DENTIAL PROPERTY:		when asking for 2		GENERAL	INFO	
ASSET LIMIT INF			LEASE:  1 year; then mon	th-to-month	OPEN FO - mdihaw - pick up	OR APPLICATIONS	fice
NCOME CRITER			-				
persons: \$27,850	ec. 8 units: 2 persons: \$; 4 persons: \$30,900 and 60% 2014 HHFDC		Partly furnished- appliances only.	-major			

Printed: 9/10/2024 Page: 14

		Last Comp	lete Update:	5/7/2024				AREA:	Kalaeloa
PROJECT NAME:	HALE	HA'I KA'	OPUA (Bu	uilding 37	<b>'</b> )			PROJECT TYPE:	Family
		37, 91-1039 S	-					PHONE: 808-682	<u>r</u> 2-1949
CITY:	Kapolei		STATE: HI	ZIP:		96707		<b>FAX</b> : 682-197	70
	rapolei		0.7.12.			90101			
	Rtaylor	@Cantwell-An 3 Yorktown St.	tor of Property I derson.com	-	apolei	APPLY ADI 91-1078 Yo Kapolei HI S	orktown St.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	I: Cloudbr	eak Hawaii, L	LC / Attn: Leasi	ng Team					_
APPLY PHONE	: 808-682	2-1949			FAX	: 682-1970	(	CloudbreakCommu CloudbreakHawaii@	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	38	825	1.5 x rer	nt	221	1	1	
One I	Bdrm:								
	Bdrm:								
Three I	!				_				
Four I	Bdrm:						J		YES
RENT INFO: RE	NT IS 30%	% OF INCOME	: NO	UTILITIES II	NCLUDE	:D:		TOTA	L UNITS: 38
\$825 deposit and units are single ro	om occup	ancy. Affordal	le housing	Water, elect	ric, sewe	er, trash		MINIMUM W. ESTIMATE	(14 (15)
for independent si	ngle veter	ans or others.						MAXIMUM W	
				Į.				ESTIMATE	
AGE CRITERIA: Single, adult and/o	or veteran	<u> </u>						TO REMAIN ON W CALL EVERY	
Orngio, addit and/o	or veteran	3		WAIT PARKING IN	_	OR PARKING:	PET INFO:		PETS OK: NO
				1 stall per u		INO			i i i
	AS	SET LIMITS:							
AN OWN RESIDE		PROPERTY:					GENERAL		
ASSET LIMIT INFO	<u>U:</u>			LEASE:		ath to sociath	Communit	y Kitchen, Commur y coin-laundry area	s, Vending
				thereafter	ase, mo	nth to month		walk-up stairway.	
							Application Request by	y email to:	Andaman and
Applicant must ma		nes the rent a	nd be able	FURNISHE	):		Ask manag	kHawaii@Cantwell- gement to email ove	
to sustain rental a				Fully furnish shower and available	ed, AC,		application		
1-PERSON MAXIM				0			]		

	La	st Comple	te Update:	6/30/2023			AREA:	Ala Moana
PROJECT NAME	HALEKE	=WALO	ΔΡΔΡΤΙ	MENTS (CI	osed for appl	licati F	PROJECT TYPE:	,
	450 Piikoi St.	LVVALO	AI AITI		oseu for appi		PHONE: 808-589	
ADDITION.	430 T IIKOT St.						FAX: 589-18	
CITY:	Honolulu		STATE: HI	ZIP:	96914		1 AX.   309-10	+1
MANAGER	: Hawaii Affor	dable Prop	erties, Inc.		APPLY ADI	DRESS:		
APPLY TO	):					o Apartments t. Suite 101 Hor l4	nolulu,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 808-589-184	15 x15			FAX:	EMAIL: ht	ttps://www.haleke	walo.com/
Unit		mber NITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:		0					
		27	1116		530	1	2	
Three		71	1612		1071	5	7	
Four		29	1841					YES
				,		,	,	120
RENT INFO: RE	NT IS 30% OF	INCOME:	NO	UTILITIES INC		_	TOTA	AL UNITS: 127
30% AMI 1 Bdrm \$656 (7 ap 50%AMI	•	, ,		Solar Hot Wat Trash Collecti	er Heating, Sewer, on, and water		MINIMUM W ESTIMATE	
1 Bdrm \$ 1,116 (2 60% AMI	• /-						MAXIMUM W ESTIMATE	
AGE CRITERIA:						Т	O REMAIN ON V	
One person in the older	household mu	ıst be 18 ye	ears or	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 0
				PARKING INF	O:	PET INFO:		PETS OK: YES
J.	ASSET	LIMITS:				weighing no	ne: (1)small to me more than 25 lbs al water fish in tan	s; (2) small cat; (3)
AN OWN RESID		PERTY:				GENERAL II		
ASSET LIMIT INF	O:			LEASE:		Standford C	sed for application carr Development olulu 96813 808-	- 1100 Alakea
INCOME CRITER	IA:						s pay for utilities able, and internet	
Income Limit AMI 30%	50%	60%		FURNISHED:		Rents and I	ncome are subjec	ct to change
1 person \$27,45 2 persons \$31,35	50 \$45,750 50 \$52,250	N/A \$62,700				Application		
3 persons \$35,28 4 persons \$39,18						Called 8/27/	24, no response	
I-PERSON MAXIM	IUM MONTHL'	Y INCOME	:	0		J.		
2-PERSONS MAXI	MUM MONTH	LY INCOM	E:	0				

	Last Comple	ete Update:	1/21/2022			AREA:	Waipahu
PROJECT NAME:	HALE KUHA'O	Weinberg			PR	OJECT TYPE:	Family
ADDRESS:	94-909 Kau'olu Pl.				PH	FAX: 678-088	
CITY:	Waipahu	STATE: HI	ZIP:	96797		170.  070-000	
	R: Marisa Olmeda-Macias D: 1-800-466-7722 - Trish Macias 702-259-1903	-	or Marisa Olme	St Paul MN	sity Ave. West, #3	330	OUT-OF-STAT APPLICATION ACCEPTED: YES
APPLY ATTN	i: E: 808-678-0892		F	FAX: 651-209-662		sing@accessibl	
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	itudio:						VEC
	Bdrm: 18			773		2	YES
Three				773			
Four	Bdrm:						
RENT INFO: RE	ENT IS 30% OF INCOME		JTILITIES INCLI Vater	UDED:		TOTA MINIMUM WA ESTIMATE MAXIMUM WA ESTIMATE	(Months): 12
AGE CRITERIA:					то	REMAIN ON W	AITLIST
Head of househol have a qualifying	d must be 18 years or old disability.	Р	WAITLIS PARKING INFO: Minimum parkin	11.0	PET INFO:	CALL EVERY	(Months): YES
	ASSET LIMITS: DENTIAL PROPERTY:	NO			GENERAL INF		
ASSET LIMIT INF	O:		EASE:		entertainment units, height-a opened in 200	w/ bbq, roll in sh center, ceiling f djustable work s 0 Section 811/PF	an, window a/c stations
INCOME CRITER					COS and Res	Manager are of caretaker and s	f-site site liasison
Maximum annual 1 person \$36,650; \$47,100; 4 person	; 2 persons \$41,850; 3 pe		URNISHED:			SE IN 2021 - La	
					Called 8/27/20	024, No respons	e.
 1-PERSON MAXIM	NUM MONTHLY INCOME	<u> </u>			]		

	Last Comple	ete Undate:	1/21/2022				Ta:
				4 A A S E D TINI A		AREA:	Aiea
	HALE LAULIMA	(HPHA-I6	e) - NO I	ACCEPTING A		PROJECT TYPE:	Family
ADDRESS:	99-132 kohomua St				'	PHONE: 808-483	
CITY:	Aiea	STATE: HI	ZIP:	96701		<b>FAX</b> : 483-255	2
MANAGER APPLY TO	R: Marissa Chai D: HPHA NOT ACCEPTING APF	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCEF	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications offic						NO
APPLY PHONE	NOT ACCEPTING APF	PLICATIONS		<b>FAX</b> : 832-3461	<b>EMAIL</b> : իր	bhaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm:						
	Bdrm: 20			771	2	6	YES
Three	Bdrm: 16			893	3	8	163
Minimum Rent: \$0 the waitlist are to change or check t	ENT IS 30% OF INCOME:  O. All HPHA applicants we go to: hpha.myhousing.co.  cheir status. A username ed to access their accour	ho are on om to and	UTILITIES INC Water and allo	CLUDED: owance for electricity	Т	TOTA  MINIMUM WA ESTIMATE (  MAXIMUM WA ESTIMATE (  O REMAIN ON W	(Months): 36 AIT LIST (Months): 60
Head of househole	d must be 18 years or old	ler	WAITLI	IST FOR PARKING:		CALL EVERY	(Months):
	ACCET LIMITO.	NONE	PARKING INF	O:	the categorie	P nals ok, but only c es listed below: der 25 lbs) or cat	
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL IN		
ASSET LIMIT INF	'O:		LEASE:		PREFEREN	CES: Domestic V transitional shelte	
INCOME CRITER	IA:				All convictio	d Low Inc Pub Hs	ago, unless it's
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances on		Crystal meth	amphetamine or s	sex offender
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		p.		
2-PERSONS MAXI	IMUM MONTHLY INCOM	IE:	5220				

	Last Compl	ete Update:	8/28/2024			AREA:	Moiliili
PROJECT NAME:	HALE MAKANA	A O MOILIII	LI			PROJECT TYPE:	Elderly
	2139 Algaroba St.					PHONE: (808) 20	01-9921
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX:	
MANAGER	: Harvey Mendosa, Pro	perty Manager		APPLY ADD	DRESS: ne Avenue, Suit	te 200	OUT-OF-STATE
APPLY TO	: 2139 Algaroba St. mdihawaii.com/moiliili			Honolulu, HI		200,	APPLICATION ACCEPTED: YES
APPLY ATTN	l:						123
APPLY PHONE	: 808-735-9099		F	FAX: 781-292-3427		ndihawaii.com/moi	iliili
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 80	962		262	1	2	
One E	Bdrm: 25	1024		452	1	3	
Two E	Bdrm:	0					
Three E	Bdrm:	0					
Four I	Bdrm:	0					YES
30%AMI Studio (4 50% AMI Studio (7 60% AMI Studio (4 30%AMI One bdrn 50%AMI One bdrn	72 units) \$962; 4 units) \$1166 n (2 units) \$587; n (20 units) \$1024;		UTILITIES INCLI water, sewer, tra			TOTA  MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON W CALL EVERY	(Months): 12  AIT LIST (Months): 44  /AITLIST
			PARKING INFO:		PET INFO:	F	PETS OK: NO
<u> </u>	ASSET LIMITS:		Parking currently waitlist. Only end 125 units		Service ani documenta	mals are allowed v tion.	vith proper
	DENTIAL PROPERTY:	YES			GENERAL I	INFO:	
As long as earning	O: gs does not go over max	threshold	LEASE: 1 year		on-site. Roof top sp Apply direct	om and community pace for residents. etly online, goes to	
INCOME CRITERI	IA:		FURNISHED: partly Furnished appliances only, shower.		manager. Fob neede	d for all community	/ rooms.
	IUM MONTHLY INCOM		4575		ļ		

	Last Comple	te Update:	2/7/2022			AREA:	Nanakuli
PROJECT NAME:	HALE MAKANA	O'NANAK	KULI			PROJECT TYPE:	
	89-201 Lepeka Ave.		<u> </u>				)-9037, 808-754-75
						FAX: 620-903	
CITY:	Wai'anae	STATE: HI	ZIP:	96792		,	
MANAGER	R: Annie Au Hoon, Reside	nt Manager, Ma	ırk Developmer	nt, Inc. <b>APPLY ADD</b> Main Office	RESS:		OUT-OF-STATE
APPLY TO	): Hale Makana O'Nanaku	ıli			ka Ave., E101	I	APPLICATION ACCEPTED:
				vvai ailae i ii	90792		YES
APPLY ATTN	I: Application Division						
APPLY PHONE	: 808-735-9099, then 1			FAX: 781-295-3427	•	www.mdihawaii.con anniea@mdihawaii.	.com
Unit	: Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:						
One I	Bdrm: 15	0			1	3	
Two E	Bdrm: 8	0			2	5	
Three I	Bdrm: 24	0			3	7	
Four I	Bdrm:						YES
RENT INFO: RE	NT IS 30% OF INCOME:	YES	UTILITIES INC	:LUDED:		TOTA	L UNITS: 48
Rents are approximand credit checks	mately 30% of income. Ba	ackground	Water; utility a	llowance		MINIMUM W	AIT LIST
	a.e aee.					ESTIMATE	(Months): 24
						MAXIMUM W. ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	į.
	d must be of adult age at lti-family Complex include		WAITLI	ST FOR PARKING:		CALL EVERY	(Months): 12
residents of all age			PARKING INFO		PET INFO:		PETS OK: NO
Į.			Adequate park who can show	king for all tenants valid driver's	Accomada animal	tion considered for	verifiable service
	ASSET LIMITS:		license, curren	nt car registration, and insurance.	J		
AN OWN RESID	DENTIAL PROPERTY: 1	NO			GENERAL	INFO: RHTF, LIHTC, USD	A PD ront againt
ACCET ENVIT II VI	<u> </u>		LEASE:		Resident r	manager onsite	A ND Territ assist.
			1 year Recertification	annually		nmunity loor handicaped un	its (2-2-bdrm, 1-
]						ng, ramps.	
INCOME CRITERI						n available at www.i units are ADA for he	
	1,120 \$28,160		FURNISHED: Stove, Refrige	rator	impaired a	and these are on the	e 2nd floor.
	4,120 \$32,160 7,150 \$36,200		are re, riemige		NO RESP update 5/2	ONSE in 2021. Las	st completed
	0,150 \$40,200 2,580 \$43,440				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·= <del>·</del> ·	
1-PERSON MAXIM	IUM MONTHLY INCOME	:	2346				

Printed: 9/10/2024 Page: 20

	Last Com	plete Update:	8/28/2024			AREA:	Kapolei
PROJECT NAME:	HALE MOEN	A KUPUNA				PROJECT TYPE:	Elderly
ADDRESS:	1020 Wakea St.					PHONE: 808-466	6-0801
CITY:	Kapolei	STATE: HI	ZIP:	96707		<b>FAX</b> : 466-080	)2
APPLY TO	: Erica King-Schreur, The Micheals Orgar : Manager's Office		er	APPLY AD 1020 Wake Kapolei, HI	a Street, Suite	110,	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN				<b>FAX:</b> 466-0802		Vebsite: www.oahu Email: HMK@tmo.o	useniorrentals.com com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 28	1258	2.5x rent	350	1	2	
One I	<b>Bdrm:</b> 109	1417		540	1	3	
Two I	Bdrm: 21	1701		765	1	5	
Three I	Bdrm:						
Four I	Bdrm:						NO
Section 8 accepte Non-refundable ap money order (no c \$500-\$1000 Secur order (no cash or c	oplication fee of \$30 in ash). rity Deposit in check o	check or r money	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6 AIT LIST (Months): 6
Applicants must be	e 55 or older.		\A/A I <del>T</del> I I	IOT FOR RADICINO		TO REMAIN ON W CALL EVERY	
			PARKING INF	IST FOR PARKING: O: NO	PET INFO:	F	PETS OK: YES
AN OWN RESID	ASSET LIMITS		come, first ser is ample stree	uded on a first ved basis. There		r apartment with a reight limit of 30lbs	\$350 one-time pet
ASSET LIMIT INFO			LEASE:			wers and grab bars ows that open; Bre	
Assests will be ver	rified.		6 month for tal section 8 voud	x credit, 1 year for cher	Undercabir Lobby, Tras Covered Pa	net lighting; sh Chute,TV Loung	ge d stalls), 9,166 Sq.
INCOME CRITERI					the propert	y I elevators, walkab	le neighborhood;
Maximums: 30% 1 persons \$29, 2 persons 33,4 3 persons 37,5 4 persons 41,7 5 persons 45,1	250 \$53,625 \$58,5 20 61,270 66,84 90 n/a 75,18 60 n/a 83,52	500 60 0		t building, window le disposal, high	on-site mgi building aci Security ca laundry;24- Trash room	mt, community gar	den, controlled areas; on-site
1-PERSON MAXIM	IUM MONTHLY INCO	ME:	0		8.28.2024		

Printed: 9/10/2024 Page: 21

		Last Comp	lete Update:				AREA:	Kapolei
PROJECT NAME:	HALE	MOENA	OHANA				PROJECT TYPE:	Family
ADDRESS:	1055 Alo	hikea St.					PHONE: (808) 46	
CITY:	Kapolei		STATE: HI	ZIP:	96707		<b>FAX</b> : 808-466	6-0802
	The Mid	ing-Schreur, C cheals Organiz oena Ohana	Community Managration	ger	Hale Mo	ADDRESS: ena Ohana bhikea Street #11	0	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	:				.,			YES
APPLY PHONE	: (808) 40	66-0801			<b>FAX:</b> 808-466-0		: hmo@tmo.com	
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:		1280					
One E			1375					
Two E			1656					
Three E			1914					
Four E	3drm:				J	J		NO
RENT INFO: REI \$30 per adult appli certified bank chec \$99-\$1000 Securit (security deposit d screening).	icant (mo ck, no cas y Deposi	ney order or sh). t due at Move-	in	UTILITIES INC	JEUDED:		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
AGE CRITERIA:							TO REMAIN ON W	
					IST FOR PARKIN	_	CALL EVERY	
				PARKING INF	0:	PET INFO	pet fee: \$350 cat/do	PETS OK: YES
	۸۹	SSET LIMITS:					breed restrictions a	
AN OWN RESID						GENERAI	L INFO:	
ASSET LIMIT INFO			,	LEASE:		controlled communi	parking garage, laur d access, elevator, tr ty center, lobby, rec ty garden and bike r	rash chute, reational deck,
INCOME CRITERI	A:			<u> </u>				
Max Income: 60% 1 person \$55,0 2 persons 62,88 3 persons 70,74 4 persons 78,60 5 persons 84,90 6 persons 91,20	020 80 40 00 00			FURNISHED:				
-PERSON MAXIM	UM MON	ITHLY INCOM	IE:	4585				

	Last C	complete Update:	8/28/2024			AREA:	Pearl City
PROJECT NAME: H	ALE MOH	ALU II Fami	ly			PROJECT TYPE:	Family
ADDRESS: 78	1 + 779 Kameh	ameha Hwy				PHONE: 808-456	6-9420
CITY: Pe	arl City	STATE: H	ZIP:	96782		FAX: 808-456	6-9406
	sa Esteron, Re BM Group	esident manager		785 Kame	DDRESS: ehameha Hwy., P	Pearl City,	OUT-OF-STATE
APPLY TO: L	ocations			Hawaii 96	782		APPLICATION ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE: 8	08-456-9420			<b>FAX</b> : 456-9406		http://www.location ble-rentals.aspx	srentals.com/afforda
Unit Tyl	of UNITS		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdr		950	2.5x rent	595	1	7	
Three Bdr	m: 42	1325	2.5x rent	751	2	7	
Four Bdr	m:						YES
RENT INFO: RENT  10 2-Bdrm Units at 116 2-Bdrm Units at 42 3-Bdrm Units at	30% AMGI 50% AMGI	SOME. INO	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:			r			TO REMAIN ON V	` / [ 24
No requirements			WAITL	IST FOR PARKING		CALL EVERY	
			PARKING INF		PET INFO:	F	PETS OK: NO
<u> </u>	ASSET LIM	IITS:		ing, 2nd parking s and no chanrge	Emotional documenta	Support/ serivice a ation	nimal with proper
AN OWN RESIDEN	ITIAL PROPER	RTY:			GENERAL	INFO:	
ASSET LIMIT INFO:			LEASE: 1 year, and re year	certification every	4 handicap On-site ma Landscape 2 parking s	anager ed community area stalls with 3 bdrm u	s
INCOME CRITERIA:			1		Visitor parl Application	ns:	
30% of AMI: 1 Persor 50% of AMI: 1 Persor 60% of AMI: 1 Persor	\$42,220, 2 pe	rsons \$48,200		osal, refrigerator, window coverings,	office entra 2020 Upda	oplication box outsi ance) ate - Info from Web ONSE IN 2023. La:	site
1-PERSON MAXIMUM	MONTHLY IN	COME:	3517		-		

Last Complete Update:	8/28/2024	AREA:	Pearl City
PROJECT NAME: HALE MOHALU II SENIC	)R	PROJECT TYPE:	
ADDRESS: 785 Kamehameha Hwy		PHONE: 808-456	§-9420
CITY: Pearl City STATE: HI	ZIP: 96782	<b>FAX</b> : 456-940	06
om promoty	30702		
MANAGER: Lisa Esteron, Resident manager CBM Group	APPLY AD	DRESS: anagement Division, 614	OUT-OF-STATE
APPLY TO: Locations		Ave., Suite 102, Honolulu,	APPLICATION ACCEPTED:
APPLY ATTN:			YES
<b>APPLY PHONE</b> : 808-456-9420	<b>FAX</b> : 456-9406	EMAIL: http://www.locationsble-rentals.aspx	srentals.com/afforda
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	MINIMUM Number of People  MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: 164 1470	2 x rent 432	1 2	
Two Bdrm:			
Three Bdrm:			
Four Bdrm:			YES
RENT INFO: RENT IS 30% OF INCOME: NO	UTILITIES INCLUDED:	TOTA	L UNITS: 164
9 Units - 30%AMI - \$565 130 Units - 60% AMI - \$925	Electricity, water & sewer	MINIMUM W ESTIMATE	
Food stamp &/or housing subsidy (Sect 8) may be used to meet min. income.		MAXIMUM W ESTIMATE	AIT LIST
AGE CRITERIA:		TO REMAIN ON W	
All residents must be 55 and older at occupancy. Applications accepted up to 6 months prior to	WAITLIST FOR PARKING:		
applicant reaching age 55.	PARKING INFO:  Parking available on a first come	PET INFO: F	PETS OK: NO
ASSET LIMITS: NONE	first serve basis.		
AN OWN RESIDENTIAL PROPERTY: YES		GENERAL INFO:	
ASSET LIMIT INFO:	LEASE:	155 unit plus 8 handicap-acce purpose building with activitie	
	6 months - most units 1 year - some units	services; locked entry doors; laundry; two elevators at both convenient to bus and shoppi resident manager. Financed	coin-operated buildings; ng; on site
INCOME CRITERIA:		HHFDC, LIHTC, RHTF, HMM HOME/CDBG	
Maximum Income 1 Person 2 Persons 30% AMI \$26,460/yr \$30,340/yr 60% AMI \$52,920/yr \$60,480/yr	FURNISHED:  Range/oven, garbage disposal, refrigerator/freezer, vinyl flooring, window coverings,air conditioner	Applications: locationsrentals (application box outside of rer 2021 Update - Information fro NO RESPONSE IN 2023. Las update 03/17/2019	ntal office) m Website
1-PERSON MAXIMUM MONTHLY INCOME:	4410	]	

	Last Com	plete Update:	8/28/2024			AREA:	Pearl City	
PROJECT NAME:	HALE MOHAL	U SENIOR	APARTM	ENTS		PROJECT TYPE:	Elderly	
ADDRESS:	800 Third St.					PHONE: 808-456	6-0368	
CITY:	Pearl City	STATE: HI	ZIP:	96782		<b>FAX</b> : 456-0885		
	R: Kristine Tarcenas, F CBM Group D: Hale Mohalu Office	Resident manager		APPLY ADD 800 Third St Pearl City H			OUT-OF-STATE APPLICATION ACCEPTED: YES	
	: 808-456-0368			<b>FAX:</b> 456-0885	EMAIL:	halemohalu@cbmg	group.net	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 43	878	2x rent	420	1	2	YES	
One	<b>Bdrm:</b> 135	898	2x rent	516	1	2	YES	
Two	Bdrm:							
Three	Bdrm:						YES	
132 efficiency one people, \$898mon 32 regular one bed Must respond in a	e bedroom apts, 436 so droom apts \$973/mon timely manner to corr t to remain on the wait	q ft, max 2	UTILITIES INC Water, sewer,			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12 AIT LIST	
AGE CRITERIA:						TO REMAIN ON W	· / [ 30	
	et be 55+; The other m	ember can	PARKING INF	1.10	PET INFO	CALL EVERY	(Months): 0 PETS OK: YES	
]	ASSET LIMITS	: NONE		ded; First come first luaranteed.120		s under 40 lbs, neut license. \$100 pet d		
	DENTIAL PROPERTY	: YES			GENERAL			
mortgage owed) is	erty owned, 2% of the sadded to the annual ets is included w/incom	income.	LEASE:  1 year, then n	nonth to month	outside ho	rs are allowed with Nome. e 5 years landlord hire references		
INCOME CRITERIA:  Min. income = 2x rent w/some flexibility Maximum Annual Income: 50% AMI- 1 person - \$48,750 2 persons- \$55,700 (studio) (efficiency/1bdrm) (60% AMI); \$58,520 2 persons - \$66,840;			FURNISHED:  Partly furnishedmajor appliances only. Ceiling fans, tub			munity room, laundry, bbq area shuttle service andicap accessible units rs for criminal record C + HOME subsidies		
 1-PERSON MAXIM	IUM MONTHLY INCO	ME:	3798		]			

Printed: 9/10/2024 Page: 25

	Last Comp	olete Update:	8/28/2024			AREA:	Pearl City		
PROJECT NAME:	HALE O' HAU	OLI				PROJECT TYPE:	Elderly		
ADDRESS:	950 Luehu St.					PHONE: 808-45	5-4744		
CITY:	Pearl City	STATE: HI	ZIP:	96782		FAX: 455-438	34		
APPLY TO		nager		APPLY ADI On-Site; Ma		Office (#102)	OUT-OF-STATE APPLICATION ACCEPTED: YES		
APPLY ATTN	E: 808-455-4744			<b>FAX:</b> 455-4384	EM	AIL: ohauoli@cmiweb.n www.haleohauoli.c			
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMI Numb of Peo	er Number of	CAREGIVER Allowed:		
	Bdrm: 99	0		497	1	3	YES		
Three	Bdrm: Bdrm:						NO		
	NT IS 30% OF INCOM aximum rent, 30% of in		UTILITIES INC Electricity, water			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24		
	d must be 62 years or can be 18 and older.	older, or	WAITLI	ST FOR PARKING:		TO REMAIN ON V CALL EVERY	VAITLIST (Months): 6		
	ASSET LIMITS:	VES	PARKING INFO		note s	NFO:  I size dogs or cats, but no saying they need a pet. Ideposit depending on rer	Up to two pets,		
	DENTIAL PROPERTY:				GENE	RAL INFO:			
ASSET LIMIT INFO: Assets cannot exceed maximum income  NCOME CRITERIA: None.			LEASE:  1 year; then me	onth-to-month	buslir shopp Mana tour.	outdoor garden and activity rec. center, on busline, beautifully landscaped, close to shopping, on-site laundry Manager on site - Unit #102, call and arrange a tour.			
			FU Se Tr			Funding: Low Income Housing Tax Cre Section 8 Transportation to Shopping available th Catholic Charities Hawaii			

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last	Complete Update:	5/28/2024			AREA:	Chinatown
PROJECT NAME:	HALE PAU	IAHI TOWERS				PROJECT TYPE:	Family
ADDRESS:	155 North Bereta	ania St.				PHONE: 808-532	2-3535
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 532-35	36
MANAGER	R: Michael Johnso Pamela, Ocuup	on, Building manager		APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO		, ,		On-Site			APPLICATION ACCEPTED:
APPLY ATTN	N:						NO
APPLY PHONE	<b>:</b> 808-532-3535			<b>FAX:</b> 532-3536	EMAIL:	n/a	
	t Type: Numbor of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:	_					VEC
	<b>Bdrm:</b> 110	1277	2.5xrent	560	1	3	YES
	<b>Bdrm:</b> 214	1532	2.5x rent	729 - 745	2	5	YES
Three		1771	2.5xrem	937 - 959	3	7	
Four	Bdrm:		J.		J		NO
Must have verifiat Must respond to c in a timely manne	ole residential hist communication fro	ory. m management	Water Sewer Trash pick up			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24
AGE CRITERIA:			-			TO REMAIN ON V	
Head of househol		rs or older at the	WAITI	IST FOR PARKING:		CALL EVERY	
time of application	٦.		PARKING INF		PET INFO	: F	PETS OK: YES
]	ASSET LII	MITS: NONE	\$60/month - 1 \$90/month - 2 below market		Birds and document	Fish, and any other ation.	pets require
AN OWN RESI	DENTIAL PROPE		\$40/mo check	with pro park	GENERAL	. INFO:	
ASSET LIMIT INF	O:	·	LEASE:		Applicatio	n: agement to mail it	
			1 year, month	to month	Send requence send requestions	uest with self addresuest by faxom manger's office	ssed stamped
INCOME CRITER	IA:				Fully equi	pped Laundry Roon coms, sprinkler/smo	
Maximum Annual person - \$77,950 \$100250; 4 person \$120,300; 6 person \$138,100; 8 person	2 persons - \$89,1 ns - \$111350; 5 p ons - \$122,200; 7	00; 3 persons - ersons -	Partly furnishe appliances on drapes, garba	ly. Tub, carpet,		garden area	
I 1-PERSON MAXIM	MUM MONTHLY II	NCOME:	5642		1		
2-PERSONS MAXI	IMUM MONTHLY	INCOME:	6446				

	La	st Comp	lete Update:	8/29/2024			AREA:	Lanakila
PROJECT NAME:	HALE PO	1 - IA'C	NOT ACCE	PTING A	PPLICATIONS	3	PROJECT TYPE:	Elderly
ADDRESS:	1001 North S	chool St.					PHONE: 808-832	2-3445
							FAX: 832-179	95
CITY:	Honolulu		STATE: HI	ZIP:	96817		,	
MANAGER	t: Joseph Bax	a, Resider	nt Manager		APPLY AD Apply On-S			OUT-OF-STATE
APPLY TO	): Hawaii Affor	dable Pro	perties Inc.		.,,			APPLICATION ACCEPTED: YES
APPLY ATTN	I: Joanna Li					EMAII -	http://hawaiiafforda	-
APPLY PHONE	: 808-832-344	15			<b>FAX</b> : 832-1795		properties/	ole.com/residential-
Unit		mber INITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	80	170	NO	390	1	2	YES
One I	Bdrm: 1	126	195	NO	544	2	2	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Rent is 30% of inc 1bdrm \$195. All h floor Security Deposit e **********WL CLOS	come with stud nandicapped un equal to 1 mon	lio minimu nits are or th's rent.	m of \$170,	Electricity,wat			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 60 AIT LIST
AGE CRITERIA:			- 55				TO REMAIN ON W	
One member mus (Caregivers must l		ise must t	06 55+.		IST FOR PARKING:			
				PARKING INF	1.10	PET INFO	imal with proper do	PETS OK: NO
ı	ASSET	LIMITS:	YES	parking in bac		0011100 0		
AN OWN RESID						GENERAL	. INFO:	
ASSET LIMIT INFO				LEASE:			s are allowed with M	
1 person: \$38,60 2 people: \$44,100				1 year; renew following rece		move to a the 1st flo Yearly inc	s, spouse may rema studio unit. 18 han or. ome recertification multi-purpose room	dicap units all on
INCOME CRITERI	IA:					Transport	ation to Shopping av	
Maximum Annual 2 persons - \$52,40		son - \$45,	850	Partly furnish appliances or	edmajor	Must resp managem waitlist.	ond to communicati ent iin a timely man ty laundry room	
1-PERSON MAXIM	IUM MONTHL	Y INCOM	E:	2858				

Printed: 9/10/2024 Page: 28

		Last Compl	ete Update:	8/28/2024			AREA:	Barbers Point	
PROJECT NAME:	HAL	E UHIWAI	NALU (Bu	uildings 34	l and 35)		PROJECT TYPE:	Single Veterans	
ADDRESS:	91-1078	8 Yorktown St.	•				PHONE: 808-682	2-1949	
CITY			STATE: HI	7ID. F	20707		FAX: 682-197	70	
GIT:	Kapolei		STATE: HI	ZIP:	96707		·		
	RTaylo	lle Taylor, Direct or@Cantwell-An 78 Yorktown St. ei HI 96707		Management	APPLY AD 91-1078 Yo Kapolei HI On-site dro	orktown St. 96707		OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Cloudl	break Hawaii LL	C / Leasing Te	am				YES	
APPLY PHONE	: 682-19	949			<b>FAX</b> : 682-1970		CloudbreakCommu CloudbreakHawaii@		
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
St	udio:	80 / 50	1375	1.5 x rent	208-374	1	1		
One E	3drm:								
Two E	3drm:								
Three E	3drm:								
Four E	3drm:							NO	
RENT INFO: REI A clean + sober er \$1200 - \$1350			: NO	UTILITIES INC	CLUDED: r, sewer, trash		TOTA MINIMUM W	L UNITS: 130	
Bldg 34 - 80 units; Accept HUD VASH subsidies. All units	d vouches are sir	er and other rent ngle room occup					ESTIMATE  MAXIMUM W  ESTIMATE	AIT LIST	
AGE CRITERIA:							TO REMAIN ON W		
SINGLE ADULT V 18+ and live indep				WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6	
To raila iive iiiaep	ondoning	,		PARKING INF	1.10	PET INFO:	F	PETS OK: NO	
]	Δ	SSET LIMITS:		1 stall per uni serve	t, first come first				
AN OWN RESID			YES			GENERAL	INFO:		
ASSET LIMIT INFO	D:	-		LEASE:			RHTF, Formerly US	S Vets	
\$50,000			1 year, month	to month	5 handica Case Man	Opened in August 2001 5 handicap units Case Management Services, Coin laundry, Vending machines, Elevator			
INCOME CRITERI	A:			•		Application	n: udbreakHawaii@Ca	antwell-	
Affordable housing \$250 - \$84,600 per		Depending on su	bsidy type)	FURNISHED:	ed, building 34	Anderson.	com	antwen-	
State guideline for	,		, , , , ,	comes with m	ed, building 34 nicrowave, stovetop x, Building 35 full ven and icebox	Updated 8	anagement to email it at 8/28/2024 ations are fgood for 90 days		
						, ipplication	· g = · · · · · · · · · · · · · · · · ·	- · <b>, -</b>	

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	6/19/2024			AREA:	Waianae	
PROJECT NAME:	HALE WAI VIST	ΓΑΙ				PROJECT TYPE:	Family	
ADDRESS:	86-084 Farrington Hwy.					<b>PHONE</b> : 808-696	i-8258	
CITY:	Waianae	STATE: HI	ZIP:	96792	FAX: 696-8258			
	t: Marisela Mora D: Hale Wai Vista			<b>APPLY ADI</b> 86-084 Farr Waianae, H	ington Hwy		OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY ATTN	: Resident Manager's Of	ffice		FAX: 696-8259	EMAIL:	http://www.locationsble-rentals.aspx	srentals.com/afforda	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
One I	Bdrm: 63	1250	1.5 x rent 1.5 x rent	595 751			YES	
5 Two Bdrm (30% 51 Two Bdrm (50' handicap accessib 7 Two Bdrm, end	% AMÍ*) = \$1177 (3 two ble) unit (50% AMI*) = \$1202 AMI*) = \$1374 (1 three b	bdrms are	UTILITIES INC Water and sew own electricity.	ver included; Must pa	ay	TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 1	
AGE CRITERIA: Head of household	d must be 18 years or old		PARKING INF		PET INFO	TO REMAIN ON W CALL EVERY		
	ASSET LIMITS:			ation & insurance additional stalls	GENERAL			
ASSET LIMIT INFO	O:		LEASE: 12 months		Funding: I RHTF Applicatio pick up fro	lawai'i Housing Devo Low Income Housing n: locationsrental.co om manager's office policants are contact	g Tax Credits;	
\$37,590; 4person 50% of AMI: 1pers 3persons \$62,650 60% of AMI: 1pers	; 2persons \$33,420; 3per is\$41,760 son \$48,750; 2persons \$	sons 655,700;			Waitlist applicants are contacted via mail when renewing interest is needed. Locked lobby doors, security cameras, visitor parking, coin-op laundry facility on each floor. Onsite manager's office.			

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Comple	ete Update:	10/18/2021			,	AREA:	Waianae
PROJECT NAME: HALE WAI VIST	ΓΑ ΙΙ			-	PROJECT '	TYPE:	Family
ADDRESS: 86-086 Farrington Hwy.					PHONE: 8	08-696	-8258
CITY: Waianae	STATE: HI	ZIP:	96792		FAX: 6	96-825	9
MANAGER: Barbara Ramos			APPLY AD	DRESS: rington Highway			OUT-OF-STATI
APPLY TO: Locations LLC			Waianae, F				APPLICATION ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE: 808-696-8258			<b>FAX:</b> 696-8259		ttp://www.lo le-rentals.a		rentals.com/afforda
Unit Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIM Numbe Peopl	r of	CAREGIVER Allowed:
Studio:							
Two Bdrm: 99	1177	2.5 x rent	595				
Three Bdrm: 33	1374	2.5 x rent	751				
Four Bdrm:							YES
RENT INFO: RENT IS 30% OF INCOME  (7)Two Bdrm (30% AMI*) = \$677 (83)Two Bdrm (50% AMI*) = \$1177; (11) (60% AMI) end units -= \$1202; 33; 33 3 Bdrm (60% AMI*) = \$1374  * AMI- see income eligibility below		UTILITIES INC Water, sewer,			ESTII MAXIM	IUM WA MATE ( IUM WA	L UNITS: 132 AIT LIST (Months): 1
AGE CRITERIA:	ļ			т	O REMAIN		(Months): 1
Head of household must be 18 years or old	der	WAITLI	IST FOR PARKING:				(Months): 0
		PARKING INF		PET INFO:		Р	ETS OK: NO
ASSET LIMITS:	NONE	1st stall free, a \$50/month	additional stalls	fish ok			
AN OWN RESIDENTIAL PROPERTY:				GENERAL I	NFO:		
ASSET LIMIT INFO:		LEASE: 12 months		Funding: Lo	w Income I	Housing	elopment Corp. g Tax Credits; ive 2 bdrm & 3 3
INCOME CRITERIA:				Application:			
30% of AMI: 1 person \$26,460; 2 persons 550% of AMI: 1 person \$44,100; 2 persons 60% AMI: 1 person 52,920; 2 person \$60,4	\$50,400;	FURNISHED: Stove, Oven, I disposal, blind	Refrigerator only, ls	locationsrer pick up fron	ntal.com n manager's licants are terest is ne	contact eded.	ed via mail when
 1-PERSON MAXIMUM MONTHLY INCOME	 E:	4410					

Last Complete Updat	<b>e</b> : 5/28/2024			AREA:	
ROJECT NAME: HALEIWA SENIOR C	TIZEN HOUSING	G CENTER		PROJECT TYPE:	Elderly
ADDRESS: 66-477 Paalaa Rd.				PHONE: 808-637	7-6455
CITY: Haleiwa STATE:	HI ZIP:	96712		FAX:	
MANAGER: Thomas Dulan, Resident Manag	er	APPLY ADD 1165 Bethel Honolulu, HI	St. 2nd Fl.		OUT-OF-STATE APPLICATION
APPLY TO: Hawaiian Properties					ACCEPTED:
APPLY ATTN:			EMAIL:		
APPLY PHONE: 808-637-6455	FA	<b>AX</b> : 637-7044			
Unit Type: Number of UNITS: RENT	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: 63 0					
Two Bdrm:					
Three Bdrm:					
Four Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: YES  Deposit of market rent - \$885	Water, \$85 utility a			MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
AGE CRITERIA:	r.			ESTIMATE TO REMAIN ON W	
Head of household OR spouse must be 62 years old or mobility-disabled. Family members can be		FOR PARKING:		CALL EVERY	
children. Roommate must be 18+, caregiver must b 18+		NO	PET INFO	: F	PETS OK: NO
ASSET LIMITS: NONE	Parking not includ limited.	led and is			
AN OWN RESIDENTIAL PROPERTY:			GENERAL	. INFO:	
ASSET LIMIT INFO:	LEASE:			100% Section 8 buii pped units	lding
NCOME CRITERIA:					
Follows HUD guidelines.	FURNISHED:  Partly furnishedr appliances only, to shower				
-PERSON MAXIMUM MONTHLY INCOME:	4254		]		

		Last Comple	ete Update:	5/23/2024				AREA:	Kakaako
PROJECT NAME:	HALE	EKAUWIL <i>A</i>	PLACE	APARTME	ENTS		P	ROJECT TYPE:	-
ADDRESS:				7 (1 7 (1 (1 (1)))				PHONE: 808-537	,
			_					FAX:	-3000
CITY:	Honoluli	u	STATE: HI	ZIP:		96813			
MANAGER	: Daniell	e Delgado				APPLY AI			
APPLY TO	: Indigo	Real Estate Ser	vices, Inc.				enter, 665 Haleka nolulu, Hi. 96813	uwila	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Live@l	halekauwilaplac	eapts.com						
		•	·				EMAIL: w	vw.halekauwilapl	aceapts.com
APPLY PHONE	: 808-53	7-9000			FAX:	728-0985		·	·
Unit	Type:	Number		Minimum			MINIMUM	MAXIMUM	CAREGIVER
	. , p o .	of UNITS:	RENT:	INCOME Required:		SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:	26	1329	2 x Rent		396	1	2	
One I	3drm:	72	1410	2 x Rent		535	1	3	
Two E	3drm:	82	1660	2 x Rent		684	2	5	
Three I	3drm:	18	1889	2 x Rent		1511	4	7	
Four I	Bdrm:	0	0						YES
RENT INFO: RE				UTILITIES IN			_	TOTA	AL UNITS: 204
Call for availability Based on 60% AM	II; Credit	score between	350 - 624	\$60 - Internet		•		MINIMUM W ESTIMATE	
may be approved score of 774 & ear	ns 4 x re	ent) or increased	l deposit;	water/sewer/t	rash incl	uded		MAXIMUM W	, ,
score 625 - 900 ha	ave unco	nditional approv	al.	ļ				ESTIMATE	
AGE CRITERIA:							T	O REMAIN ON W	
				WAITI	LIST FO	R PARKING	S:	CALL EVERY	
				PARKING INI		NO	PET INFO:	F	PETS OK: YES
1				1 free parking Contact Diam	nond Par	r unit king for			
		SSET LIMITS:		additional sta	ılls				
AN OWN RESID		PROPERTY:					GENERAL IN		HTC, HUD, HCDA;
	<u> </u>			LEASE:			Square foota	ige range - Studio	o - 396 - 424; 1
				12 months			bdrm - 1093	35 - 597; 2 bdrm - 1511.	- 684-782; 3
]								g building, laundr	y on site,
INCOME CRITERI Maximum annual i				FURNISHED:				cess building	
1 peson: \$58,500		5 persons: S		Tub, ceiliing		.C.;	Application: www.haleka	uwilapalceapartm	ients.com
2 persons: \$66,85 3 persons: \$75,10		6 persons: 9 7 persons: 9		carpeting in b				manager's office	
4 persons: \$83,52	0								
1-PERSON MAXIM	IOM MU	NTHLY INCOME	<b>:</b> :	4875					
2-PERSONS MAXI	мим мс	ONTHLY INCOM	ΛΕ:	5570					

Last Complete Up	odate: 7/16/2020	AREA: Chinatown
ROJECT NAME: HALEWAI'OLU SEI	NIOR RESIDENCES	PROJECT TYPE: Elderly
ADDRESS: 1331 River St.		PHONE: 808-808-1331
CITY: Honolulu STA	TE:  HI ZIP: 96817	FAX:
MANAGER: Michaels Management; Resi Fautanu	, , , , , , , , , , , , , , , , , , , ,	ADDRESS: co.tmo.com/hsr OUT-OF-STA
APPLY TO: drop by		APPLICATIO ACCEPTED
APPLY ATTN:		
<b>APPLY PHONE</b> : 808-439-6490	FAX:	<b>EMAIL:</b> https://info.tmo.com/hsr LiveAtHSR.com
Unit Type: Number of UNITS: RI	ENT: Minimum INCOME Required: SQ FT:	MINIMUM Number of People MAXIMUM Number of People: CAREGIVER Allowed:
	304 2 X Rent	
Two Bdrm:	627 2 X Rent	
Three Bdrm:		
Four Bdrm:		
RENT INFO: RENT IS 30% OF INCOME: NO 3/2023 - \$99 deposit for \$1304 units with one motive rent.  Minimum income need not be met with Section 8 youcher or appropriate savings.  30%AMI - 8 units, 1 bedroom only.	onth Water, sewer & trash	TOTAL UNITS: 155  MINIMUM WAIT LIST ESTIMATE (Months):  MAXIMUM WAIT LIST ESTIMATE (Months): 1
AGE CRITERIA:		ESTIMATE (Months): 1  TO REMAIN ON WAITLIST
All residents must be 55 and older.	WAITLIST FOR PARKING	
	PARKING INFO: unreserved garage parking	PET INFO: PETS OK: YES  1 per person, 30 lb. limit unless a certified
ASSET LIMITS:	amoscived garage parking	service animal.
AN OWN RESIDENTIAL PROPERTY:	<u> </u>	GENERAL INFO:
SSET LIMIT INFO:	LEASE:	Controlled access to building; 4th Floor outdoor private dog park; 2 activity rooms; Community room with kitchen; community courtyard and garden; walking track; bike parking.
NCOME CRITERIA:		_
Units priced for 30, 60 & 80% AMI. 30% AMI - 1 person - \$27,450; 2 person - \$31,35 30% AMI - 1 person -\$54,900; 2 person - \$62,70 30% AMI - 1 person - \$73,200; 2 person - \$83,60	0	
PERSON MAXIMUM MONTHLY INCOME:	6100	
PERSONS MAXIMUM MONTHLY INCOME:	6967	

	Last Comp	lete Update:	8/29/2024			AREA:	Lanakila
PROJECT NAME:	HALI'A HALE -	NOT ACC	EPTING A	PPLICATION	IS	PROJECT TYPE:	Elderly
ADDRESS:	851 North School St.					PHONE: 808-586	§-7595
						FAX: 586-752	26
CITY:	Honolulu	STATE: HI	ZIP:	96817		,	
	: Thomas Ling, Reside	-		APPLY AD			OUT-OF-STATE APPLICATION
APPLY IO	: Hawaii Affordable Pro	perties inc.					ACCEPTED:
APPLY ATTN	: Joanna Li						NO
APPLY PHONE	: 808-586-7595			FAX:	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 31	170	NO	408	1	1	YES
One I	Bdrm: 10	195	NO	540	2	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
rent is 30% of inco \$195.			UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 72 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
One member mus	t be 62+; spouse must I	oe 55+;	WAITLI	ST FOR PARKING:		CALL EVERY	
Caregivers must b	e 18+.		PARKING INFO		PET INFO	: F	PETS OK: NO
]			Parking includ	ed			
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO	O:		LEASE:		Caregiver	s are allowed with N	
Asset Limit: 1 pers 2 persons - \$44,10			1 year; renewa following recer	able yearly rtification	Opened 1 same w/l	es, spouse must trar 995 as Hale Po'ai rated laundry	ister to studio unit.
INCOME CRITERI	IA:				Meeting re	oom w/kitchen and v	wheelchair
Maximum Annual 2 persons - \$52,40	Income: 1 person - \$45, 00	,850	FURNISHED: Partly furnishe	dmajor	Funding:	e restroom Unknown	
			appliances onl		NO RESF update 3/	PONSE IN 2021. Las 17/2019	st completed
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	2858		]		
2-DERSONS MAYI	MUM MONTHLY INCO	ME-	3266				

		Last Comp	olete Update:	2/7/2022			AREA:	Chinatown	
PROJECT NAME:	HARE	<b>BOR VILL</b>	AGE				PROJECT TYPE:	Family	
ADDRESS:	901 Rive	er St.					PHONE: 808-528	3-2753	
CITY:	Honolulu	J	STATE: HI	<b>ZIP:</b> 96817			FAX: 566-0915		
			VES, SITE MAN	NAGER	APPLY ADE 901 River St Honolulu, Hl	t.		OUT-OF-STATE APPLICATION	
	APPLY TO: Locations LLC  APPLY ATTN: Affordable Housing Dept.							ACCEPTED: YES	
APPLY PHONE		_	ерт.		<b>FAX:</b> 521-2714		ocationsrentals.co rentals.aspx	m/affordable-	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:								
One	Bdrm:	60	1495		575	1	3		
Two	Bdrm:	30	1990		750	2	5		
Three	Bdrm:								
Four	Bdrm:							YES	
RENT INFO: RE 60% AMI: 1 Bdrm 1 Bdrm \$1,270; 2 120% AMI: 1 Bdrr 140% AMI: 1 Bdrr	\$1,190 ; Bdrm \$13 n \$1410;	2 Bdrm \$1,29 355; 2 Bdrm \$1710	90; 80%AMI: );	UTILITIES INC			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 6	
AGE CRITERIA:							TO REMAIN ON V		
Head of househol	d must be	e 18 years or c	older	WAITI	IST FOR PARKING:		CALL EVERY		
				PARKING INF		PET INFO:	F	PETS OK: NO	
]	AS	SSET LIMITS:	NONE	Parking includ	led	Service an documenta	mals are allowed valued valued valued valued in the contract of the contract o	vith proper	
AN OWN RESI		PROPERTY:	NO			GENERAL	INFO:		
ASSET LIMIT INF	O:			LEASE:		2020 UPD	ATE - Info from we	bsite	
				1 year			ONSE in 2021. La - prior to 2020.	st update	
INCOME CRITER	IA:								
1 60% \$49,020 \$55 80% \$65,360 \$74 120%\$98,040 \$11 \$151,200 (5 perso	5,980 \$63 1,640 \$84 11,960 \$1	,000 \$93,280	\$100,800	FURNISHED: Partly furnishe appliances on					
1-PERSON MAXIN	NOM MUI	NTHLY INCOM	1E:	8170		k			
2-PERSONS MAXI	ІМИМ МС	NTHLY INCO	ME:	9330					

		Last Comple	ete Update:	1/21/20	)22			AREA:	Kalihi	
PROJECT NAME:	HAUI	KI HOMES	S (HPHA-	hon) - N	TOI	ACCEPTING	APP	PROJECT TYPE:	Family	
		73 Meyers St.						PHONE: 808-832	2-3336	
01774			07475		_			FAX: 832-3385		
CITY:	Honoluli	u	STATE: HI	ZIF	·:	96819		,		
MANAGER		Viggett , Acting Nana Brown, dep				APPLY ADD			OUT OF STATE	
APPLY TO	: HPHA	CCEPTING AP	, ,		1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS				OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN		applications offic						NO		
APPLY PHONE						<b>FAX:</b> 832-3461	EMAIL	: hphaishereforyou.o	rg	
Unit	Туре:	Number of UNITS:	RENT:	Minim INCO Requ	ME	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio: Bdrm:									
	Bdrm:	20	0			786	2	6	YES	
Three I	Bdrm:	16	0			1034	3	8	YES	
Four I	Bdrm:	10	0			1110	4	10	YES	
RENT INFO: RE	NT IS 30	% OF INCOME	: YES	UTILITIE	S INCI	LUDED:		ТОТА	L UNITS: 46	
Minimum Rent: Or Three Bdrm - \$152 applicants who are hpha.myhousing.c status. A usernan	2; Four B e on the voom to chone and parts	drm - \$180. All waitlist are to go ange or check t	HPHA to: heir	Water and allowance for electricity			MINIMUM WAIT LIST ESTIMATE (Months):  MAXIMUM WAIT LIST ESTIMATE (Months):			
AGE CRITERIA:	int							TO REMAIN ON W	,   00	
Head of household	d must be	e 18 years or		W	'AITI IS	ST FOR PARKING:		CALL EVERY		
older ********* CLOSED	8/2/201	6****		PARKING first com	SINFO	D: NO	PET INFO	): P	PETS OK: NO	
1	AS	SSET LIMITS:	YES	linst com	Cilist	30170				
AN OWN RESID		. PROPERTY:	NO				GENERA		NOTO:	
ASSET LIMIT INFO:  Cannot own a house on Oahu. Assets limited to two times the applicable income for admission or three times that limit for continued occupancy.				LEASE:			STATE HOUSING PREFERENCES: 1.)The Elderly 2.) The Displaced 3.) Disabled Veterans w/ service connected disabilities 4.) Families of deceased veterans whose death was determined to be service connected. 5.) Other Veterans 6.) Families residing in			
	INCOME CRITERIA:			FURNIO				nal Shelters 7.) All ot		
50% AMI: 1 person \$33,300; 2 persons \$38,050; 3 persons \$42,800; 4 person \$47,550. Family income must be <50% area AMI unless displaced by government action, then <80% median is OK.			FURNISHED:  Partly furnishedmajor appliances only			Funding: State Pub Hsing 100% All convictions must be 3 yrs old.				
1-PERSON MAXIM	10M MUI	NTHLY INCOME	≣:	3450						

Printed: 9/10/2024 Page: 37

		Last Comp	lete Update:	10/20/2021			AREA:	Moiliili
PROJECT NAME:	HAUS	STEN GA	RDENS				PROJECT TYPE:	Elderly
ADDRESS:	808 Hau	usten St.					PHONE: 808-947	7-3423
CITY:	Honolul	u	STATE: HI	ZIP:	96826		<b>FAX</b> : 955-610	05
MANAGER APPLY TO	Indigo	Real Estate Se	Business Manaç ervices, Inc.	ger	APPLY ADE 808 Hauster Honolulu HI	n St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Busine	ss Manager						YES
APPLY PHONE					<b>FAX</b> : 955-6105		manager@hausten www.indigorealesta	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	itudio:							YES
	Bdrm:	49	0		550	1	2	120
Three								
Four	Bdrm:							NO
All rents are 30% applicant must be	of income	e. Contact info		\$47 allowance water, sewer a	for electricity and all		MINIMUM W ESTIMATE MAXIMUM W	(Months): 48 AIT LIST
AGE CRITERIA:				įt.			ESTIMATE TO REMAIN ON W	. ,
Head of househol must be 62+. Car				WAITL	IST FOR PARKING:		CALL EVERY	
proof of caregiving		rei 10 allowed.	Wast Show	PARKING INF		PET INFO:	F ALLOWED. Service	PETS OK: YES
Į.	Δ	SSET LIMITS:	NONE	available	leu, Offiy II	NOFEIS	ALLOWED. Service	e Dogs Allowed
AN OWN RESI	DENTIAL					GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE: 1 year		courtyard a	lanai" area in front area on each floor Section 8 100% ndry facilities n:	of units in central
INCOME CRITER	IA:			<u> </u>		Send reques	est with self addres	
Maximum Annual 50% Income Limit 1 person \$42,200 2 persons \$48,200	ts			FURNISHED: Partly furnisher refrigerator, m wood floors ar	icrowave. Vinyl	Fick up ite	iii managei s onice	•
 1-PERSON MAXIN	10M MUI	NTHLY INCOM	IE:	3517		J		
2-PERSONS MAX	IMUM MC	ONTHLY INCO	ME:	4017				

		lete Update:	8/29/2024			AREA:	Waipahu
OJECT NAME: HIB		LS APARTN	IENTS			PROJECT TYPE:	J
ADDRESS: 94-11 CITY: Waipa		STATE: HI	ZIP:	96797		PHONE: 808-676-3533; FAX: 808-676-3533	
MANAGER: Mark	a Jimenez, Resid	lent Manager		APPLY AD			OUT-OF-ST/
APPLY TO:  APPLY ATTN:							ACCEPTE YES
APPLY PHONE: 808-	676-3533			<b>FAX:</b> 676-3533		ww.EAHHousing. i-management@e	
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: Two Bdrm: Three Bdrm: Four Bdrm:	80		2.5x rent	588	1	4	YES
ENT INFO: RENT IS 550 - \$1650	30% OF INCOME		JTILITIES INC			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  O REMAIN ON W	(Months):  AIT LIST (Months):
ead of Household 18+		-	WAITL PARKING INF \$25 1st stall,		PET INFO:	CALL EVERY	
AN OWN RESIDENTIA	ASSET LIMITS: AL PROPERTY:	YES	EASE: 1 year		Current res.	nager ndry facilities . Manger prefers e	e-mail submission
NCOME CRITERIA:  Max income for 50 units is 80% AMI  lo income limits on 30 units		I	FURNISHED:  Partly furnishedmajor appliances only; ceiling fans; air condition		Call or ema Pick up fror www.EAHH	il to request applic n manager's office lousing.org	cation

		Last Compl	ete Update:	4/17/2024			AREA:	Kakaako
PROJECT NAME:	HON	UAKAHA				-	PROJECT TYPE:	Elderly
ADDRESS:	545 Qu	een St					PHONE: 808-272	2-5937
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX: 781-29	5-3427
		-	Property Manage	er	APPLY ADI Attn: Manag 545 Queen		л, HI 96813	OUT-OF-STATE
		Development Inc						ACCEPTED: YES
APPLY PHONE		able Housing De	ept.		FAX:	EMAIL: h	elent@mdihawaii.	com
					-			
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:	141	1050	2x rent	350	1	2	YES
One	Bdrm:	9	1300	2x rent	488	1	2	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
	·	ŕ		Electricity, sew			MINIMUM W ESTIMATE MAXIMUM W	(Months): 0
AGE CRITERIA:							ESTIMATE	
All persons in hou	ısehold n	nust be 62 years	or older.	\\/ \ ITL	ST FOR PARKING:	'	O REMAIN ON V CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: NO
	A	SSET LIMITS:	NONE	mo; requests a	ooter stall is \$80 are accepted on a	Service anir	mals ok	
AN OWN RESI		PROPERTY:	YES	wait list, stalls	available.	GENERAL I		
ASSET LIMIT INF	:O:			LEASE:		conditioning		
				12 months				vailable through
INCOME CRITER	IA:					handicap ur	nits-1 one bed, 7 s	studios
Must be below 60 1 person: \$55,020 2 persons: \$62,88	)			FURNISHED: Major appliand tiles, walk in s	ces, carpet or vinyl hower.	3 for vision/ Accepts Se	nearing ction 8 & Rent Su	pplement
 1-PERSON MAXIN	иим мо	NTHLY INCOME	≣:	4585		]		
-PERSONS MAXIMUM MONTHLY INCOME:				5240				

		Last Compl	ete Update:	1/21/2022			AREA:	Kahaluu
PROJECT NAME:	НОО	KIPA KAH	IALU'U (H	PHA-wind	) - NOT ACCE	PTIN	PROJECT TYPE:	
	_	Ahuimanu Rd.			,		PHONE: 808-233	3-3766
01774			07475				FAX: 233-376	69
CITY:	Kaneoh	е	STATE: HI	ZIP:	96744		•	
MANAGER	: Robert	a Kahele		APPLY ADDRESS: 1002 North School St.				OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, HI	96817	CATIONS	APPLICATION
		CCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED: NO
APPLY ATTN		applications office						110
APPLY PHONE			1 210/11/0110		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	000 00				TAX: 002 0 10 1			
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	Bdrm:	8	0		549	1	4	YES
Two I	Bdrm:	32	0		697	2	6	YES
Three I	Bdrm:	16	0		891	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0 the waitlist are to g change or check to password is neede	), All HPH go to: hpl heir statu ed to acc	HA applicants wha.myhousing.cus. A username	rho are on com to e and	UTILITIES INC	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36  AIT LIST
AGE CRITERIA:	บทากาน	*****					TO REMAIN ON W	
Head of household	d must be	e 18 years or ol	der	WAITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: YES
]	A:	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	. PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO		ahu.		LEASE:			NCES: Domestic V	
Carinot own a nou	ise on Oa	ariu		1 year		displaced.		oro, involuntary
						Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI	IA:			•			ions must be 3 yrs	
ncome Eligibility =			050.	FURNISHED:		crystal me	thamphetamine or	sex offender
Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450							ONSE IN 2019 pleted update 10/05/	/2017
1-PERSON MAXIM	-PERSON MAXIMUM MONTHLY INCOME: 4570							
2 DEDCONE MAY	N 41 IN 4 N 40	SNITH IL VINICON	<b>4</b> E.	E220				

		Last Compl	ete Update:	11/2/2021			AREA:	Kalihi
PROJECT NAME:	ISLA	ND WEST					PROJECT TYPE:	Family
ADDRESS:							PHONE: 808-847	/-8465
							FAX: 808-442	
CITY:	Honolu	lu	STATE: HI	ZIP:	96817		,	
MANAGER APPLY TO	Mana	ger	ing Manager; L	inda West, Office	APPLY AD On-Site 9a	DRESS: am - 5pm M - F	-	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Linda	West				EMAIL: I	Linda@HSIservices	-
APPLY PHONE	: 808-84	47-8465		F	AX:			
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	400	750	1400	144	1	2adlt,1kid	YES
One I	Bdrm:	3	1565	2750	300	1	3adlt,1kid	
Two	Bdrm:	1	1800	3050	400	2	4adlt,1kid	
Three I	Bdrm:							
Four	Bdrm:							NO
Building A - rent is Building B - rent is [169 sq. ft] Min Income requir Plus \$100 for extra	\$700 - \$750 - ement wa	Min income = \$1 Min income = \$1 vaived if have reposed. Respond to my	1400 1600 p payee;	UTILITIES INCLU			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 1 AIT LIST
AGE CRITERIA:		10					TO REMAIN ON W CALL EVERY	
Head of household time of application		e 18 years or old	der at the	PARKING INFO: \$35/month (first o	FOR PARKING: YES	PET INFO:		(Months): 0 PETS OK: NO
AN OWN RESI		SSET LIMITS:		served basis)		GENERAL	INFO:	
ASSET LIMIT INF				LEASE:		Handicapp	ed access is from	parking lot at
				Month-to-month; Section 8 vouche		in own refr All units ar	all rooms with no ki igerator and hot pla e unfurnished. 9/2024 and left voic	ite.
INCOME CRITER	IA:					Juliou 0/20	5/202 F and fore vote	omaii.
No maximum anni	ual incor	ne.		FURNISHED:  No carpet. Not fu	urnished.			
<u> </u>			_			]		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Las	t Comple	te Update:	1/4/2022			AREA	Waipahu
PROJECT NAME:	<b>JACK HA</b>	LL					PROJECT TYPE	Family
ADDRESS:	94-827 Kuhaul	ua St.					PHONE: 808-67	1-2244
CITY:	Waipahu		STATE: HI	ZIP:	96797		FAX:	
MANAGER	R: Jesse Johnas	sen			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	): https://www.ja	ackhallwaip	oahu.com/					APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	E: 808-468-5102	2			<b>FAX:</b> 949-7211		https://www.jackha hello@indigoreales	
	t Type: Num of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 10	14		NO	559			YES
	Bdrm: 4		0	NO	793			YES
Three				140	795			
	Bdrm:							NO
30% to a max of \$ (minus \$103 util. a for two bedrooms Maximum amount	allowance) 30% (minus \$250 uti	to a max of		bedrm; \$250 fo	llowance \$103 for 1 or 2bedrm ce is subject to chan	ge	MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
	is are subject to	change						(Months): 24
AGE CRITERIA: Head of househol	d must be 18 ye	ears or olde	er	)A/AITI	IOT FOR RAPIKING		TO REMAIN ON V	
				PARKING INF		PET INFO	:	PETS OK: NO
	ASSET L	IMITS: N	NONE					
AN OWN RESI		PERTY:	/ES			GENERAL		
ASSET LIMIT INF Income from asse income limit.		tenant go	over	LEASE:  1 year; then m	nonth-to-month	5 accessil **Applicar	Project Based Sub ole 1 bdrm units. hts on waitlist MUS as change in phone	T call to update
INCOME CRITER max income: 1 be		; 2 bedroor	m \$50,880	FURNISHED: Partly furnishe appliances on				
I I-PERSON MAXIN	IUM MONTHLY	INCOME:		4475		Į		
2-PERSONS MAX	IMUM MONTHL	Y INCOM	≣:	5113				

	Last Compl	ete Update:	10/6/2023				Okinatawa
				NOT AGOE	DTINI	AREA:	Chinatown
	KAAHUMANU	-		- NOT ACCE		PROJECT TYPE:	Family
ADDRESS:	Alokele & Kaiwiula St.,	Waiakamilo Rd.	& McNeill St.			PHONE: 808-832	
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 832-318	8
MANAGER	R: Cynthia Yoshida - Mar D: HPHA NOT ACCEPTING AP	·		APPLY ADD 1002 North I Honolulu, H NOT ACCE	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications offic						NO
APPLY PHONE	NOT ACCEPTING AP 808-832-5961	PLICATIONS	I	FAX: 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:						
Two I	<b>Bdrm</b> : 116	0		714	2	6	YES
Three I	Bdrm: 36	0		888	3	8	YES
Four I	Bdrm:						
Minimum Rent: \$0 the waitlist are to g change or check the password is needed.		vho are on som to e and nt.	UTILITIES INCL Water and allow and gas	UDED: rance for electricity	1	MINIMUM WA ESTIMATE ( MAXIMUM WA ESTIMATE (	(Months): 36  AIT LIST (Months): 60  AITLIST
Head of household	d must be 18 years or ol	der	WAITLIS	T FOR PARKING:		CALL EVERY	`
	ASSET LIMITS:		PARKING INFO		the categori	mals ok, but only c es listed below: der 25 lbs) or cat	
	DENTIAL PROPERTY:	NO			GENERAL I		
ASSET LIMIT INFO			LEASE: 1 year		homeless ir displaced.	NCES: Domestic Volument of transitional shelted and Low Inc Pub Hs	ers; involuntary
INCOME CRITERI	IA:				All conviction	ons must be 3 yrs a	ago, unless it's
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			FURNISHED: Partly furnished appliances only	major	1	NSE IN 2023	S. C. G.
1-PERSON MAXIM	IUM MONTHLY INCOME	Ē:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	ME:	5220				

	Last	Complete Update:	5/28/2024			AREA:	Honolulu	
PROJECT NAME:	<b>KAHAUIKI</b>	VILLAGE				PROJECT TYPE:	Family	
ADDRESS:	2325 N. Nimitz H	lwy.				PHONE: 808-778	B-2464	
CITY:	J Honolulu	STATE: H	ZIP:	96819		FAX:		
MANAGER	R: Institute for Hun	nan Services		APPLY ADD	PRESS:		OUT-OF-STATE	
APPLY TO		425-5168 attention	to Family Program				APPLICATION ACCEPTED:	
APPLY PHONE			ſ	FAX: 808-425-5168		KVApplications@ih	nshawaii.org	
Unit	Type: Number of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:							
One	Bdrm: 60	775		324				
Two	Bdrm: 80	975		540				
Three	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Rent is deducted tenats choosing. waitlist are not rec manager will be c  AGE CRITERIA: (62+ yrs)	automatically thro Regular updates t quired. Applicant o	ugh the bank of o remain on the	UTILITIES INCL Water, electricity	UDED: y, internet, and cabl	е	TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON V CALL EVERY	(Months): 0  AIT LIST (Months): 0	
	odial minor childre	en	PARKING INFO:		PET INFO		PETS OK: NO	
	ASSET LIN		1 parking per ho	ousehold	GENERAL			
ASSET LIMIT INF	O:		6 month will h			Families living in Homeless Emergency Shelter or a Transitional Shelter for homeless families will have priority for housing. Families who are iving in substandard housing and are at a risk of being homeless may also apply.  There must be minimum 1 adult working (no		
INCOME CRITER 50% AMI # of people in hou 2 3 50,400 56,700 6	sehold: 4 5	6 7 050 78,100	There under All ad			st be minimum 1 ac table jobs are acce are subject to a Cri luding Sexual Offer	pted) minal Background	

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Com	plete Upda	te:	8/29/2024				AREA:	Kahuku
PROJECT NAME:	KAHI	UKU ELI	DERLY -	HAU	OLI HAL	.E			PROJECT TYPE:	Elderly
ADDRESS:	56-154	Puuluana Pl.							PHONE: 808-293	J-1416
									FAX: 293-141	6
CITY:	Kahuku		STATE	: HI	ZIP:		96731		,	
		e Cambra, Re					APPLY AI 56-154 Pu Unit 100 Kahuku, H			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:									YES
APPLY PHONE	: 808-29	3-1416				FAX:		EMAIL:	eahhousing.org ks-management@e	eahhousing.org
	Type:	Number of UNITS:	REN <sup>-</sup>	Γ:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	64	0		J		570	1	3	YES
	Bdrm:									
Three I					<u> </u>					YES
RENT INFO: RE Units come with pomust submit change writing and response communication from	atio and ges to the	planter boxes eir contact in nely manner	a. Applicants formation in		TILITIES INC /ater, sewer				MINIMUM W ESTIMATE MAXIMUM W	(Months): 60 AIT LIST
				Įt.					ESTIMATE	, ,
AGE CRITERIA:  All members of the older at the time o			62 years or	P	WAITL ARKING INF		R PARKING	: PET INFO	TO REMAIN ON W CALL EVERY	
					arking includ		jivo	Small pets	s under 25 lbs. only it \$150 per pet.	
AN OWN RESID		SSET LIMITS . PROPERTY						GENERAL	INFO:	
ASSET LIMIT INF			,	LE	EASE:				spouse dies, undera unit if can afford the	
				1	year; then n	nonth-to	-month	Section 8/ Built 2013 coordinate	(HUD; 9% LIHTC); on-site manager, ror, laundry room.	resource
INCOME CRITERI				_					Charities Hawaii	
Maximum Annual 1 person \$45,750 2 person \$52,250 3 person \$58,800	Income:	50% AMI or I	ess	A w m	Appliances; ceiling fan, solar  Ask man				online or gement to mail it om manager's office	
1-PERSON MAXIM	IOM MUI	NTHLY INCO	ME:	3	813					

Printed: 9/10/2024 Page: 46

	Last Comple	ete Update:	10/6/2023				McCully
DDO IFOT NAME.				NOT ACCEPT	FINO	AREA: PROJECT TYPE:	
	KALAKAUA HO	WES (HPF	<del>1A-non) -</del>	NOT ACCEPT			Family
ADDRESS:	1545 Kalakaua Ave.					PHONE: 808-973	
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 973-019	7
MANAGER APPLY TO	t: loane Ah Sam b: HPHA NOT ACCEPTING APF	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCER	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications office						NO
APPLY PHONE	NOT ACCEPTING APF :: 808-832-5961	PLICATIONS		<b>FAX</b> : 832-3461	EMAIL: hp	ohaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 127	0		559	1	4	YES
Two I	<b>Bdrm:</b> 58	0		711	2	6	YES
Three I	<b>Bdrm:</b> 36	0		901	3	8	
Four	Bdrm:						
Minimum Rent: \$0 the waitlist are to go change or check to	NT IS 30% OF INCOME:  D. All HPHA applicants who go to: hpha.myhousing.co heir status. A username ed to access their account	no are on om to and	UTILITIES INC	CLUDED: owance for electricity		MINIMUM W. ESTIMATE ( MAXIMUM W. ESTIMATE ( O REMAIN ON W	Months): 36  AIT LIST (Months): 60  AITLIST
Head of household	d must be 18 years or old	ler	WAITL	IST FOR PARKING:		CALL EVERY	
	ASSET LIMITS:		PARKING INF	O:	the categorie	nals ok, but only c es listed below: der 25 lbs) or cat	ETS OK: YES
	DENTIAL PROPERTY:	NO			GENERAL IN		
ASSET LIMIT INFO			LEASE: 1 year		homeless in displaced.	CES: Domestic V transitional shelted and Low Inc Pub Ha	ers; involuntary
INCOME CRITER	IA:					ns must be 3 yrs a	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;		FURNISHED: Partly furnishe appliances on		'	amphetamine or s	ex offender
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Comp	lete Update:	7/18/2023			AREA:	Ala Moana
PROJECT NAME:	KALAKAUA VI	STA			ı	PROJECT TYPE:	Elderly
ADDRESS:	1628 Kalakaua Ave.				1	PHONE: 808-946	6-5936
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 949-552	25
	: Kainoa Kuamoo, Resi Hawaii Affordable Hou : Locations			APPLY ADI P.O. Box 22 Honolulu, H	2420		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Property Managemen	t Division					YES
APPLY PHONE	: 808-738-3100			<b>FAX:</b> 735-1978		ttp://www.location: le-rentals.aspx	srentals.com/afforda
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 80	1065	2xrent	430	1	2	YES
Three I	Bdrm:						YES
8 units at \$695; 72 Section 8 certifica gross income requ	te holders need not mee	et the min	UTILITIES INC Electric, water	CLUDED: r, sewer, and trash		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12 AIT LIST
AGE CRITERIA:	be 62 or olderat the tim	e of			Т	O REMAIN ON W	/AITLIST
application.	be 02 of olderat the lift	6 01	WAITL PARKING INF	IST FOR PARKING: O: NO	PET INFO:		PETS OK: NO
AN OWN DESI	ASSET LIMITS: DENTIAL PROPERTY:				documentat GENERAL II	ion	
ASSET LIMIT INF			LEASE:  1 year; then m	nonth-to-month	Step-in show	wer only; no batht ined ase manager 2 da	
INCOME OBITES	14.		1		Funding: LII	HTC, RHTF, Secti	on 8
Maximum income 30% of AMI: 1 per	NCOME CRITERIA:  Maximum income requirements: 10% of AMI: 1 person \$27,510; 2 persons \$31,440 10% of AMI: 1 person \$45,850; 2 persons \$52,400		FURNISHED: Partly furnishe appliances on				•
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3821				

Printed: 9/10/2024 Page: 48

ENS STATE: HI				PROJECT TYPE:	Family
STATE: HI					
STATE: HI				<b>PHONE</b> : 808-62	3-9811
	ZIP:	96789		<b>FAX</b> : 623-72	12
		APPLY AD	DRESS:		OUT-OF-STA
		0.1. 0.1.0			APPLICATIO ACCEPTED
					YES
		<b>FAX:</b> 623-7212			
RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
					YES
					YES
1374					YES
cations	Gas, electricity sewer	/ and water, trash an		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V	(Months):  /AIT LIST (Months):  3
uci at the	PARKING INF	WAITLIST FOR PARKING: PARKING INFO: Parking included			PETS OK: NO
YES	. = =				C
	1 year		.		
			Called on 8	3/29/2024, no resp	onse
persons - \$89,880;					
	RENT:  1236  1374  1374  E: NO  cations cucitlist  der at the  NONE  YES  3 persons - \$89,880; and	RENT: INCOME Required:  1236 YES  1374 YES  1374 YES  Cations	RENT:    Minimum   INCOME   Required:   SQ FT:	FAX: 623-7212    Minimum   INCOME   SQ FT:   MiNIMUM   Number of People     1236   YES   700   2     1374   YES   950   3     E: NO	FAX: 623-7212  EMAIL: website: www.eah kg-management@  Minimum iNCOME Required: SQ FT: MINIMUM Number of People of People:  1236 YES 700 2 5  1374 YES 950 3 7  Cas, electricity and water, trash and sewer MINIMUM WESTIMATE  MAXIMUM WESTIMATE  MAXIMUM WESTIMATE  TO REMAIN ON V CALL EVERY  MONE  PARKING INFO: PET INFO: Funding: Section 8 and LIHTI  NO RESPONSE IN 2023  Called on 8/29/2024, no responsence only No earnet appliances onl

Printed: 9/10/2024 Page: 49

	Last Com	plete Update:	10/6/2023			AREA:	Chinatown
PROJECT NAME:	KALANIHUIA	(HPHA-hor	n) - NOT A	CCEPTING AF	PPLI	PROJECT TYPE:	
	1220 Aala St.	(11111111111111111111111111111111111111	.,			PHONE: 808-586	S-9724
	]					FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96817		1000 011	
MANAGER	: Sol Sentous			APPLY ADD	RESS:		
				1002 North S Honolulu, HI			OUT-OF-STATE APPLICATION
APPLY TO	: HPHA NOT ACCEPTING A	APPLICATIONS			PTING APPLI	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications o	ffice					NO
	NOT ACCEPTING A	APPLICATIONS			EMAIL:	hphaishereforyou.o	rq
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461		, ,	3
Linit	Type		Minimum		MINIMUM	MAXIMUM	
	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio: 60	0		420	1	2	YES
	Bdrm: 90	0	J	492	1	4	YES
	Bdrm:			492		4	YES
				-			120
Three I							
Four I	Bdrm:				J		
RENT INFO: RE	NT IS 30% OF INCOM	AE: VES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 151
Minimum Rent: \$0	). All HPHA applicants	s who are on	Allowance for				Į.
	go to: hpha.myhousing heir status. A usernar					MINIMUM W ESTIMATE	
	ed to access their acco					MAXIMUM W	AIT LIST
*******	Q/7/7N1&*****		ĮL			ESTIMATE	(Months): 60
AGE CRITERIA:	d ar anauga muat ha G	20 voore or				TO REMAIN ON W	
older, or disabled	d or spouse must be 6	2 years or		IST FOR PARKING:			
			PARKING INF	0:	PET INFO	: F s under 25 lbs. only	PETS OK: YES
1	40057114470	NONE	moladea		Cinai pet	s under 20 ibo. Only	
ANI OWNI DECI	ASSET LIMITS				GENERAL	INEO:	
ASSET LIMIT INF	DENTIAL PROPERTY O:	. INO	I FAOF			ENCES:( A) domest	ic violence
Cannot own a hou	se on Oahu.		LEASE:		victims; h	omeless`in transition I. (B) substandard h	nal shelter; invol.
			1. /54.		of income	. (C) others = indefi	nite wait.
]					unit. Fund	es, under age 62 sp ling: Fed Low Inc Pu	ub Hsing 100%
INCOME CRITERI			=::=:::===			ligibility=80% of AM tions must be 3 yrs	
ncome Eligibility = Maximum Annual	: 80% of AMI Income: 1 person - \$5	3,250;	FURNISHED: Partly furnishe	edmajor	crystal me	ethamphetamine or	sex offender
	00; 3 persons - \$68,50 00; 5 persons - \$82,20		appliances on		Last comp	oleted update 10/05	/2017
	00; 7 persons - \$94,35						
φισοπο - φτου,.	.55						
1-PERSON MAXIM	IUM MONTHLY INCO	ME:	4570		p-		
2-PERSONS MAXI	MUM MONTHLY INC	OME:	5220				

	Last C	Complete Update:	10/6/2023			AREA:	Kalihi	
PROJECT NAME:	KALIHI VAI	LEY HOME	S (HPHA-ho	on) - NOT AC	CEPT	PROJECT TYPE:	Family	
	2250 Kalena Dr.					PHONE: 808-832	2-3336	
			=			FAX: 832-338		
CITY:	Honolulu	STATE: H	ı ZIP:	96819		,		
MANAGER	: Julie Wiggett			APPLY ADI				
APPLY TO		IG APPLICATIONS	1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPL			CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Oahu application						NO	
APPLY PHONE		IG APPLICATIONS		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg	
Unit	Type: Numbe of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
St	udio:							
One E	<b>3drm:</b> 52	0		494	1	4	YES	
Two E	<b>3drm:</b> 60	0		674	2	6	YES	
Three E	3drm: 123	0		834	3	8	YES	
Four E	3drm: 112	0		1115	4	10	YES	
Min. Rent: \$0; 26 - applicants who are hpha.myhousing.c status. A usernam access their account	- 5 Bdrm units. A s on the waitlist are om to change or c ne and password is	II HPHA e to go to: check their	UTILITIES INC	CLUDED: owance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST	
AGE CRITERIA:						TO REMAIN ON W	, , ,	
Head of household	I must be 18 years	s or older	WAITL	LIST FOR PARKING:		CALL EVERY		
			PARKING INF	1.10	PET INFO		PETS OK: YES	
1	ASSET LIM	IITS: NONE	one space pe	er unit	the catego	nimals ok, but only o pries listed below: under 25 lbs) or cat		
	ENTIAL PROPER	RTY: NO			GENERAL	. INFO:		
ASSET LIMIT INFO			LEASE:		homeless	PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced.		
					Funding: I	Fed Low Inc Pub Hs	ing 100%	
INCOME CRITERI ncome Eligibility = Maximum Annual	80% of AMI	¢52.250·	FURNISHED:		crystal me	tions must be 3 yrs a ethamphetamine or		
2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	00; 3 persons - \$68 00; 5 persons - \$82 00; 7 persons - \$94	3,500; 2,200;	Partly furnishe appliances on		NO RESF	PONSE IN 2023		
1-PERSON MAXIM	UM MONTHLY IN	COME:	4570		ļ.			

Printed: 9/10/2024 Page: 51

	Last Comp	olete Update:	10/6/2023			AREA:	Hawaii Kai
PROJECT NAME:	KALUANUI SE	NIOR APA	RTMENTS			PROJECT TYPE:	Elderly
ADDRESS:	6950 Hawaii Kai Dr.					PHONE: 808-394	4-6688
CITY:	Honolulu	STATE: HI	ZIP:	96825		FAX:	
	R: Mike Klein, Complian D: call for viewing and a	-		<b>APPLY ADI</b> 394-6688	DRESS:		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-394-6688			FAX:	EMAIL:	halealiigroup@yah	oo.com
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 10	1228		525			
Three	Bdrm: 21	1473		600			
Four	Bdrm:						NO
Lower rent units for 3 1bdrm 3 2bd	or people at <50%AMI	E: NO	UTILITIES INCL			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12
AGE CRITERIA:						TO REMAIN ON V	VAITLIST
One member mus	st be 62+; spouse can b	e 18+	WAITLIS PARKING INFO	T FOR PARKING:	PET INFO	CALL EVERY	(Months): 6 PETS OK: NO
]			Parking \$40 mo				la -
	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:		and ceiling	1/15/2003 all units g fans in bdrms and , lever handles on o	l living room, cross
			1 year		have tub, Communi Inc Hsing	2bdrm have showe ty Lounge with TV, Tax Credit 100%	r with low lip.
INCOME CRITER	IA: rson \$21,650; 2 persons	\$ \$24 750	FURNISHED:		Funding:		- IN 0000
	rson \$36,050; 2 persons		Partly furnished appliances only		Last comp	RTIAL RESPONSI pleted update 10/20 9/2024, no respons	/17
1-PERSON MAXIM	IUM MONTHLY INCOM	1E:	3004		]		

Unit Type:	Family		
MANAGER: Toshi Hines  APPLY ADDRESS: On-Site Apt. #607  APPLY TO: Hawaii Affordable Properties Inc.  APPLY ATTN: Kamakee Vista  APPLY PHONE: 808-594-0121  FAX: 594-0123  EMAIL: kkamakeevista@ http://hawaiiaffordom/sinform/			
MANAGER: Toshi Hines  APPLY ADDRESS: On-Site Apt. #607  APPLY TO: Hawaii Affordable Properties Inc.  APPLY ATTN: Kamakee Vista  APPLY PHONE: 808-594-0121  FAX: 594-0123  EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc.  APPLY PHONE: 808-594-0121  FAX: 594-0123  EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc.  Intro//hawaiiaffordable Properties Inc.  APPLY ADDRESS: On-Site Apt. #607  EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc.  Intro//hawaiiaffordable Properties Inc.  APPLY ADDRESS: On-Site Apt. #607  EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc.  Intro//hawaiiaffordable Properties Inc	97-1725		
APPLY TO: Hawaii Affordable Properties Inc.  APPLY ATTN: Kamakee Vista  APPLY PHONE: 808-594-0121  Unit Type: Number of UNITS: RENT: RENT: Required: SQ FT: Minimum INCOME Required: SQ FT: Of People People: People: Studio: Square Squa	971002		
APPLY ATTN: Kamakee Vista  APPLY PHONE: 808-594-0121    Fax: 594-0123	OUT-OF-STATI		
APPLY PHONE: 808-594-0121    Fax: 594-0123	APPLICATION ACCEPTED:		
APPLY PHONE: 808-594-0121	YES		
Number of UNITS: Number of UNITS: Number of UNITS: Number of People:  Studio:  One Bdrm: 90 1886 3338 570 1  Two Bdrm: 136 2438 4115 720 2  Three Bdrm: Four Bdrm: UTILITIES INCLUDED: TOT MINIMUM NESTIMATI  MAXIMUM NESTIMAT	hawaii.rr.com lable.com/residential-		
Two Bdrm: 136 2438 4115 720 2  Three Bdrm:	CAREGIVER Allowed:		
Three Bdrm:  Four Bdrm:  RENT INFO: RENT IS 30% OF INCOME: NO  Deposit = 1 month's rent  Water  Water  MINIMUM N ESTIMATI  MAXIMUM N ESTIMATI  Head of household must be 18 years or older  WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES		
Four Bdrm:  RENT INFO: RENT IS 30% OF INCOME: NO  Deposit = 1 month's rent  Water  Water  MINIMUM VESTIMATI  MAXIMUM VESTIMATI  Head of household must be 18 years or older  WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES		
RENT INFO: RENT IS 30% OF INCOME: NO  Deposit = 1 month's rent  Water  Water  MINIMUM N ESTIMATI  MAXIMUM N ESTIMATI  AGE CRITERIA:  Head of household must be 18 years or older  WAITLIST FOR PARKING: PARKING INFO: PET INFO:			
Deposit = 1 month's rent  Water  MINIMUM VESTIMATI  MAXIMUM VESTIMATI  AGE CRITERIA:  Head of household must be 18 years or older  WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES		
Head of household must be 18 years or older  WAITLIST FOR PARKING: PARKING INFO: PET INFO:	E (Months): 3		
WAITLIST FOR PARKING: PARKING INFO: PET INFO:			
\$40/month; \$75 each additional	PETS OK: NO		
ASSET LIMITS: NONE			
AN OWN RESIDENTIAL PROPERTY: YES GENERAL INFO:			
	(All units can be converted to handicap units) Caregivers are allowed with MD letter.		
1 year Application:			
Ask management to mail it Send request with self-address with self			
No maximum annual income.  Min Income for market 1 bdrm = \$4,350 2 bdrm = \$5,600  Partly furnishedmajor appliances only.  Pick up from manager's office Request by email or fax	;e		
-PERSON MAXIMUM MONTHLY INCOME: 3700			

	Last Comple	ete Update:	10/6/2023			AREA:	Waipahu
PROJECT NAME:	KAMALU - HOʻ	OLULU E	LDERLY -	NOT ACCEP	TING	PROJECT TYPE:	Elderly
ADDRESS:	94-941 Kauolu Pl.					PHONE: 808-675	5-0099
CITY	[ ]	STATE: HI	ZIP:	00707		FAX: 675-009	98
CITT.	Waipahu	STATE. HI	ZIF.	96797			
MANAGER	: Venus R. Katano			APPLY AI On-Site Ap			OUT-OF-STATE
APPLY TO	: Hawaii Affordable Prop	erties Inc.					APPLICATION ACCEPTED: NO
APPLY ATTN	I: Venus R. Katano						
APPLY PHONE	808-675-0099			<b>FAX:</b> 675-0098	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER Allowed:
	tudio: 171	170	Required:	443	of People	People:	YES
One E	Bdrm: 50	195	,	599	2	2	YES
Two E	Bdrm:		<u> </u>				
Three I	Bdrm:						
Four I	Bdrm:						YES
Minimum rent for s \$195 or 30% of ind	NT IS 30% OF INCOME: studio is \$170 and for one come, whichever is more.  LOSED since 8/2/2016***	e bdrm is	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
	d must be 62 years or old		WAITL	IST FOR PARKING	i:	CALL EVERY	(Months): 12
old.	, spouse/partiter must be	, oo years	PARKING INF		PET INFO	: F	PETS OK: NO
	100571111170	VEO.	Parking includ	led			
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	_ INFO:	
ASSET LIMIT INFO		•	LEASE:			s are allowed with Nence for veterans ar	
Limit: 1 person - \$ 2 persons - \$44,10		Asset	Month-to-mon	th	opened 1 Large gar Meeting/[	993-Kamalu 1994-l	Hoʻolulu hen
INCOME CRITERI					Catholic (	Charities Hawaiʻi only in designated a	
Maximum Annual 1 person - \$34,300 2 persons - \$39,20	0		Partly furnishedmajor			SPONSE in 2023. Last completed	
	IUM MONTHLY INCOME		2858		<u> </u>		

		Last Compl	ete Update:	10/6/2023			AREA:	Kalihi
PROJECT NAME:	KAM	EHAMEHA	HOMES	(HPHA-ho	n) - NOT ACC	EPTI	PROJECT TYPE:	
ADDRESS:	,						PHONE: 808-832	2-3153
							FAX: 832-318	
CITY:	Honolul	u	STATE: HI	ZIP:	96817		,	
MANAGER	: Cynthi	a Yoshida - Mar	nager		APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	. НРНА			Honolulu, HI 96817 NOT ACCEPTING APP			APPLICATI	
		CCEPTING AP	PLICATIONS		NOT ACCEP	TING APPLIC	CATIONS	ACCEPTED: NO
APPLY ATTN		applications offic						140
APPLY PHONE			. 2.0/11/0110		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTENTIONE	000 00	2 0001			TAX. 002 0401			
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
Si	tudio:							
One I	Bdrm:	62	0		540	1	4	YES
Two E	Bdrm:	123	0		800	2	6	YES
Three I	Bdrm:	36	0		980	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0 All HPHA applican to: hpha.myhousin status. A usernam access their accou	for Fedents who and community of the second to the second to the second points of the second	eral Low Income are on the waitlis o change or che	e projects st are to go ck their	UTILITIES INC	CLUDED: wance for utilities		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:							TO REMAIN ON W	
Head of household	d must b	e 18 years or old	der	WAITL	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: YES
]	A	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only or ries listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL	. PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO		ahu		LEASE:			NCES: Domestic Vin transitional shelt	
Carmot own a nou	30 011 00	ariu		1 year		displaced.		, , , , , , ,
						Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI	IA:						ions must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 per 00; 5 per 00; 7 per	1 person - \$53,; sons - \$68,500; sons - \$82,200;		FURNISHED:  Partly furnishedmajor appliances only, no carpet		crystal methamphetamine or sex offender  NO RESPONSE IN 2023		
1-PERSON MAXIM				4570				

	Last Comple	ete Update:	10/6/2023			AREA:	Kaneohe	
PROJECT NAME:	KANE'OHE AP	ARTMENTS	(НРНА-	wind) - NO	TACCE	PROJECT TYPE:	Family	
	45-507 & 45-513 Pahia		(111 111 1			PHONE: 808-23	3-3766	
						FAX: 233-37		
CITY:	Kaneohe	STATE: HI	ZIP:	96744		1700   200-070	09	
MANAGER APPLY TO	: Roberta Kahele			1002 No Honolul	ADDRESS: orth School St. u, HI 96817 CCEPTING API	DI ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	NOT ACCEPTING API  1: Oahu applications office			NOT AC	JOLI TINO ALI	LICATIONS	NO	
APPLY PHONE	NOT ACCEPTING API	PLICATIONS		<b>FAX:</b> 832-3461		IL: hphaishereforyou.c	org	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMU Numbe of Peopl	r Number of	CAREGIVER Allowed:	
	tudio: 5			400			YES	
	<b>Bdrm:</b> 5	0	<u> </u>	429	2	6	YES	
Three				- 000				
Four	Bdrm:							
Minimum Rent: \$0 All HPHA applicar to: hpha.myhousir	NT IS 30% OF INCOME.  for Federal Low Income this who are on the waitlisting.com to change or check the and password is need unt.	projects. t are to go ck their	TILITIES INC	CLUDED:  Dwance for electri	city	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36	
AGE CRITERIA:						TO REMAIN ON V		
Head of household	d must be 18 years or old	der	WAITL	IST FOR PARKIN	NG:	CALL EVERY		
			ARKING INF	0:		FO:  e animals ok, but only egories listed below:	PETS OK: YES	
	ASSET LIMITS:				,	a (under 25 lbs) or _ca	t	
AN OWN RESIDE	DENTIAL PROPERTY:   O:	NO				RAL INFO: ERENCES: Domestic \	/iolence victims:	
Cannot own a hou		_	ease: year		homele displac	ess in transitional shelt ed.	ers; involuntary	
INCOME CRITER	IA:				All con	g: Fed Low Inc Pub Hs victions must be 3 yrs	ago, unless it's	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			FURNISHED:		_   '	crystal methamphetamine or sex offender  NO RESPONSE IN 2023		
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u> : 4	570		Į.			
2-PERSONS MAXI	MUM MONTHLY INCOM	1E: 5	5220					

	Last Com	plete Update:	7/20/2023			AREA:	Kaneohe	
ROJECT NAME:	KANEOHE EL	DERLY				PROJECT TYPE:	Elderly	
ADDRESS:	45-457 Meli Pl.					PHONE: 808-23	5-4399	
CITY:	Kaneohe	STATE: HI	ZIP:	96744		FAX: 235-00	33	
	R: Community Manage Richard Char (rchar	@cmiweb.net) 808-	859-6514	Leasing Offi			OUT-OF-STATATION	
	D: Cambridge Manage Friday, 9:00am - 1:0		ours - Monday -	-			ACCEPTED YES	
APPLY ATTN	N:				FMAII ·	kaneohe@cmiweb	net	
APPLY PHONE	E: 808-235-4399			<b>FAX:</b> 235-0033		https://www.kaneol		
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Studio:						YES	
	Bdrm: 44	0		588	1	3	11.5	
	Bdrm:							
	Bdrm:						NO	
	<b>Danni</b>			,	,	,	NO	
		<u> </u>	JTILITIES INCL Water and \$52 taken off the re	mo. utility allowance		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 3	
AGE CRITERIA:						TO REMAIN ON V		
	ld must be 62 years or		WAITLIS	ST FOR PARKING:		CALL EVERY		
caregivers allowed	amily members, roomn d at any age.		PARKING INFO	): YES	PET INFO		PETS OK: YES	
	ASSET LIMITS		Parking include	ed if available		osit; one dog/cat/ca x; breed/species re		
AN OWN RESI	DENTIAL PROPERTY				GENERAL	. INFO:		
ASSET LIMIT INF	FO:		_EASE:			ecurity enhanced complex; on-site anagement; community room, on-call		
			1 year		Emergeno convenier landscape	cy Maintenance; on ht to shopping; outd ed garden. Low Income Housin	bus line; oor sitting area;	
NCOME CRITER	RIA:				Section 8 Application	100%	g rax credit 100 %	
Maximum annual income: 1 person \$40,850 2 persons \$46,650, 3 persons \$52,500			Partly furnishedmajor appliances only. Wood-style flooring. Ample closet and cabinet space; screen door.		Ask mana Send requenvelope NOT RES	agement to mail it usest with self-addressing TO UPD. 2924, no response	·	
-PERSON MAXIN	MUM MONTHLY INCO	 ME:	3404		J			

	Last Comp	olete Update:	10/6/2023			AREA:	Lanakila	
PROJECT NAME:	KAPUNA I - NO	OT ACCEP	TING APP	PLICATIONS		PROJECT TYPE:	Elderly	
	1015 North School St.					PHONE: 808-845	j-2130	
	]					FAX: 845-668		
CITY:	Honolulu	STATE: HI	ZIP:	96817		12.33.33		
	: Sherry Prevo Investment Property : Sage Apartment Con	•	APPLY ADDRESS: 1015 North School St. Honolulu, HI 96817			OUT-OF-STATE APPLICATION ACCEPTED: YES		
APPLY ATTN	l:				EMAIL:	kapunaonesage.coi		
APPLY PHONE	: 808-845-2130			<b>FAX</b> : 845-6684				
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
				500			YES	
		0		530				
	Bdrm:							
Three I								
Four I	Bdrm:			J	J		NO	
minimum rent \$25 Annual update bas application. Must in a timely manner	sed on anniversary date respond to mail from m	e of nanagement	UTILITIES INC			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 1	
AGE CRITERIA:						TO REMAIN ON W	AITLIST	
	ication, Head of house		WAITL	IST FOR PARKING:		CALL EVERY	(Months): 12	
must be 19+. Fan	er, or 18+ w/ disability. nily members, roomma		PARKING INF	O: YES	PET INFO:	. F	PETS OK: YES	
caregivers allowed	d with mgmt approval.  ASSET LIMITS:	NONE	Parking include	ded		oved reasonable acc questing pet	comodations and	
AN OWN RESID	DENTIAL PROPERTY:				general	INFO:		
ASSET LIMIT INFO			LEASE:		office mus	st be notified if applic		
				nonth-to-month.	Funding: S Tax Credit Transports Catholic C	ation to Shopping av Charities Hawaiʻi upo	vailable through	
INCOME CRITERI						e in personally to up with form sent to ap		
\$67,700; 2 person	income is 80% AMI: 1 ps - \$77,350, 3 persons W INCOME (<30% OF	- \$87,000				RESPONSE IN 2023		
1-PERSON MAXIM	IUM MONTHLY INCOM	ΛE:	5642		1			

Printed: 9/10/2024 Page: 58

		Last Comp	ete Update:	10/6/2023			AREA:	Waianae	
PROJECT NAME:	KAU <sup>4</sup>	IOKALAN	I (HPHA-I	ee) - CLOS	SED		PROJECT TYPE:	Family	
ADDRESS:	85-658 F	arrington Hwy		•			PHONE: 808-697	7-7171	
CITY.	J		STATE: HI	7ID. F	00700		<b>FAX</b> : 697-717	74	
CITY:	Waiana	9	STATE: HI	ZIP:	96792		-		
MANAGER APPLY TO		eafine			APPLY AD 1002 North Honolulu,	h School St.		OUT-OF-STATE APPLICATION	
		applications offi	ce					ACCEPTED: NO	
APPLY PHONE					<b>FAX:</b> 832-3461	EMAIL:			
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:								
One	Bdrm:								
	Bdrm:							V50	
Three		50	0		987	3	8	YES	
Four	Bdrm:								
RENT INFO: RE	NT IS 30	% OF INCOME	: YES	UTILITIES IN	CLUDED:		TOTA	AL UNITS: 50	
Minimum Rent: \$5 projects PREFER victims; homeless displaced. NOT ACCEPTING	ENCES: in transit	Domestic Viole ional shelters;	nce	Water and alle	owance for electricity	y only	MINIMUM W ESTIMATE MAXIMUM W	(Months): 36	
AGE CRITERIA:	EU 0/3/3	N1C*****		įt.			ESTIMATE	, ,	
Head of househole	d must be	e 18 years or ol	der	\A/A ITI	ICT FOD DADKING	٠.	TO REMAIN ON W		
				PARKING INF	IST FOR PARKING O: NO	PET INFO	: F	PETS OK: YES	
	۸٥	SSET LIMITS:	NONE	Parking one s	stall	the catego	nimals ok, but only ories listed below: under 25 lbs) or cat		
AN OWN RESI						GENERAL			
ASSET LIMIT INF		nhu.		LEASE:		*Applican	ts must respond in a spondence from HP	a timely manner to	
Cannot own a not	ise on Oa	ariu		1 year		updates n update ar compositi hpha.myh	eeded, however, a y contact information on info, and check vousing.com (will ne	pplicants must on/household waitlist status via ed	
INCOME CRITER		A B 41		ELIDNICUED.		Funding:	e/password to do so Fed Low Inc Pub Hs	sing 100%	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 pers 00; 5 pers 00; 7 pers	1 person - \$53, sons - \$68,500; sons - \$82,200;		FURNISHED: Partly furnish appliances or	edmajor	crystal me	onvictions must be 3 yrs ago, unless it's tal methamphetamine or sex offender RESPONSE IN 2023		
1-PERSON MAXIM	IUM MON	NTHLY INCOM	E:	4570					
2-PERSONS MAXI	мим мс	NTHLY INCO	<b>ИЕ</b> :	5220					

	Last Comp	lete Update:	8/29/2024			AREA:	Kakaako	
PROJECT NAME:	KAUHALE KAI	KAAKO				PROJECT TYPE:	Family	
ADDRESS:	860 Halekauwila St.					PHONE: 808-593	3-9035	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 591-025	50	
MANAGER	: Laura Kim, Property N	Manager		APPLY AD On-Site Ste			OUT-OF-STATE	
APPLY TO	: Hawaii Affordable Pro	perties Inc.					APPLICATION ACCEPTED:	
APPLY ATTN	: Kauhale Kakaako						YES	
APPLY PHONE	: 808-593-9035			<b>FAX</b> : 591-0250		kauhalekakaako.co http://hawaiiaffordal	m ble.com/residential-	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:	1000	1050	570			YES	
	Bdrm: 116  Bdrm: 152	1832 2167	4350	728	2	5	YES	
Three E		2107	3600	720	2	3		
Four I							YES	
			,		,	,	1.20	
	NT IS 30% OF INCOME	: NO	UTILITIES INC			TOTA	L UNITS: 268	
Rent increases pla Accepts 80% AMI	anned for 7/2023. and 100% AMI only		Water, Sewer,	Garbage		MINIMUM W. ESTIMATE		
						MAXIMUM W. ESTIMATE	AIT LIST	
AGE CRITERIA:						TO REMAIN ON W		
Head of household time of application	d must be 18 years or o			IST FOR PARKING:		CALL EVERY	· · ·	
			PARKING INF			PET INFO: PETS OK: YES  Pets permitted with a \$200 refundable deposit.		
ļ	ACCET LIMITO	NONE	\$94.24. Diamo		l ets perm	tted with a \$200 fer	пиниаые черозн.	
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:			guest parking.	GENERAL	INFO:		
ASSET LIMIT INFO			LEASE:			Lanai, AC, renova		
			1 year		court, barb center and Manager/N	al deck with a baske becue areas, playgre convenience store figmt Office, and Ce	ound, fitness . On-site Resident entral Laundry	
INCOME CRITERI	IA:				up from m	oplication: Ask mgm anager's office. Or	online:	
depends upon nur	cannot exceed 100% A nber of occupants and s ersons - \$141,100, ann	size of unit.	Partly furnished- carpet, range with hood, refrigerator, double kitchen sinks, blinds, ceiling fans, phone/cable jacks, dead *Along applica well as mgmt		*Along witl applicants well as res mgmt in a	rdableproperties.con completing regular must keep all contapond to communicatimely manner.*	r waitlist updates, act info current, as ation from housing	
	IUM MONTHLY INCOM		7625		į.			

	Last Comple	ete Update:	10/6/2023			AREA:	Wahiawa
PROJECT NAME:	KAUHALE NAN	II (HPHA-c	en) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
	310 North Cane St.					PHONE: 808-622	2-6360
						FAX: 622-636	
CITY:	Wahiawa	STATE: HI	ZIP:	96786		,	
MANAGER	: Jimary Quinones			APPLY ADD	DRESS:		
APPLY TO	): HPHA NOT ACCEPTING API	PLICATIONS		1002 North S Honolulu, HI NOT ACCEF		CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications offic NOT ACCEPTING APP						NO
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461	EMAIL: I	nphaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:			504			YES
	Bdrm: 14	0		727	2	6	YES
Three I		0		958	3	8	YES
	Bdrm:						
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	NT IS 30% OF INCOME:  of for Federal Low Income Domestic Violence victim itional shelters; involuntal	projects ns; ry	UTILITIES INC Water and allo and gas	:LUDED: wance for electricity		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
AGE CRITERIA:			įt.			ESTIMATE TO REMAIN ON W	
	d must be 18 years or old	ler	\Λ/ΔΙΤΙ Ι	ST FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO:	F	PETS OK: YES
	ASSET LIMITS:	NONE	Parking includ	ed	the categor	imals ok, but only ories listed below: nder 25 lbs) or cat	
	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:		*Applicants	s must respond to a	any
			1 year		manner. No applicants info/housel	dence from HPHA, to waitlist updates n must update any co nold composition in	needed, however, ontact ifo and check
INCOME CRITERI			FURNIOUER		need usern	tus via hpha.myhou name/password to o	do so).
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances onl		All convicti crystal met	ed Low Inc Pub Hs ons must be 3 yrs hamphetamine or DNSE IN 2023	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOME	i:	4570		-		
2-PERSONS MAXI	MUM MONTHLY INCOM	IE:	5220				

	Last Comp	lete Update:	10/6/2023			AREA:	Waimanalo
PROJECT NAME:	KAUHALE O'H	ΙΔΝΔ (ΗΡΗ	Δ-wind) -	NOT ACCEPT	ING	PROJECT TYPE:	Family
	41-1260 Kalanianaole		A-Willa) -	NOT ACCEL T		PHONE: 808-233	J
	TT 1200 Kalamanaolo					FAX: 233-376	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		200 010	
MANAGER	:: Roberta Kahele :: HPHA NOT ACCEPTING AF	PPLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCER	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications offi NOT ACCEPTING AF						NO
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 832-3461	EMAIL: h	nphaishereforyou.o	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm:						
Three I	<b>Bdrm:</b> 25	0		1003	3	8	YES
Four I	Bdrm:						
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced. CLOSED FOR AB AGE CRITERIA:	NT IS 30% OF INCOME  for Federal Low Income  Domestic Violence victitional shelters; involuntational shelters and the shade of the shad	e projects ms; ary	and gas	owance for electricity	PET INFO:	MINIMUM WA ESTIMATE ( MAXIMUM WA ESTIMATE ( TO REMAIN ON W CALL EVERY (	(Months): 36  AIT LIST (Months): 60  AITLIST
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:		PARKING INF	O: NO	multiple an	imals ok, but only ories listed below: nder 25 lbs) or_cat	one from each of
ASSET LIMIT INFO		140	LEACE.			s must respond to a	iny
Cannot own a hou	se on Oahu		1 year		manner. No applicants info/housel	lence from HPHA, in the second waitlist updates in must update any concluded composition in the subject with the second composition in the second co	eeded, however, ontact fo and check
INCOME CRITERI	IA:				need userr	name/password to c ed Low Inc Pub Hs	do so).
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53 00; 3 persons - \$68,500 00; 5 persons - \$82,200 00; 7 persons - \$94,350	· ,	FURNISHED: Partly furnishe appliances on		All convicti crystal met	ed Low Inc Pub As one a yrs a hamphetamine or s NSE IN 2023	ago, unless it's
	IUM MONTHLY INCOM		4570		-		

	Last Compl	ete Update:	5/16/2023			AREA:	Wahiawa
PROJECT NAME:	KAWAHI MALU	JWAI APA	RTMENTS	6		PROJECT TYPE:	Family
ADDRESS:	730 Wilikina Dr.					PHONE: 808-888	3-5287
CITY:	Wahiawa	STATE: HI	ZIP:	96786		FAX: 888-532	29
	Wallawa			30700			
MANAGER	t: Kristina Garza, Manag	er		APPLY AD On-Site	DDRESS:		OUT-OF-STATE APPLICATION
APPLY TO							ACCEPTED:
APPLY ATTN	I: Kawahi Maluwai Apart	ments					
APPLY PHONE	: 808-888-5287			<b>FAX:</b> 888-5329		awahi@cmiweb.no ww.KawahiMaluw	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	<b>Bdrm:</b> 79	0	NO		1	3	YES
Two I	<b>Bdrm:</b> 39	0	NO		2	5	YES
Three I							
Four I	Bdrm:		<u> </u>		J	]	
RENT INFO: RE	NT IS 30% OF INCOME	: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 118
	tion 8 building with privat bridge Management, Inc Apartments		Water, sewer,	garbage		MINIMUM W ESTIMATE	
						MAXIMUM W ESTIMATE	-
AGE CRITERIA:	d must be 18 years or ole	dor at the			٦	O REMAIN ON W	
time of application	u must be 16 years of on 1.	uer at the		IST FOR PARKING	=		
			PARKING INF	O: NO	PET INFO:	e animals with doc	PETS OK: NO
1	ASSET LIMITS:	YES	Tenant must I are assigned.	have car and stalls Guest parking	Only service	e animais with doc	ioi iettei
AN OWN RESID	DENTIAL PROPERTY:	YES	available.		GENERAL I	NFO:	
ASSET LIMIT INF			LEASE:				ar waitlist updates,
eligibility. 401K	ed when determining inco - current interest rate (de ed toward income .		One-year ther thereafter	n month-to-month	and respon mgnt in a ti Funding: So	must keep all cont d to communication mely manner.* ection 8 100% + Lo ded accessible uni	on from housing
INCOME CRITERI	IA·		r		at ground le	evel. 2 Elevators, 0	Community Room,
	Income: 5 persons - \$6	510.00	FURNISHED:		maintenand	, secured key-card e, On-site manag	ement and
			Partly furnishe appliances & carpet.	ed with-major microwave. No	Transportat	cilities. Newly ren ion to shopping av arities Hawaiʻi. Cu s	ailable through
					Called 829/	2024, no response	e
	MUM MONTHLY INCOME		4220 4820				

	Last Comp	lete Update:	10/6/2023			AREA	. Moiliili
PROJECT NAME:	<b>KEAUHOU SH</b>	ELTER				PROJECT TYPE	: Emergency/Transi
ADDRESS:	1020 Isenberg St.					PHONE: 808-53	37-8330
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX:	
APPLY TO	t: Jordan Torres, Housin		am - 4:30pm	<b>APPLY AI</b> Walk-in, o			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN			ı	FAX:	EMAIL	https://waikikihc.o shelter/	rg/locations/keauhou-
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 75						
	Bdrm:						
Three							
	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME	E:	UTILITIES INCL	UDED:		TOT MINIMUM V ESTIMATE	
						MAXIMUM V	
AGE CRITERIA:  18 years or older,	adults only, no family		WAITI IS	T FOR PARKING		TO REMAIN ON Y	WAITLIST
			PARKING INFO		PET INFO		PETS OK:
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:		No Fee		ADA only GENERA	, 8 animals max for _ INFO:	project
ASSET LIMIT INF	O:		LEASE:			r facility, shared band laundry facilities	
			Program Fee		Services assistant	include housing place, job training, help	acement o obtaining
INCOME CRITER	IA:		ELIDNICHED.				
			FURNISHED:				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	10/24/2023			AREA	Moiliili
ROJECT NAME:	<b>KEAUHOU SH</b>	ELTER			F	PROJECT TYPE	Emergency/Trans
ADDRESS:	1020 Isenberg Street					PHONE: 808-53	7-8330
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX:	
MANAGER	::				ilable, staff will s		OUT-OF-STATI
APPLY TO	on-site, 7:30am - 4:30 pre-application	)pm; if space av	ailable, to complete	appointment paperwork.	t to complete ad	mission	APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	: 808-537-8330		FA	AX:	EMAIL: ht	tps://waikikihc.or	g/locations-shelter/
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	0					
One I	Bdrm:	0					
Two I	Bdrm:	0					
Three I	Bdrm:	0					
Four I	Bdrm:	0					
Emergency housir houseless or at ris	NT IS 30% OF INCOME ng for up to 75 clients wisk. Dormatory-type arra soms and showers, shares.	ho are ngement	UTILITIES INCLUI	DED:		TOTA MINIMUM W ESTIMATE MAXIMUM W	(Months): 0
			ĮL			ESTIMATE	
AGE CRITERIA:  All individuals or c	ouples, age 18 and olde	er, who are			Т	O REMAIN ON V CALL EVERY	
homeless or at ris			PARKING INFO:	FOR PARKING:	PET INFO:		PETS OK:
	ASSET LIMITS:						
AN OWN RESID	DENTIAL PROPERTY:				GENERAL II		es and individuals;
TOOL I EIIIII IIII	<b>9</b> .		LEASE:		housing place help obtaining services. Housing Fire	cement assistanding ID, social secu	ce; job training; urity card, etc.; mail
NCOME CRITERI	IA:		FURNISHED:			nem once they ar	
-PERSON MAXIM	IUM MONTHLY INCOM	E:	0		]		
-PERSONS MAXI	MUM MONTHLY INCO	ME:	0				

		Last Comp	lete Update:	9/3/2024			AREA:	Chinatown
PROJECT NAME:	<b>KEK</b>	AULIKE C	OURTYAF	RDS			PROJECT TYPE:	Family
ADDRESS:	1016 Ma	aunakea St.					PHONE: 808-545	5-2993
CITY	Honoluli		STATE: HI	ZIP:	96817		FAX: 545-365	54
OII I.	Honoluli	u	STATE. HI	2	90017			
	Alison Christin	Rackle, Aminis	, Property Mana strative Associat Reisdent Service Corp.	e		ADDRESS: unakea St. Hono	lulu HI,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							NO
APPLY PHONE	: 808-54	5-2993			<b>FAX:</b> 545-3654		http://www.mutual- housing.org/kekaul	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	12	793	2x rent	300	1	2	YES
One Bdrm: 63 995				2x rent	500	1	4	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE Waitlist is open int http://www.mutual-	termitten	tly. Application	available at	Water and set			MINIMUM W ESTIMATE MAXIMUM W	(Months): 3
AGE CRITERIA:				į.			ESTIMATE	12
Head of household				\\/ \ ITI	IST FOR PARKIN	G:	TO REMAIN ON W	
time of application caregiver must be				PARKING INF		PET INFO	: F	PETS OK: YES
]	AS	SSET LIMITS:	NONE	\$40/month, fire basis	rst come first serve	Small bird	ls (2 max) and fish o	only.
AN OWN RESID						GENERAL	_INFO:	
ASSET LIMIT INFO		nnliance matrix	,	LEASE:			st updates necessar p contact info currer	
laccordance to inc	Joine Con	impliance matrix		1 year; then n	nonth-to-month	respond to in a timely Laundry r	o communication from the communication from the communication from the communication of the communication from the	except C
INCOME CRITERI		2521 2		FURNIOUER			s, secure building. on available at:	
\$45,750 for 1 person, \$52,250 for 2 persons, \$58,800 for 3 persons, \$65,300 for 4 persons.  Follows state guidelines.			ons,	Partly furnishedmajor appliances only. Carpet http:			w.mutual-housing.or s/ (only during times PONSE IN 2023 ed Sept. 2024	
1-PERSON MAXIM	10M MUI	NTHLY INCOM	IE:	3813		]		
2-PERSONS MAXI	мим мо	ONTHLY INCO	ME:	4029				

_		lete Update:	8/30/2024			AREA:	
ROJECT NAME: KE		OURTS				PROJECT TYPE:	Family
ADDRESS: 91-1	083 Kekuilani Lp.					PHONE: 808-67	
CITY: Kapo	olei	STATE: HI	ZIP:	96707		<b>FAX</b> : 674-04:	26
	a Vaovasa, Reside Manager: Kristine			APPLY ADI	DRESS: kuilani Loop		OUT-OF-STAT
	vaii Affordable Pro				waii 967076		APPLICATION ACCEPTED
APPLY ATTN: Kel	uilani Courts LLC						YES
APPLY PHONE: 808	-674-0405			<b>FAX</b> : 674-0426		kekuilanicourts@g http://hawaiiafforda	mail.com able.com/residential
Unit Type	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio							
One Bdrm							
Two Bdrm		2000	3600	790	1	5	YES
Three Bdrm							
Four Bdrm			ļ				YES
Section 8 holders do no income requirement. Must have verifiable res		e minimum	Water			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): /AIT LIST (Months):
AGE CRITERIA: Head of household mus	t be 18 years or o	lderat the	\A/A/T!	OT FOR RADIUMO		TO REMAIN ON V CALL EVERY	
ime of application.	·		PARKING INF	ST FOR PARKING: D: NO	PET INFO:	: 1	PETS OK: NO
				uded, additional Guest parking	Service ar	nimals are allowed vation.	with proper
	ASSET LIMITS:		available durin	g specified hours.			
AN OWN RESIDENT ASSET LIMIT INFO:	IAL PROPERTY:	NO	. = =		GENERAL Along with	INFO: completing regula	r 6 mo. updates.
Property is counted who eligibility.	en determining inc	come	1 year		applicants and respo	must keep all cont nd to communication timely manner.*	tact info current
			<u> </u>		Project ha	s resident manage indry facility, recrea	r, mgmt. office,
NCOME CRITERIA: ncome is not to exceed	I 80% AMI.		FURNISHED:		machine,	barbecue area, visi	tor parking, car
				d major is range; disposal, h storage closet.	wash area, membership in Kapolei Association with access to the rec facility and swimming pool. Bus stops across street and next door.  Applicants should call to see if they made the wait list.		

Printed: 9/10/2024 Page: 67

	Last 0	Complete Update:	10/6/2023			AREA:	Kapolei
PROJECT NAME:	KEKUILAN	I GARDENS				PROJECT TYPE:	Family
ADDRESS:	91-1045 Kekuilan	ni Lp.				<b>PHONE</b> : 808-67	4-6647
CITY:	Kapolei	STATE: H	ZIP:	96707		FAX: 808-67	4-6647
MANAGER	t: Mark Developm	ent, Inc.			kuilani Lp., Kap	oolei,	OUT-OF-STATE
APPLY TO	: Kekuilani Garde	ns		Hawaii 967	07		APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	:: 808-735-9099 e	xt 1		<b>FAX</b> : 674-4170		nttp://www.mdihaw dens	aii.com/kekuilanigar
Unit	Type: Numbe of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
-	Bdrm: 55			700			YES
Three		0		790	2	5	120
	Bdrm:	-					YES
Priority given to ve AMI). Security De Monthly Allowable Market Note Rate	ery low income (lese posit \$925 Rent \$925		UTILITIES INCL	_UDED:		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 60
AGE CRITERIA: Head of househol	d must be 18 vears	s or older				TO REMAIN ON V CALL EVERY	
	,		PARKING INFO		PET INFO:		PETS OK: NO
	ASSET LIM	MITS: YES					
	DENTIAL PROPE	RTY:			GENERAL		
ASSET LIMIT INF Property is counte eligibility.		ng income	LEASE: 1 year		keep all co to commun a timely ma Funding: F	ntact info current, lication from housi anner.* RHTF	d; Applicants must as well as respond ng management in
INCOME CRITER	IA:		•		On-site lau Application		
Maximum Annual Income (for Placement): Very Low = 2 persons - \$41,200; 3 persons - \$46,350; 4 persons - \$51,500; 5 persons - \$55,650 Once placed, your adjusted income may not exceed the Low Allowable Income level.		FURNISHED: Partly furnished appliances only		online mdir ask manag pick up from		•	
 1-PERSON MAXIM	IUM MONTHLY IN	ICOME:			]		

Printed: 9/10/2024 Page: 68

	Last Compl	ete Update:	8/15/2023			AREA:	Waianae
PROJECT NAME:	KEOLA HOOM	ALU				PROJECT TYPE:	Elderly
ADDRESS:	85-259 Plantation Rd.					PHONE: 808-524	1-2731
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 545-521	14
MANAGER	R: Sunnie Lee, COS. Ja	y Okada, Off-Site I	Manager		etania St., Suite	C101	OUT-OF-STATE
APPLY TO	: Urban Real Estate Co			Honolulu,	HI 96813		APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Management	Department					YES
APPLY PHONE	: 524-2731 x 3609			<b>FAX</b> : 545-5214	EMAIL:		
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						YES
	Bdrm: 35	0			1	2	120
Three							
	Bdrm:						
1 our	Dullii.						
Market \$1,100.00	NT IS 30% OF INCOME		TILITIES INC			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:						TO REMAIN ON W	
union partner 18+	ld 62+ or disabled; spous ; all other members of th	е		IST FOR PARKING	_		
household must b	e 62+ or disabled		ARKING INFO		PET INFO:	Management Appro	PETS OK: YES
•	ASSET LIMITS:		Ü				
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:	LI	EASE:		Waitlist as	of 8/15/23: 3-5 yea	ars
		1	year; then m	onth-to-month	Funding: S	Section 8 100%	
					No manag	er residing on site.	
INCOME CRITER					SQFT of u	nits not available fr	om manager.
50% AMI: 1 perso	n \$40,850; 2 persons \$4	F	URNISHED: Partly furnishe appliances on		Application Send requ envelope	n: est with self-addres	ssed stamped
1-PERSON MAXIM	IUM MONTHLY INCOME	≣: 3	404		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	ИЕ: 3	888				

		Last Comp	ete Update:	8/30/2024			A	REA:	Vineyard
PROJECT NAME:	KEOL	LA HOON	ANEA				PROJECT 1	YPE:	Elderly
ADDRESS:	1465 Aa	ıla St.					PHONE: 8	08-533	-4582
CITY:	Honolulu	ı	STATE: HI	ZIP:	96817		FAX:		
	Specia		rop. Mgr; Faye-Asa - On-site Mgr		•	ani Blvd. Ste. 70	00		OUT-OF-STATE APPLICATION
		g Management							ACCEPTED: YES
APPLY PHONE	<b>:</b> 808-59	3-9100			<b>FAX:</b> 447-5169		nttps://www.p ceola_hoona		ousing.com/details/
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMI Number People	of	CAREGIVER Allowed:
	tudio:								V50
	Bdrm:	175	862	2.5x Rent	500	1	2		YES
	Bdrm:								
Three									
Four	Bdrm:						,		
RENT INFO: RE  70 units are Sectic by 30% of income not apply. Rest of \$862. Preference income requireme	on 8 units and the f units har given to	where rent is ominimum inconve rent range overerans. Minim	calculated ne need f \$733 -	UTILITIES INC Electricity, gas			MINIM ESTIN MAXIM	UM WATE	L UNITS: 175  AIT LIST (Months): 9
AGE CRITERIA:				įr.			ESTII TO REMAIN		(Months): 60
Head of househole				\\/ \ I T   1	ST FOR PARKING:				(Months): 6
disabled. All othe 62+ or disabled.				PARKING INFO		PET INFO:		Р	ETS OK: YES
]	AS	SSET LIMITS:	NONE	50 stalls; no pa avg. 2-3 years; parking availab			oroperty mar ssible; \$100		approval, 2 cats posit
AN OWN RESI		PROPERTY:	YES			GENERAL	INFO:		
ASSET LIMIT INF	O:			LEASE:		Veteran pre Application	eference. : Ask manag	jement	to mail it
				1 year; then m	onth to month	envelope	m manager's		sed stamped
INCOME CRITER	IA:								
All income limits a HUD	are usuall <sub>y</sub>	y published anr	nually by	FURNISHED: major applianc	es only				
 1-PERSON MAXIN	NOM MUN	NTHLY INCOM	E:	5642		1			
2-PERSONS MAXI	IMUM MC	ONTHLY INCO	ME:	6446					

	Last Comp	lete Update:	9/4/2024			AREA:	Makiki	
PROJECT NAME:	<b>KEWALO APA</b>	RTMENTS				PROJECT TYPE:	Family	
ADDRESS:	1407 Kewalo St.					PHONE: 808-531	-3233	
CITY:	Honolulu	STATE: HI	ZIP:	96822		<b>FAX</b> : 529-051	6	
	t: Kelli Lopez, Property l	Manager			DRESS: nagement offi ager@kewalol		OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY ATTN	I: 808-531-3233			<b>FAX:</b> 529-0516	EMAIL:	: manager@kewaloh	awaii.com	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:  Bdrm:							
Two	Bdrm: 37	0	NO	610	2	5	YES	
Four	Bdrm:						NO	
Project-based Sec	NT IS 30% OF INCOME ction 8 - 32 units only LIHTC at \$1122/mo.	E: YES	UTILITIES INC Gas, water, an			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 48 AIT LIST	
	d must be 18 years or o	lder at the	\/\ΔITI I	ST FOR PARKING:		TO REMAIN ON W	AITLIST	
time of application	a.  ASSET LIMITS:	NONE	PARKING INFO	O: YES ing for residents le; other parking	PET INFO	): F	PETS OK: NO	
AN OWN RESID	DENTIAL PROPERTY: O:	YES	available.		GENERAI *Applican	its must keep contac	t info current, as	
			1 year; then m	onth-to-month	managen 2-5 peopl	espond to communication in a timely mannule per unitumon areas were rer	ner.*	
INCOME CRITER								
Must qualify for LI and/or Section 8 li	HTC income limits set b imits set by HUD.	y HHFDC	Partly furnishe appliances onl		Pick up fr	application: Pick up from manager's office or email request o manager@kewalohawaii.com		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Las	st Comple	ete Update:	10/6/2023				AREA:	Kaneohe
PROJECT NAME:	KILOHAN	NA APA	ARTMENTS	- NOT	ACCE	PTING	APPLI	PROJECT TYPE:	
	45-265 Willian							PHONE: 808-23	5-1844
CITY	Kaneohe		STATE: HI	ZIP:		96744		FAX: 234-70	
OII I.	Kaneone		STATE.  FII	2		96744			
	t: Terrilyn Ahak					On-Site S	ADDRESS: Ste. #J-06 DSED FOR		OUT-OF-STATE APPLICATION
	: Qualpac Mar		Corporation			APPLICA	ATIONS***		ACCEPTED: YES
APPLY ATTN	I: Kilohana Apa	artments					<b></b>		
APPLY PHONE	: 808-235-184	4			FAX:	234-7058	EMAI	L: 	
		nber NITS:	RENT:	Minimum INCOME Required		SQ FT:	MINIMUN Number of People	Number of	CAREGIVER Allowed:
	tudio:				<u> </u>				YES
		7	485		<u> </u>	479	1	4	YES
		90	610		<u> </u>	821	4	8	YES
Three		12	760			021	J 4	0	1120
Four	Bdrm:				ļ.		,		
RENT INFO: RE				TILITIES IN Gas, electric				MINIMUM W ESTIMATE MAXIMUM W	(Months): 120
AGE CRITERIA:			,					ESTIMATE TO REMAIN ON V	
Head of househole	d must be 18 ye	ears or old	ler	\ <b>\/</b> \	I IST FOE	R PARKING	<b>⊙</b> .	CALL EVERY	
			Р	ARKING IN		ARTON	PET INF	FO:	PETS OK: NO
			F	Parking inclu	uded				
		LIMITS:					J		
AN OWN RESIDE		PERTY:						AL INFO: g: Section 221(d) 100	%
			_	EASE: Month-to-mo	onth			g. 00011011 22 1(u) 100	70
				nonur to me	71111			SPONSE IN 2023. LA E OCCURRED ON 1	
INCOME CRITER									
Maximum Annual 2 persons - \$73,00 4 persons - \$91,20 6 persons - \$108,0 persons - \$120,40	00; 3 persons - 00; 5 persons - 800; 7 persons	\$82,100; \$98,500;	F	URNISHED Partly furnish ppliances c	hedmajo				
I 1-PERSON MAXIN	IUM MONTHLY	/ INCOME	: 5	320			Į.		
2-PERSONS MAXI	MUM MONTHL	_Y INCOM	IE: 6	083					

	Last	Complete Update:	9/3/2024			AREA:	Makiki		
PROJECT NAME:	KINAU VIS	STA STA				PROJECT TYPE:	Elderly		
ADDRESS:	1150 Kinau St.					PHONE: 808-52	1-7111		
CITY:	Honolulu	STATE:	E   HI   96814			<b>FAX</b> : 521-6897			
MANAGER	R: Paul Hobson, F Hawaii Affordal	Resident Manager ble Housing		APPLY ADI			OUT-OF-STATE		
APPLY TO	): Kinau Vista						APPLICATION ACCEPTED:		
APPLY ATTN	: Property Mana	gement Division					YES		
APPLY PHONE	E: 808-738-3100			<b>FAX:</b> 735-1978	EMAIL:	paulh@hawaiiaffor	adable.com		
	t Type: Numb of UNI		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:		
	studio:								
	Bdrm: 62	1335	2xrent	430					
	Bdrm:								
Three									
Four	Bdrm:						YES		
RENT INFO: RE 7 units (for 30 % A 24 units (for 50% 31 units (for 60% Section 8 certifica gross income requ	AMI seniors) - \$60 AMI seniors) - \$7 AMI seniors) - \$7 Ite holders need r	30 1,050 1,335	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 12		
AGE CRITERIA:			įt.			ESTIMATE			
All residents must	be 55 or older.		, , , , , , , , , , , , , , , , , , ,	IOT FOR RARIANO		TO REMAIN ON V CALL EVERY			
Applicants can ap history.	ply without verifia	ble residential	PARKING INF	IST FOR PARKING: O: NO	PET INFO:	I	PETS OK: NO		
	ASSET LI	MITS: NONE		ndicap stalls; \$40 g; guest parking		imals/ emotinal su th proper documen			
	DENTIAL PROPE	RTY: YES			GENERAL	INFO:			
ASSET LIMIT INFO:  All income from assets is counted to determine eligibility.			LEASE: 1 year	1 year Comr with E Applie			Opened 3/05. Funding: LIHTC & RHTF Has social worker on site for services (PT). Community room w/ full kitchen & TV; courtyard with BBQ area, victory garden. Application: Online; Ask management to mail it; Send request with self addressed stamped		
INCOME CRITERIA:  30% of AMI: 1 person \$27,510; 2 persons \$31,440 50% of AMI: 1 person \$45,850; 2 persons \$52,400 60% of AMI: 1 person \$55,020; 2 persons \$62,880  Follows State guidelines.				FURNISHED:  Partly furnishedmajor appliances only  enver main *Wai keep to co a tim		Pick up from mana e pdates not required ontact info current,	ger's office or d; Applicants must as well as respond ng management in		
II 1-PERSON MAXIN	IUM MONTHLY I	NCOME:	4575		J.				
2-PERSONS MAXI	IMUM MONTHLY	INCOME:	5225						

	Last Comple	ete Update:	10/6/2023			AREA:	Kaneohe
PROJECT NAME:	KO'OLAU VILL	AGE (HPF	<mark>IA-wind) -</mark>	NOT ACCEP	TING	PROJECT TYPE:	Family
ADDRESS:	45-1027 Kamau Pl.					PHONE: 808-233	-3766
CITY	Kaneohe	STATE: HI	ZIP:	96744		FAX: 233-376	9
OII I.	Kaneone	STATE: I	211 .	96744			
MANAGER	: Roberta Kahele			APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	· UDUA			Honolulu, HI	96817		APPLICATION
AITEITO	NOT ACCEPTING APP	PLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications offic						NO
	NOT ACCEPTING APP	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	TO A DE ON /ED
Office	Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
	tudio:		rtoquilou.		от георіе	т соріс.	
				500			YES
	Bdrm: 8	0		526	1	4	
Two E	Bdrm: 24	0		662	2	6	YES
Three E	Bdrm: 36	0		915	3	8	YES
Four E	Bdrm: 12	0		996	4	10	YES
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	NT IS 30% OF INCOME: of for Federal Low Income Domestic Violence victim tional shelters; involuntar	projects ns;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM WA ESTIMATE ( MAXIMUM WA ESTIMATE (	(Months): 36 AIT LIST (Months): 60
	d must be 18 years or old	ler				TO REMAIN ON W CALL EVERY (	
	,		WAITL PARKING INF	IST FOR PARKING:	PET INFO:	P	ETS OK: YES
			Included	0.		imals ok, but only c	
	ASSET LIMITS:	NONE				ries listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:			s must respond to a	
Cannot own a hou	se on Oahu		1 year		manner. N	dence from HPHA, i o waitlist updates n must update any co	eeded, however,
					info/house	hold composition in	fo and check
INCOME CRITERI	IA·		,		need useri	tus via hpha.myhou name/password to d	lo so).
ncome Eligibility =	80% of AMI		FURNISHED:			ed Low Inc Pub Hs ions must be 3 yrs a	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350; 450	250;	Partly furnishe appliances on		crystal me	thamphetamine or s ONSE IN 2023	
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXII	MUM MONTHLY INCOM	IE:	5220				

	Last Comp	lete Update:	1/23/2024			AREA:	Downtown
PROJECT NAME:	<b>KOKUA HALE</b>					PROJECT TYPE:	Elderly
ADDRESS:	1192 Alakea Street					PHONE: 808-809	)-7600
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX: 833-893	3-0226
	t: Tress Sotelo, Commu	, ,	eAtKokuaHale.c	Honolulu H	DRESS: a Street #630 awaii 96813		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	I: Schedule in-person ap complete the one onli		ance if unable to	)			TLO
APPLY PHONE	808-809-7600			<b>FAX</b> : 833-693-022		liveatkokuahale.cor kokuahale@tmo.co	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	tudio: 222  Bdrm: Bdrm:	1310		258 - 275			
Four I	Bdrm:						YES
Lower rent - 12 un 60% AMI units are person application the one online. \$5	NT IS 30% OF INCOME nits at 30%AMI - waitlist e open for application. So a assistance if unable to 00 deposit and \$19 applyed) due in certified func-	is closed. chedule in- complete lication fee	UTILITIES INC Water, sewer,			TOTA MINIMUM W. ESTIMATE  MAXIMUM W. ESTIMATE	(Months): 6
AGE CRITERIA:						TO REMAIN ON W	
One person in hou	usehold must be age 55	or older.	WAITLI	IST FOR PARKING: O: NO	PET INFO	CALL EVERY	(Months): 0 PETS OK: YES
			Limited parkin	g on a First Come FCFS) basis daily.	1 pet (cat	or dog) per unit, 30 f \$350 due at move	lbs. or less, one-
	ASSET LIMITS:			,			
AN OWN RESID	DENTIAL PROPERTY:  O:	YES	15405		GENERAL 20 story b	uilding on corner of	Alakea St. and
			LEASE: 6 months than	month-to-month	surveilland City or Sta	St. ot, roll-in showers, bece, two community rate Section 8 welcorn fee of \$19 is waive	rooms, me.
INCOME CRITER	IA:				date to be	determined) and re O. Box is not accept	quired in certified
\$27,510 (1 person 60%AMI units - Ma	aximum annual gross in n) \$31,440 (2 person) aximum annual gross in n) \$62,880 (2 people).		FURNISHED:  Both furnished and unfurnished options. VCT flooring.				ed as place of
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4585		J.		

Printed: 9/10/2024 Page: 75

		Last Compl	ete Update:	5/16/2023				AREA:	Ewa Beach
PROJECT NAME:	KO'O	LOA'ULA	, Phase I	& II - waitl	list closed		PF	ROJECT TYPE:	Family
ADDRESS:	91-1159	Keahumoa Pk	wy.				PI	HONE: 808-550	0-3800
CITV	Ewa Be	a ah	STATE: HI	ZIP:	96706			FAX: 356-333	30
3111.	Ewa be	acri	OTATE:  FI	2	90700	)			
MANAGER	: Laurie	Burgess - Propo	erty Manager		91-115	Y ADDRESS:	a Pkwy, #8	01	OUT-OF-STATE
APPLY TO	: CLOSE	ED for application	n		Еwa в	each, HI 967	Ub		APPLICATION ACCEPTED: YES
APPLY ATTN	l:								11.5
APPLY PHONE	: 808-55	0-3800			<b>FAX:</b> 356-333		MAIL: ww	w.mutual-housir	ng.org
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	Nun	MUM nber eople	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	54	1095	>2x rent	569	-  -	1	4	
Two I	Bdrm:	169	1275	>2x rent	765		2	6	
Three I	Bdrm:	46	1665	>2x rent	1143		3	8	
Four I	Bdrm:	38	1855	>2x rent	1462		1	10	YES
RENT INFO: RE 60% AMGI: (see h (136); 3-bd (37); 4 50% AMGI: 1-bd ( (6) - \$1,335; 4-bd 30% AMGI: (see ld	nigher rer -bd (31). 8) - \$950 (5) \$1,48 ower rent	nt above) 1-bd (- 0; 2-bd (22) - \$1 85	43); 2-bd 155; 3-bd	UTILITIES IN Water and se	CLUDED: ewer; solar water	heating		TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA:	4 (J)						TO	REMAIN ON W	, , ,
18 and older				\Λ/ΔΙΤΙ	LIST FOR PARK	ING:	10	CALL EVERY	
				PARKING INI			INFO:	F	PETS OK: NO
]	AS	SSET LIMITS:	YES	one bedroom	tall is included pen n unit ; two stalls all other sized uni		s not allow	red.	
AN OWN RESID				Guest parkin	g available.	GEN	IERAL IN	=O:	
ASSET LIMIT INFO	O:			LEASE:				ust keep all cont pond to commu	
				1 year		hou Par Fur	ising mgm ticipating i	t. in a timely ma n City's Ready t a Mae Multi Fam	nner.* o Rent program.
INCOME CRITERI						Lan wal	idscaped ( king paths	grounds with plate and bbq pavilio	y areas, tot lot, ns. Coin operated
Gross income mus rent. Maximum an \$84,660; 6-person person - \$103,440	nual inco s - \$90,9	me for 5-persor	ns -	appliances, o	energy efficient carpeted bdrms, narble counter to veneer cabinets	laui con App ps, pas	ndry room, nmunity ro plicants mu	resident service om, on-site mgr ust have satisfact background che	es office and nt office. ctory credit check,
1-PERSON MAXIM	IOM MUI	NTHLY INCOME	:	4575		Į.			
2-PERSONS MAXI	мим мо	ONTHLY INCOM	ΛΕ:	5225					

		Last Comple	ete Update:	10/6/	2023				AREA:	Kalihi
PROJECT NAME:	KUHIO	HOMES	(HPHA-I	non) -	NOT	ACC	EPTING	APP	PROJECT TYPE:	Family
ADDRESS:									PHONE: 808-83	2-6075
				_					FAX: 832-34	
CITY:	Honolulu		STATE: HI	2	IP:		96819		,	
MANAGER	: Nua Vaov	/asa					APPLY ADI			
APPLY TO		CEPTING APF	PLICATIONS				1002 North Honolulu, H NOT ACCE		LICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		olications office CEPTING APF								NO
APPLY PHONE	: 808-832-	5961				FAX:	832-3461	EMAIL	: hphaishereforyou.c	org
Unit		Number f UNITS:	RENT:	INC	imum OME quired:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:	20	0			 	490	1	4	YES
	Bdrm:	32	0				688	2	6	YES
Three I		37	0				877	3	8	YES
Four I	Bdrm:	37	0			ī	1042	4	10	YES
RENT INFO: RE  8 5 Bdrm units Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	for Federa Domestic V	I Low Income /iolence victim	projects	Water a	and ga		o: vance for		TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:									TO REMAIN ON V	
Head of household	d must be 1	8 years or old	er	,	WAITL	IST FOI	R PARKING:		CALL EVERY	
				PARKI	NG INF	O:		PET INFO		PETS OK: YES
]	ASS	ET LIMITS:	NONE	Include	ed			the categ	animals ok, but only gories listed below: (under 25 lbs) or ca	
AN OWN RESID	DENTIAL PI	ROPERTY: I	NO					GENERA	L INFO:	
ASSET LIMIT INFO				LEASE					nts must respond to indence from HPHA,	
Carmot own a nou	ise on Gane	4		1 year				manner. applicant info/hous	No waitlist updates its must update any conselled composition in tatus via hpha.myho	needed, however, contact nfo and check
INCOME CRITERI	IA:							need use	ername/password to Fed Low Inc Pub H	do so).
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 p 00; 3 persor 00; 5 persor 00; 7 persor	person - \$53,2 ns - \$68,500; ns - \$82,200;	50;		urnishe	edmajo lly, no ca		All convider crystal m	red Low into 1 d 3 rs ctions must be 3 yrs nethamphetamine or PONSE IN 2023	ago, unless it's
1-PERSON MAXIM	IUM MONTI	HLY INCOME	:	4570				p.		
2-PERSONS MAXI	MUM MON	THLY INCOM	E:	5220						

	Last Compl	ete Update:	6/13/2023			AREA:	Liliha
PROJECT NAME:	<b>KUKUI GARDE</b>	NS				PROJECT TYPE:	Family
	1103 Liliha St.					PHONE: 808-532	2-0033
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 762-233	3
	2: Sandie Ishimie, Prope	rty Manager		APPLY AD 1103 Liliha Honolulu, F	St., Ste. 102		OUT-OF-STATE APPLICATION ACCEPTED:
	I: Kukui Gardens						YES
	E: 808-532-0033			<b>FAX</b> : 762-2333	EMAIL:	www.eahhousing.or	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 115	1290	3223		1	2	YES
Two I	<b>Bdrm</b> : 106	1512	3775		2	5	YES
Three I		1712	4278 4683		3	7	YES
Four	<b>Bdrm</b> : 46	1874	4003	J	4	9	YES
Deposit plus first r *Updates not requ updating contact in	uired to remain on waitlist nfo), however, applicants unication from housing	: (unless	UTILITIES INCI Water & Sewer			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 4  AIT LIST
AGE CRITERIA:	d must be 18 years or old	der				TO REMAIN ON W	
			WAITLIS PARKING INFO	ST FOR PARKING: ): YES	PET INFO:	P	PETS OK: NO
]	ASSET LIMITS:	NONE	1 stall included available.	, guest parking		assiatance animals umentation and nedent.	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:		Funding: L	IHTC	
			First year: Fixed Month-to-Month	d 12-month lease. h thereafter.	Accepting	applications for ALI	_ bedroom sizes.
INCOME CRITER	IA:		,				
(2 persons), \$70,7 persons), \$84,900 \$97,500 (7 perosn	AMI; \$55,020 (1 perons 740 (3 persons), \$78,600 0 (5 persons), \$91,200 (6 ns), \$103,800 (8 persons ns), 110% AMI; \$100,870	(4 persons), ),	FURNISHED: Partly furnished appliances only				
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4085		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	ΛΕ:	4665				

		Last Comple	ete Update:	10/6/2023			AREA:	Downtown	
PROJECT NAME:	KUKU	I TOWER	- CLOSE	ED FOR ap	plications		PROJECT TYPE:	Family	
ADDRESS:					-		PHONE: 808-53	7-4935	
CITY	J		STATE: HI	ZIP:	00047		FAX: 537-96	82	
CITT	Honolulu		STATE: HI	ZIP:	96817				
	Celeste	Malloe, Proper Russell, Assis nnie Chan, Lea	tant Resident	Manager	APPLY A On-Site	DDRESS:		OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	:							YES	
APPLY PHONE	: 808-537	7-4935			<b>FAX</b> : 537-9682	EMAII	L: KT-Management@	eahhousing.org	
	[	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUN Number of People	Number of	CAREGIVER Allowed:	
	tudio: 3drm:	126	778	1695	560	1	3	YES	
Two E	3drm:	254	846	1843	742	2	5	YES	
Three I	!								
Calculated by usin income, the minim \$778 for 1 bdrm; \$income cannot be	ig 30% of lum and m 3737 - \$84 at or abov	the household naximum rents 6 2 bdrm. 30% re the maximul	s adjusted are \$678 -	UTILITIES IN			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24	
AGE CRITERIA:							TO REMAIN ON V CALL EVERY		
Head of household	d must be	18 years or old	der	WAITL	IST FOR PARKING	<b>∋</b> :			
				PARKING INF	1	PET INF		PETS OK: NO	
AN OWN RESID		SET LIMITS:		stalls range fi	tall \$25; additional rom \$105 to depending on		able accommodations  AL INFO:	for disability	
ASSET LIMIT INFO	0:			LEASE:			t updates must be con		
				1 year; then r	month-to-month	"update Funding Comple	each year, via submicard".* g:Section 8, Section 2 sted 1976 rd sent once a year to	36	
	INCOME CRITERIA:					Swimmi	n waitlist. ing pool, playground,		
Section 8 limit - 50% AMI; Section 236 limit - 80% AMI Applicant's monthly adjusted household income cannot exceed \$2,760 (1 bdrm) or \$3,030 (2 bdrm)				Partly furnishedmajor 24 hc came appliances only			community room, picnic/bbq area on site. 24 hour trained personnel patrol.& closed circuit cameras. NO RESPONSE IN 2023.		
1-PERSON MAXIM	IUM MON'	THLY INCOME	<u>:</u>						

	La	st Complet	te Update:	8/30/2024					AREA:	Makiki
PROJECT NAME:	KULANA	HALE					F	ROJECT	, t <u> </u> ,	Elderly
	1551 South B							PHONE:	808-983	-1551
CITY:	Honolulu		STATE: HI	ZIP:	90	826			983-155	
MANAGER	: Melody Dani	elson,Prope	erty Manager		AF	PLY AD	DRESS:			
APPLY TO	: Kulana Hale	LLP			-	n-Site n Floor, M	lanagement Offic	ce		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	:									YES
APPLY PHONE	: 808-983-155	i1			<b>FAX:</b> 983	-1553	EMAIL: le	slie@haw ww.hawai		
	of U	mber NITS:	RENT: 1295	Minimum INCOME Required:		FT:	MINIMUM Number of People	MAXIM Numb Peop	er of ole:	CAREGIVER Allowed:
		12 11	1495 1855			20	2	3		YES
Three E			1033			74	2			
Four E	Bdrm:									YES
No longer have a d Based on 80% AM	credit check fe		NO	UTILITIES INC Electricity, wat		ntenance		EST MAXII	MUM WATE (	L UNITS: 174  AIT LIST (Months): 0  AIT LIST (Months): 0
AGE CRITERIA:							Т	O REMAI	N ON W	AITLIST
All residents must	be 55 or older			WAITLI	IST FOR P	ARKING:	PET INFO:	CALL I		(Months): 6 ETS OK: NO
]	ASSET	LIMITS: N	IONE	Parking: \$80/n parking is availimited and/or	month; gues ilable; parki	t ng is	Service Pets	Allowed		210 O.K. JINO
AN OWN RESID							GENERAL IN	NFO:		
Income from Asse income. Assets ov	ts counted tow			LEASE: 6 months (Initi	ial lease ter	m)	keep contact communicat manner.* Funding: LI	t info curr ion from r HTC	ent, as v nanager	Applicants must well as respond to ment in a timely
INCOME CRITERI	A:						work outside	e home.		D letter; cannot
1 person - \$73,200 annually; 2 person - \$83,600 annually.			FURNISHED:  Partly furnishedmajor appliances only. Carpet, blinds, ceiling fan, over the range microwave			building equ Application: housing.con Or pick up fr	ipped with Online: lo n or ask m om mana	n fire spr ow-incom nanagem ger's off	ne-senior- nent to mail it	
1-PERSON MAXIM				6100			Į.			

		Last Comp	lete Update:	5/9/2023			AREA:	Kaneohe
PROJECT NAME:	KUL	ANA NAN	APARTM	ENTS			PROJECT TYPE:	Family
ADDRESS:	46-229	Kahuhipa St.					PHONE: 808-24	7-0602
CITY:	Kaneoh	ie	STATE: HI	ZIP:	96744		<b>FAX</b> : 247-060	02
MANAGER	: Farod	Jackson			APPLY ADI			OUT-OF-STATE
APPLY TO	: Hawai	ian Properties						APPLICATION ACCEPTED:
APPLY ATTN	I: Kulana	a Nani						YES
APPLY PHONE	:: 808-2 <i>4</i>	17-0602			<b>FAX:</b> 247-0602	EMAIL:	rm@kulananai.com	1
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	40	1575		745	2	5	YES
Three	Bdrm:	80	1765		862	3	7	YES
Four	Bdrm:	40	1810		980	4	9	YES
Wait List for 2 bed Wait List for 3 bed Wait List for 4 bed	Irooms is	s 6 months - 12 s 3 months - 6	months months	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 3
				ļ.			ESTIMATE	
AGE CRITERIA: Head of househole				\A/A ITI	IST FOR PARKING:		TO REMAIN ON W CALL EVERY	
Applicants can ap history.				PARKING INF		PET INFO	; F	PETS OK: NO
Minimum compos		2 bedroom units SSET LIMITS:		\$50 per month stall is 4 - 5 ye	n; waitlist for 2nd ears.	Only assis	tive animals	
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE: 1 year		well as res managem Office Hou Monday th	s must keep contacts spond to communic ent in a timely man urs: 8am - 4pm aru Friday	ation from ner.*
INCOME CRITERIA: 5-PERSONS MAXIMUM MONTHLY INCOME: \$6,510.00			FURNISHED: Partly furnishe appliances on range/oven), v	ly (gas	10 handic For Applic Send requ envelope;	I courts, picnic/bbq ap units ation: lest with self-addres pick up from mana equest application to	ssed stamped ger's office or call	
II 1-PERSON MAXIN	IUM MO	NTHLY INCOM	E:	0		]		
2-PERSONS MAXI	MUM M	ONTHLY INCO	ME:	3888				

		Last Comp	lete Update:	7/18/2023			AREA	Waimanalo
PROJECT NAME:	KULA	NAKAUH	IALE MAL	UHIA O NA	A KŪPUNA		PROJECT TYPE	Elderly
ADDRESS:	41-209 II	auhole St.					PHONE: 808-42	6-1400
CITY:	Waimana	alo	STATE: HI	ZIP:	96795		<b>FAX</b> : 426-14	01
MANAGER	: Noheala	ani Hoopii				ADDRESS:		OUT-OF-STATE
APPLY TO	: Location	ns				nalo, HI 96795		APPLICATION ACCEPTED:
APPLY ATTN	l: Propert	y Managemen	t Division					YES
APPLY PHONE	:: 808-426	6-1400			<b>FAX:</b> 738-8981		L: locationsrentals.co rentals.aspx	m/affordable-
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
	tudio: Bdrm:	85	1000	2xrent	528	1	2-3	YES
	Bdrm:	65	1000	ZXIGIIL	320		2-3	
Three I	Bdrm:							
Four I	Bdrm:							YES
9 units @ 30%AM 14 @ 80%AMI. Re \$800, \$825, \$960, have 50% Native I DHHL list.	II; 49 @ 5 ent amour and \$100	0% AMI; 10 @ nts are as follo 00 per month.	60%AMI; ws: \$560, HOH must	Water and sev \$144/mo for el	ver. Utility allowa	nce of	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 /AIT LIST
AGE CRITERIA:							TO REMAIN ON V	
All residents must	be 55 or	older;			IST FOR PARKIN		CALL EVERY	
				PARKING INF Parking include tenant stalls, in	led, 103 visitor &	PET INF	FO:	PETS OK: NO
		SET LIMITS:		handicap acce accessible.	essible and 2 van			
AN OWN RESIDE		PROPERTY:	INO	LEASE:		Verifica	AL INFO: ition of 50% Hawaiian	
Cannot own a maj properties.	ority perc	entage of resid	dential		onth-to-month	confirm Homela *Comm room. 6	of processing. Application letter fromf Dep ands (DHHL) aunity room and garde apt. are handicap ac	t.of Hawaiian n plots; laundry cessible; onsite
INCOME CRITERI				ELIDAHOLIED		howeve	t manager.*No waitlis er, applicants must ke	ep contact info
50% 45,750 5	2 people 31,350	1 person : 80% 73,200 00% 91,500	83,600	Partly furnishedmajor appliances only. Carpet & vinyl floors, curtains.			d and respond to corre manner.Section 8 accorded need not meet the m ment. *Confirmation letton is received g: LIHTC, Section 8, I	epted; voucher in. income etter mailed once
1-PERSON MAXIM	IUM MON	ITHLY INCOM	E:	7625				
2-PERSONS MAXI	мим мо	NTHLY INCO	ME:	8708				

	Last Compl	ete Update:	11/8/2023			AREA:	Makiki	
PROJECT NAME:	KULAOKAHUA	EMERGE	NCY SHEL	TER		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	1311 Ward Ave.					PHONE: 808-599-5759		
CITY.	Honolulu	STATE: HI	ZIP:	0004.4		FAX: 545-862	23	
CITT.	Honolulu	STATE. HI	ZIF.	96814				
MANAGER	: Property Manager - G	eorge McMorris		APPLY ADI	DRESS:			
	, , ,	J		1311 Ward	Avenue		OUT-OF-STATE	
APPLY TO	: call or walk in						APPLICATION ACCEPTED:	
APPLY ATTN	l:						NO	
APPLY PHONE	: 808-599-5759		F	FAX:	EMAIL:	https://dynamichea	lingcenter.org/	
			Minimum		MINIMUM	MAXIMUM		
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:	
S	tudio: 24			255	1	2	YES	
One I	Bdrm: 5			410	1	2	YES	
Two	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:						NO	
Rent is 30% of inc Housing is tempor couples with the g	NT IS 30% OF INCOME come up to the maximum rarly for unsheltered indi- oal of finding permanent e following service plan to ost = \$0	of \$250. viduals or housing.	JTILITIES INCLU			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):	
AGE CRITERIA:						TO REMAIN ON W		
Head of household	d must be 60 years or ol ust be 18. Only visiting	der;	WAITLIS <sup>*</sup>	T FOR PARKING:		CALL EVERY	(Months):	
allowed.	ust be 16. Only visiting t	caregivers [	PARKING INFO:	NO	PET INFO:		PETS OK: YES	
]					Service Ar	nimal - Doctor Verifi	cation Required	
	ASSET LIMITS:				J			
AN OWN RESID	DENTIAL PROPERTY: O:				GENERAL	must be actively h	omeless and	
		The second secon	EASE: Shelter agreeme	ent only. Must	unsheltere	d and capable of in is kept for a unit. Ir	dependent living.	
			accept offer for phousing.		couples ha	ave own unit. Resid in a social service	ents must	
					an offer of	permanent housing Iomeless Stipend		
INCOME CRITERI	IA:		FURNISHED:		T driding. I	iomoicoo oupona		
			Partly furnished- refrigerator, stov and bed.					

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	6/13/2023			AREA:	Waianae
PROJECT NAME:	KIII IA	I KA NII	II (Kahiko	lu Ohana I	Hale O'Wai'a	nao)	PROJECT TYPE:	
ADDRESS:			O (Namko	iu Onana i	iaie O Wai a	ilae)	PHONE: 808-697	,
ADDRESS.	03-290 Ai	a Hellia St.					FAX: 697-730	
CITY:	Waianae		STATE: HI	ZIP:	96792		1 AX.  097-730	JZ
		oung, Site Ma anagement pe a Nuu			<b>APPLY ADI</b> 85-235 Ala Waianae, H	Akau St., Unit	t 712	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	۱:							
APPLY PHONE	E: 808-697-	-7300			FAX:	EMAIL:	: www.hawaiiaffordal	ble.com
Uni		Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:	24	944					
One	Bdrm:							
Two	Bdrm:	46	1418					
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE 24 Studios @ \$55 46 Two Bedrooms units); based on 6  AGE CRITERIA: Head of househol	51 - \$944; b s @ \$1260 60% of inco	ased on 30% (24 units) - \$1 me. 18 years or ol	of income. 418 (22	UTILITIES INCI	and sewer		MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON W CALL EVERY	(Months): 6  AIT LIST (Months): 12  /AITLIST
Applicants must h	nave verifiat	ole residential	history.	PARKING INFO	ST FOR PARKING: ): YES	PET INFO	): F	PETS OK: NO
AN OWN RESI ASSET LIMIT INF	DENTIAL P	SET LIMITS: PROPERTY:			car registration, nd insurance) date. Guest	GENERAI Formerly O'Waiana Requires 1. 6 mon 2. 6 mon	L INFO: knowns as Kahikolu ae. Funding: RHTF	Ohana Hale
INCOME CRITER	IA:					4. Social	Security Card D. or Driver's Licens	
30% - 60% of Ho	nolulu Medi	an Income		FURNISHED:		Application Ask mana Send required envelope	on: agement to mail it uest with self-addres	ssed stamped

1-PERSON MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	10/13/2023			AREA:	Barber's Point	
PROJECT NAME:	<b>KUMUHONUA</b>	(Building	36)			PROJECT TYPE:	Transitional	
ADDRESS:	91-1096 Yorktown St.					PHONE: 808-682	2-5494	
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 682-549	95	
MANAGER	R: Davilyn J. N. Chang, Carla Kahala, Assista D: HCAP			APPLY ADI P.O. Box 75 Kapolei, HI	547		OUT-OF-STATE APPLICATION ACCEPTED: NO	
APPLY ATTN			EMAIL FAX: By CES			: Website:  www.hcapweb.org/kumuhonua-		
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Bdrm: 65	0		340	1	3		
Two	Bdrm:							
Four	Bdrm:							
Charges a "Progra TB clearance requ *No waitlist; Entry 59 units available	RENT INFO: RENT IS 30% OF INCOME: YES  Charges a "Program Fee", not "Rent" TB clearance required.  *No waitlist; Entry coordinated via CES 59 units available for public use; 6 units resvd for			UTILITIES INCLUDED: All Utilities			AL UNITS: 65  AIT LIST (Months): 0	
AGE CRITERIA: Adults ONLY (>18	Byrs); *Maximum 3 ppl p	er unit	WAITI I	ST FOR PARKING:		ESTIMATE TO REMAIN ON W CALL EVERY	/AITLIST	
			PARKING INF	O: NO	PET INFO:	F	PETS OK: NO	
	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL			
ASSET LIMIT INFO:			120 Days 3 laur use. meals			ened 02/09 aundry rooms and two kitchens for tenant's e. Residents are responsible for their own eals. ogram provides case management, ongoing		
	INCOME CRITERIA:  No minimum income requirement, as fee is				goals of pe		and financial	
calculated by 30% of gross income; maximum incomes not provided on last update (2021).			Small refrigerator, private Coordi bathroom, microwave			cation process done by referral through dinated Entry System (CES) RESPONSE IN 2023		
1-PERSON MAXIN	IUM MONTHLY INCOM	1E:			]			

9/10/2024

Printed:

	Last Compl	lete Update:	10/17/2023			AREA	A: Moiliili
ROJECT NAME: KU	<mark>JMUWAI AP</mark>	ARTMENT	3			PROJECT TYPE	E: Elderly
ADDRESS: 1902	2 Young St.					PHONE: 808-7	62-0902
CITY: Hon	olulu	STATE: HI	ZIP:	96826		FAX:	
MANAGER: Ma	retta Espiritu			APPLY AD	DRESS:		OUT-OF-STAT
APPLY TO: Ho	using Solutions, Inc	<b>c</b> .					APPLICATION ACCEPTED
APPLY ATTN: Ma	retta Espiritu						NO
APPLY PHONE: 808	8-762-0902		F	FAX:		Website: https://v Email: Maretta@l	vww.hsiservices.net/ hsiservices.net
Unit Type	Unit Type: Number of UNITS: RENT:		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio	29	900			1	2	
One Bdrm	n:	0					
Two Bdrm	1:	0					
Three Bdrm	1:	0					
Four Bdrm	1:	0					
Section 8 and other ho	using vouchers acc	epted.				MAXIMUM '	E (Months):
AGE CRITERIA:						TO REMAIN ON	WAITLIST
All applicants must be	62 or older.		WAITLIS	T FOR PARKING:	<u>.</u>	CALL EVER	Y (Months):
			PARKING INFO:	I however a	PET INFO:		PETS OK:
	ASSET LIMITS:		waitlist for parkir	ng is unknown.			
AN OWN RESIDENT	TIAL PROPERTY:	NO			GENERAL		using of 29 studios
OCC LIMIT III O.			LEASE:		for homele Features i Amenities facilities, a	ess persons at lea nclude kitchens a include resident p	ast 62 years old. and private baths.
NCOME CRITERIA:					NO RESP	ONSE IN 2023	
			FURNISHED:				
-PERSON MAXIMUM I	MONTHLY INCOM	E:	3675		Į.		
-PERSONS MAXIMUM	MONTHLY INCOM	ME:	4200				

ADDRESS: 92-1770 K CITY: Kunia  MANAGER:		STATE: HI	ZIP:			AREA: PROJECT TYPE: PHONE: 808-439	Family	
CITY: Kunia	Kunia Rd.	STATE: HI	ZIP:			PHONE: 808-439	9-6375	
		STATE: HI	ZIP:					
MANAGER:				96759		FAX: 808-439	9-6375	
				APPLY ADD P.O. Box 16 Kunia, HI 96	3		OUT-OF-STAT APPLICATION	
APPLY TO: Kunia Vil		ousing					ACCEPTED:	
APPLY ATTN: Manager	's Office							
<b>APPLY PHONE</b> : 808-439-	-6375			<b>FAX</b> : 439-6375	EMAIL:	KU-management@	eahhousing.org	
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
One Bdrm:		0		630	2	5		
Three Bdrm:		0		960-1200	3	7		
Four Bdrm:		0		1300	4	9	YES	
RENT INFO: RENT IS 30% Affordable housing developm the agricultural industry. Ret the combined household mo	nent serving p	ersons in	UTILITIES INC	CLUDED:		TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 0	
AGE CRITERIA:						TO REMAIN ON W		
18+			WAITL	IST FOR PARKING:		CALL EVERY	(Months):	
			PARKING INF		PET INFO:		PETS OK: YES	
Δ99	SET LIMITS:		T covered car	port for each house	Subject to	specific policy requ	iirements.	
AN OWN RESIDENTIAL F					GENERAL	INFO:		
ASSET LIMIT INFO:			LEASE:		keep all co to commur a timely ma One memb	anner.* per of the househol	as well as respond ng management in d must meet the	
INCOME CRITERIA:					farm labor	f Agriculture (USDA and minimum farm	labor income.	
Income Maximums 1 Person: \$52,920 2 Persons: \$60,480 3 Persons: \$68,040 4 Persons: \$75,540 5 Persons: \$81,600 6 Persons: \$87,660			FURNISHED:  Washe/dryer hook ups/ energy efficient appliances/water conserving fixtures in kitchen  Kun Con Indo Kids			On Site Manager and U.S. Post Office; Kunia Farmers Market; Community room with kitchan; Gym with Indoor basketballl/volleyball court Kids play structure; Head Start preschool program. LAST UPDATE IN 2021.		
-PERSON MAXIMUM MONT	THLY INCOM	E:	4410		p.			

	Las	st Comple	te Update:	10/18/2023				AREA:	Waialua	
PROJECT NAME:	KUPUNA	HOME	Ε Ο'WΔΙΔ	I IIA (HPF	-d-cen)	- NOT	ACC	PROJECT TYPE:	1	
	67-088 Gooda			TEOM (III I	iA conj	1101	AGG	PHONE: 808-637	1 '	
								FAX: 622-6362		
CITY:	Waialua		STATE: HI	ZIP:	9	6791		022-030	7 <u>2</u>	
MANAGER	: Jimary Quinc	ones		APPLY ADDRESS: 1002 North School St.				lda L	OUT-OF-STATE	
APPLY TO	: HPHA NOT ACCEP	TING APF	PLICATIONS	PO Box 17907 Honol NOT ACCEPTING AI			907 Honolulu,	· · · / · · · · · · · · · · · · · · · ·		
APPLY ATTN	I: NOT ACCEP	TING APP	PLICATIONS							
APPLY PHONE	<b>APPLY PHONE</b> : 808-832-5961				FAX: 832	2-3461	EMAIL	: hphaishereforyou.o	rg	
Unit		nber NITS:	RENT:	Minimum INCOME Required:	sq	FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
s	tudio: 2	24	0	Troquilou.		90	1	Т соріс.	YES	
One I	Bdrm: 1	6	0		5	20	1		YES	
Two	Bdrm:									
Three I	Bdrm:									
Four	Bdrm:									
RENT INFO: RE	NT IS 30% OF	INCOME:	YES	UTILITIES IN	CLUDED:			TOTA	L UNITS: 40	
Minimum Rent: \$0 *Applicants must r				Water and ele	ectricity			MINIMUM W	AIT LIST	
from HPHA, in a ti		остоорог	401100					ESTIMATE	, ,	
				Į.				MAXIMUM W ESTIMATE		
AGE CRITERIA: Head of household				\A/A T	ICT FOR R	A DIZINIO.		TO REMAIN ON W CALL EVERY		
disabled. If elder of	lies, under age	62 spouse	e may rent.	PARKING INF	LIST FOR PA FO:	ARKING.	PET INFO	): F	PETS OK: YES	
				Parking inclu	ded		Small pet	ts under 25 lbs. only	· .	
		LIMITS:					]			
AN OWN RESIDE		PERTY:	NO				GENERA	L INFO: ENCES: Domestic V	(iolongo viotimo:	
Cannot own a hou				LEASE: 1 year			homeles	s in transitional shelte	ers; involuntary	
				i yeai			however,	<ul> <li>d. No waitlist update applicants must updetended composition in</li> </ul>	late any contact	
INCOME ODITED	1.4						waitlist st	tatus via hpha.myhou ername/password to	using.com (will	
INCOME CRITER 80% AMI: 1 perso		ersons \$60	,900; 3	FURNISHED:			unit. Fun	ding: Fed Low Inc Pu	ub Hsing 100%	
persons \$68,500; 4 person \$76,100.			Partly furnishedmajor me appliances only no carpet per			methamp permane	obhetamine or sex offe ntly barred. PONSE IN 2023			
1-PERSON MAXIMUM MONTHLY INCOME:				4570						
2-PERSONS MAXI	MI IM MONTUI	Y INCOM	E.	5220						

	Last Comp	ete Update:	10/18/2023			AREA:	Wahiawa	
PROJECT NAME:	LA'IOLA ELDE	RLY - NOT	ACCEPT	ING APPLICA	TIO	PROJECT TYPE:	Elderly	
ADDRESS:	1 Iho Iho Pl.					PHONE: 808-622	2-6350	
01774		07475				FAX: 622-635	51	
CITY:	Wahiawa	STATE: HI	ZIP:	96786		,		
MANAGER	: Jay Domanguera, Res		APPLY ADDRESS: 1002 North School Street				0117.05.0747	
APPLY TO	: Hawaii Public Housing	,		1002 North Honolulu, H			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l: Lyn						NO	
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 622-6351		mu42laiola@gmail. http://hawaiiaffordal		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 60	170	YES	384	1	2	YES	
One I	Bdrm: 48	195	YES	506	2	2	YES	
Two E	Bdrm:							
Three B	Bdrm:							
Four I	Bdrm:						YES	
RENT INFO: RENT IS 30% OF INCOME: YES  Deposit same as rent. Minimum rent is \$170 for studio; \$195 for 1 bdrm.  ***********************************			UTILITIES INCLUDED:  Electricity and water			MINIMUM WAIT LIST ESTIMATE (Months): 24  MAXIMUM WAIT LIST ESTIMATE (Months): 36		
AGE CRITERIA:						TO REMAIN ON W		
Head of Househol	d must be 62 years or o		WAITI	IST FOR PARKING:		CALL EVERY		
members of the ho	5+. Caregiver 18+. Oth ousehold must be 62+.		PARKING INF		PET INFO	: F	PETS OK: NO	
Applicants must ha	ave verifiable residentia		Parking include	ded (limited)	Doctor's n	ote required		
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				J GENERAL	. INFO:		
ASSET LIMIT INFO		^ 1	LEASE:			s must keep contac		
	erty in same county. 38,600; 2 people - \$44,	Asset 100	1 year			ent in a timely mani		
					Opened 1	991		
INCOME CRITERI	IA:		-		Funding: \$	State Low Income 1	00%	
Maximum Annual Income: 1-person \$34,300 2- persons - \$39,200			FURNISHED:  Partly furnishedmajor appliances only. No carpet			PONSE IN 2023		
			2858		<u> </u>			

	Last	t Complete	Update:	5/17/2023			AREA:	Lanakila
PROJECT NAME:	LANAKIL	A GARE	DENS				PROJECT TYPE:	Family
ADDRESS:	833 North Scho	ool St.					PHONE: 808-949	9-4111
CITY:	Honolulu	S	STATE: HI	ZIP:	96817		<b>FAX</b> : 949-72	11
MANAGER	R: Shane Lyman,	, Resident l	Manager	APPLY ADDRESS: 1055 Kalo Pl., Ste. 103 Honolulu, Hl 96826				OUT-OF-STATE
APPLY TO	): Bob Tanaka Ir	nc.			Honoiuiu,	HI 96826		APPLICATION ACCEPTED:
APPLY ATTN	<b>1:</b> Ext. 36							YES
APPLY PHONE	<b>≣:</b> 808-949-4111				<b>FAX:</b> 949-7211	EMAIL:		
	t Type: Numb of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:	<u> </u>	1000	0.5				YES
	<b>Bdrm</b> : 6		1029	2.5xrent				YES
	Bdrm: 6		1276	2.5xrent				YES
	Bdrm:	<u> </u>	1270					NO
City Section 8 vou	uchers accepted.			Water			MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
<u> </u>							ESTIMATE	
AGE CRITERIA: Head of househol	d must be 18 yea	ars or older					TO REMAIN ON V CALL EVERY	
	·			WAITLI PARKING INF	ST FOR PARKING  O:  NO	i: PET INFO	: I	PETS OK: NO
	ASSETI	IMITS: NO	DNE	Parking includ parking availal	ed; no guest			·
AN OWN RESI	DENTIAL PROP					GENERAL	. INFO:	
ASSET LIMIT INF		annlicants (	no over	LEASE:		Accepts S	Sect 8 Vouchers	
Income from assets cannot make applicants go over income limit			go ove	applica well as			th completing regula must keep all cont spond to communic tent in a timely man	act info current, as ation from housing
INCOME CRITER		25 /					·	
Min. income requi below income limi		2.5x rent a	nd be	FURNISHED: Partly furnishe appliances onl				
 1-PERSON MAXIN	PERSON MAXIMUM MONTHLY INCOME:			4696		]		
PERSONS MAXIMUM MONTHLY INCOME: 536				5367				

		Last Comp	lete Update:	5/9/2023			AREA	. Kailua	
PROJECT NAME:	LANI	HULI					PROJECT TYPE		
ADDRESS:							PHONE: 808-26	3-0268	
CITY:	Kailua		STATE: HI	ZIP:	96734		FAX:		
	rtanda				30704				
MANAGER	R: Dale C	ripps, Residen	t Manager		APPLY ADI		OUT OF STATE		
APPLY TO	): Bob Ta	anaka Inc.			1055 Kalo F Honolulu, H			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l: Ext. 24	ı						YES	
APPLY PHONE	<b>:</b> : 808-94	19-4111			<b>FAX</b> : 949-7211	EMAIL:			
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	50	726	2.5xRent	413/443	1	2	YES	
One	Bdrm:	32	864	2.5xRent	456/499	1	2	YES	
Two	Bdrm:								
Three	Bdrm:								
Four	Bdrm:							NO	
Accepts section 8	Vouorier	S		Water			MINIMUM V ESTIMATE MAXIMUM V ESTIMATE	(Months): 12	
AGE CRITERIA:							TO REMAIN ON \		
Head of household disabled. Under a				WAITLI	ST FOR PARKING:		CALL EVERY	, ,	
not without HOH.	.gp		,	PARKING INFO		PET INFO		PETS OK: YES	
	Λ.	SSET LIMITS:	NONE	\$25/month; guavailable.	est parking not	lor medica	al/assistance only		
AN OWN RESI						" GENERAL	. INFO:		
ASSET LIMIT INF		t nut naman av	vor in norma	LEASE:			ivers are allowed with MD letter; can work a home. Participating in the City		
limits.	ets Carino	t put person ov	rei income	1 year			Rental Assistance F 993		
INCOME CRITER									
Minimum Income	Required	d. Must make 2	2.5 x the rent	FURNISHED:  Partly furnishe appliances only					
-PERSON MAXIM	PERSON MAXIMUM MONTHLY INCOME:					]			
PERSONS MAXI	PERSONS MAXIMUM MONTHLY INCOME:								

OJECT NAME: L ADDRESS: 5 CITY: H							
J_	565 Quinn Ln.					PROJECT TYPE:	Family
CITY:						PHONE: 808-522	2-0541
CITY: Honolulu STATE: HI			ZIP:	96813		<b>FAX</b> : 522-053	39
MANAGER:	Pam Sakai, General M	lanager		APPLY AD	DRESS:		
APPLY TO:	Housing Solutions, Inc						OUT-OF-STA APPLICATI ACCEPTE
APPLY ATTN:						0	
APPLY PHONE:	808-522-0541		F	AX:	EMAIL:	pams@hsiservices	.net
Unit T	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stu One Bo	udio: 43	1000		319	1	4	
Two Bo							
Three Bo							NO
			,	,	,	,	
NT INFO: REN	IT IS 30% OF INCOME	: NO	UTILITIES INCLUE Electricity, water,			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months):
E CRITERIA:						TO REMAIN ON W	į.
ult 18+ with at le	east 1 minor child (unde	er 18)	WAITI IST	Γ FOR PARKING:		CALL EVERY	
			PARKING INFO:		PET INFO	: F	PETS OK: NO
	ASSET LIMITS:	NONE	\$50/ month; no g	uest parking			
N OWN RESIDE	ENTIAL PROPERTY:				GENERAL	. INFO:	
SET LIMIT INFO	,		LEASE:			or at risk homeless	
			Month-to-month		Under 509	oe a registered sex	
COME CRITERIA	۸٠		1		Applicatio	n:	
st be less than 5			FURNISHED:			gement to email it, siservices.net	
			unfurnished, maj only. No carpet	or appliances			
EDSON MAYIMI	JM MONTHLY INCOME		0				

		Last Comp	olete Update:	1	10/19/2023				AREA:	Waianae
PROJECT NAME:	MA'II	II/HPH/	A-lee) - N	OT.	ACCEPT	TING	ΔΡΡΙCΔ	TION	PROJECT TYPE:	,
ADDRESS:	_		1100/ 11		TOOL! I		711 1 1071		PHONE: 808-697	<u> </u>
									FAX: 697-717	
CITY:	Waianae	•	STATE:	HI	ZIP:		96792		037-717	•
MANAGER	: Mandy	Miyamoto					APPLY AD			OUT OF STATE
APPLY TO		CCEPTING A	PPLICATION	S		1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS				OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		pplications off		S				EMAII -	hphaishereforyou.o	NO
<b>APPLY PHONE</b> : 808-832-5961						FAX:	832-3461	EWAIL.	ripriaisriereioryou.o	ig
Unit	Type:	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:									
Two I	Bdrm:	7	0				912	2	6	YES
Three I	Bdrm: Bdrm:	13	0				1394	3	8	YES
Minimum Rent: \$0 PREFERENCES: homeless in transidisplaced.	for Fede	ral Low Incom	ne projects ims;		TILITIES INC /ater and allo				MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
*********OI OSED	Q/2/2016*	****		Įt.					ESTIMATE	(Months): 60
AGE CRITERIA: Head of household	d must be	e 18 years or o	older		WAITI	IST FO	R PARKING:		TO REMAIN ON W CALL EVERY	
					ARKING INF			PET INFO	nimals ok, but only o	PETS OK: YES
,	AS	SSET LIMITS:	NONE	-  "	loidaea			the categ	ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	PROPERTY:	NO					GENERAL	_ INFO:	
ASSET LIMIT INFO:  Cannot own a house on Oahu			_	LEASE:			correspor manner. l applicant info/hous	*Applicants must respond to any correspondence from HPHA, in a timely manner. No waitlist updates needed, however, applicants must update any contact info/household composition info and check		
INCOME CRITER	IA:							need use	atus via hpha.myhou rname/password to o	do so).
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			P	Partly furnishedmajor appliances only, no carpet			Convictio methamp barred.	Fed Low Inc Pub Hs ns must be 3 yrs ago hetamine or sex offe PONSE IN 2023	o; crystal	
1-PERSON MAXIMUM MONTHLY INCOME:					570			Į.		

Printed: 9/10/2024 Page: 93

	Last Compl	ete Update	: 1	0/19/2023					AREA:	Waianae
PROJECT NAME:	MA'ILI II (HPHA	\-lee) - l	NOT	ACCEP	TING	APPL	ICATIO	PROJE	CT TYPE:	
	87-165 Keliikipi St.	100)				7 11 1 2			E: 808-697	1
									: 697-717	
CITY:	Waianae	STATE:	HI	ZIP:		96792		170	091-111	. 4
MANAGER	: Mandy Miyamoto					APPLY	ADDRESS:			
APPLY TO	D: HPHA NOT ACCEPTING AP	PLICATION	NS	1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS				3	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	I: Oahu applications office NOT ACCEPTING AP		NS							NO
APPLY PHONE	: 808-832-5961				FAX:	832-3461		AIL: hphaishe	ereforyou.o	org
Unit	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMU Number of Peop	er Nur	XIMUM mber of eople:	CAREGIVER Allowed:
	tudio:									
	Bdrm: 12	0			_    _ 	912	2		6	YES
Three I	Bdrm:									
Four I	<b>Bdrm:</b> 12	0				1394	4		10	YES
Minimum Rent: \$0 PREFERENCES:	NT IS 30% OF INCOME  of for Federal Low Income Domestic Violence victin itional shelters; involunta	e projects ms;		TILITIES IN			city	E MA	TOTA NIMUM W STIMATE  XIMUM W STIMATE	(Months): 36
AGE CRITERIA:								TO REM	1AIN ON W	į.
	d must be 18 years or ol	der	7	\A/A ITI	ICT FOI		10.	_	_	(Months):
			P.A	WALL RKING INF		R PARKIN	PET IN	NFO:	F	PETS OK: YES
				cluded			multip		, but only	one from each of
	ASSET LIMITS:						one do	oa (under 25		
AN OWN RESIDE	DENTIAL PROPERTY:	NO						RAL INFO:		
Cannot own a hou				ASE:			corres	icants must re spondence fro	m HPHA,	in a timely
			1	year			applic info/ho	ants must up ousehold com	date any c nposition ir	needed, however, ontact nfo and check using.com (will
INCOME CRITER	IA:						need	username/pa	ssword to	do so). Funding:
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450				FURNISHED: Partly furnishedmajor appliances only			Convidistrib	ow Inc Pub H ctions must b outing crystal ered sex offer	e 3 yrs ag methamph	o; however,
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	45	570			į.			
2-PERSONS MAXI	MUM MONTHLY INCOM	ΜE:	52	220						

		Last Comp	lete Update:	2/22/2022				AREA	: Aiea	
PROJECT NAME:	MAK	ALAPA M	ANOR (Co	op Fee)				PROJECT TYPE	Family	
		Kohomua St.	•					PHONE: 808-48	7-7114	
CITY:	Aiea		STATE: HI	ZIP:		96701		FAX:		
MANAGER	R: Tracy I	Hefferon, mana	ager			APPLY ADDRESS: 3165 Waialae Ave. #200, Honolulu, OUT				
APPLY TO	): Mark D	evelopment In	C.			Hi. 96816		,	APPLICATION ACCEPTED:	
APPLY ATTN	۱:								YES	
APPLY PHONE	E: 808-73	5-9099			FAX:	781-295-342		https://mdihawaii.c tracyh@mdihawaii	com/makalapamanor .com	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	studio:								YES	
	Bdrm:	29	0				2	4	YES	
Three		29	0		- F		4	6	YES	
	Bdrm:	34	0		Ī		6	8	YES	
5 - Five-bdrm unit Down Payment bayear. 1 bdrm = \$' (6/08) = \$27,105; Recording, Transf	ased on s 17,893; 2 4 bdrm =	ize of unit and bdrm = \$21,36 \$31,977 Addtl	time of the 55; 3 bdrm Fees:	Water				MINIMUM W ESTIMATE MAXIMUM W	(Months): 6	
AGE CRITERIA:	,			Įt.				ESTIMATE	, , , , , ,	
Head of househol	d must b	e 18 years or o	lder	<b>ΜΔΙΤΙ</b>	IST FOI	R PARKING:		TO REMAIN ON V		
				PARKING INF	:O:	Artuivo.	PET INFO	:	PETS OK: YES	
	A	SSET LIMITS:	NONE							
AN OWN RESI		PROPERTY:	YES				GENERAL			
ASSET LIIVITT INF	<u>o.</u>			LEASE:			1 2-bdrn 3 3-bdrn 2 4-bdrn 1 5-bdrn	n n n		
Maximum annual	INCOME CRITERIA:  Maximum annual income: 1 person - \$53,700, 2 persons - \$61,350, 3 persons - \$69,000,			Wa Fu			Washer/D Funding: 2	Community hall Washer/Dryer hookups in unit Funding: 24 units Section 8; rest of units are Section 236/Co-op		
4 persons - \$76,6 6 persons - \$88,9 8 persons - \$101,	50, 5 per 50, 7 per	sons - \$82,800	,	Partly furnishe appliances on have carpet					E OCCURRED ON	
I 1-PERSON MAXIM	IOM MUI	NTHLY INCOM	E:	4475			Į.			
PERSONS MAXIMUM MONTHLY INCOME: 5112										

	Last Comp	lete Update:	1/24/2022			AREA:	Nuuanu
PROJECT NAME:	MAKAMAE (HF	PHA-hon) -	NOT ACC	EPTING APP	LICA	PROJECT TYPE:	-
	21 South Kuakini St.			<u>-</u>		PHONE: 808-586	6-9724
						FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96813		,	
MANAGER	: Sol Sentons			APPLY ADD			
APPLY TO	: HPHA NOT ACCEPTING AF	PLICATIONS		OUT-OF-STATE APPLICATION ACCEPTED:			
APPLY ATTN	: Oahu applications offi NOT ACCEPTING AF						NO
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio: 108	0		384	1	2	YES
One I	Bdrm: 16	0		500	1	4	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:						
1	NT IS 30% OF INCOME for Federal Low Income 8/2/2016*****		UTILITIES INC	CLUDED: wance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:			-		т	O REMAIN ON W	
Head of household	d or spouse must be 62	years or	\ <b>\</b> / \   T	IST FOR PARKING:	'	CALL EVERY	
older, or disabled			PARKING INF		PET INFO:	F	PETS OK: YES
			Included		Small pets u	ınder 25 lbs. only	
	ASSET LIMITS:	NONE			]		
AN OWN RESIDE	DENTIAL PROPERTY:	NO			GENERAL II	NFO: ICES: Domestic V	/iologoo viotimo
Cannot own a hou			LEASE:		homeless in	transitional shelte	
			l year		displaced.	must reenend to	2004
]					corresponde	must respond to a ence from HPHA,	in a timely
ncome Eligibility =			FURNISHED:		applicants n	waitlist updates n	ontact
Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350;			Partly furnishe appliances on		info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so).  If elder dies, under age 62 spouse may rent		
8 persons - \$100,4	<del>1</del> 5U					g: Fed Low Inc Pu	
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4570				
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	5220				

		ANA HALI	<u> </u>				PROJECT TYPE	· Iranniy	
ADDRESS:	95-141	Kipapa Dr.					PHONE: 808-62	3-3920	
CITY:	Mililani		STATE: HI	ZIP:	96789		<b>FAX</b> : 623-39	20	
MANAGER	: Michae	el Ramos			<b>APPLY AD</b> 95-141 Kip	DRESS: apa Drive, Mililar	ni 96789	OUT-OF-STA	
APPLY TO	: Makan	a Hale Coopera	ative		·	, ,			
APPLY ATTN	l:							YES	
APPLY PHONE	: 808-62	3-3920		F	FAX:	EMAIL:			
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:								
	Bdrm:							VEC	
	Bdrm:	30	696	NO NO	705 843/882	3	7	YES	
Three I	Barm:	27	857	NO	1050	4	9	NO	
ENT INFO: RE wo bdrm rent is stree bdrm rent is our bdrm rent is	\$592-696 \$656-77	maximum. 1 maximum.	E: YES	UTILITIES INCLU Water			MINIMUM W ESTIMATE MAXIMUM W	(Months):	
SE CRITERIA:						7	FO REMAIN ON V		
ead of household				WAITLIST	T FOR PARKING:		CALL EVERY		
story.	pry willio	at volliable ree	naomiai	PARKING INFO: Parking included	YES	PET INFO:		PETS OK: NO	
	A	SSET LIMITS:	YES	stall @ \$30/mo.	i, waitiist for Zhu	Offiny assisti	ve animais with in	nedical verification	
AN OWN RESIG		PROPERTY:	YES			GENERAL I			
operty is counte		determining inco	ome	LEASE:		Application: Pick up fror	: m manager's offic	e.	
gibility.				INOTAL TO MONAT		*Note, waitl every 6 mo		must be in writing,	
	COME CRITERIA:		,				pdates, applicants ted.*		
			ximum Annual Income: 2 persons: \$45,650; ersons: \$51,350; 4 persons: \$57,050;		FURNISHED:		must keep contact info updated.*		
aximum Annual	Income:		,650;	Partly furnished-	major	*Applicants	must respond to	any	

Printed: 9/10/2024 Page: 97

	Last Comple	ete Update:	1/24/2022				McCully
DDO IECT NAME.				CEDTING AF	DLIC	AREA: PROJECT TYPE:	
	MAKUA ALII (H	PHA-non)	- NOT AC	CEPTING AF			
ADDRESS:	1541 Kalakaua Ave.					PHONE: 808-973	
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 973-019	7
MANAGER	t: Loane Ah Sam			APPLY AD	DRESS:		
APPLY TO	): HPHA NOT ACCEPTING APF	PLICATIONS		1002 North Honolulu, H NOT ACCE		ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications office NOT ACCEPTING APP						NO
APPLY PHONE				<b>FAX:</b> 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						YES
	Bdrm: 210	0		522	1	4	YES
Three I	Bdrm: 1						
Four I	Bdrm:						
	NT IS 30% OF INCOME:		JTILITIES INC			TOTA	L UNITS: 211
**************************************	8/2/2016*****					ESTIMATE  MAXIMUM W.  ESTIMATE	AIT LIST
AGE CRITERIA:					Т	O REMAIN ON W	
	d or spouse must be 62 y	ears or	WAITL	IST FOR PARKING:		CALL EVERY	(Months):
older, or disabled			PARKING INF	O: YES	PET INFO:		PETS OK: YES
J.			Included		Small pets t	under 25 lbs. only	
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				JENERAL II	NFO:	
ASSET LIMIT INFO			EASE:			NCES: Domestic V	
Cannot own a hou	ise on Oanu		1 year		displaced.	i transitional short	ora, involuntary
INCOME CRITERI	IA:				corresponde manner. No	must respond to a ence from HPHA, waitlist updates n	in a timely eeded, however,
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances on		info/househ waitlist statu need userna If elder dies	nust update any coold composition in us via hpha.myhou ame/password to conduct and general feet age 62 spons; Fed Low Inc Pu	fo and check using.com (will do so).
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E: :	5220				

	Last Comple	ete Update:	6/14/2023			AREA:	Liliha
PROJECT NAME:	MALULANI HAI	_E				PROJECT TYPE:	Elderly
ADDRESS:	114 North Kuakini St.					PHONE: 524-273	31 537-1213
CITY:	Honolulu	STATE: HI ZIP:		96817		<b>FAX</b> : 545-521	4
	t: John Valledor, Resider x 10 b: Urban Real Estate Co.	nt Mgr.; Sunnie Le	ee, COS 524-27	31 APPLY ADD 50 S. Bereta Honolulu, HI	nia St. C101		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Management	Department					YES
APPLY PHONE	: 524-2731x3609		ı	FAX: 545-5214	EMAIL:	slee@urban-hi.com	1
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 150	1410			1	2	YES
Three I	Bdrm:						NO
Project has some wait, as of 2022).	NT IS 30% OF INCOME. Section 8 units (60 units) t rents - call Sunnie direc	5 year E	TILITIES INCL			TOTA MINIMUM W. ESTIMATE  MAXIMUM W. ESTIMATE	(Months): 0
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
	d 62+ or disabled; spous ; all other members of the e 62+ or disabled	P	WAITLIS ARKING INFO: Parking availabl		PET INFO:	CALL EVERY F property manager's	PETS OK: YES
AN OWN RESID	ASSET LIMITS:	NONE 9	ear waiting list juest parking avertions for \$40 r	after move-in; vailable; other	GENERAL		
ASSET LIMIT INFO	O:		EASE: year		rent unit. Transporta Catholic C federal pre		vailable through
INCOME CRITERIA:  Maximum annual income for Sec. 8 Units \$27,450  Maximum annual income			URNISHED: Partly furnished-	major	ľ	Section 8 60 units Market 89 units + 1 unit for resident m nits not available fron	ngr
(80% of AMI) = 1 I	Person \$65,350; 2 Peopl		appliances only,			.est with self addres	ssed stamped
I 1-PERSON MAXIM	IUM MONTHLY INCOME	i: 5	446		1		

Printed: 9/10/2024 Page: 99

		Last Comp	lete Update:	2/22/2022			AREA:	Pearl City
OJECT NAME:	MAN	ANA GAR	DENS				PROJECT TYPE:	Family
ADDRESS:	949 Lue	ehu St.					PHONE: 808-45	5-4225
CITY:	Pearl C	ity	STATE: HI	ZIP:	96782		FAX: 455-42	25
MANAGER	R: Lisa A	sinsin			APPLY AD 949 Luehu			OUT-OF-ST
APPLY TO	): EAH H	Housing			Pearl City,	HI 96782		APPLICAT ACCEPTE
APPLY ATTN	l: Prope	rty Managemer	nt Division					YES
APPLY PHONE	E: 808-4	55-4225			<b>FAX:</b> 455-4232	EMAIL:	Locationsrentals.co rentals.aspx	om/affordable-
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:							
	Bdrm:	71	940	2.5x rent	746			YES
Three								
Four	Bdrm:							YES
INFO: RE as Sliding Scale AP (rent assista action 8 certifica ass income requ	for Ren nce) = \$ ite holde	nt: \$940 minus 6725 minimum i rs need not me	\$215 max rent.	Water & Sewe			MINIMUM W ESTIMATE MAXIMUM W	(Months):
E CRITERIA:				je.			ESTIMATE TO REMAIN ON V	
	d must b	e 18 years or o	older	\A/A ITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF	O:	PET INFO	: !	PETS OK: NO
	А	SSET LIMITS:	NONE					
AN OWN RESII SET LIMIT INF		PROPERTY:	YES			GENERAL		
SET LIMIT INF	<u>U.</u>			LEASE:		applicatio	ntion letter mailed at n. Common laundry	area. Large
				1 year		Visitor pa	ty area. On-site res rking. Near Pearl Ci id Pearl Highlands.	
COME CRITER	IA:			,				
aximum Annual	Income	60% AMI:		FURNISHED:		.   `	late - Info from Web	site
person - \$49,020 2 people - \$55,980 3 people - \$63,000 4 people - \$69,960 5 people - \$75,600 6 people - \$81,180		Partly Furnish appliances, vii window curtain up.		NO RESF	PONSE IN 2021.			
ERSON MAXIM		NTHLY INCOM	1E:	4085				
ERSONS MAXI		ONT		4665				

	Last Compl	ete Update:	8/31/2023				Manag
DDO IFOT NAME.		, ,		NINO.		AREA: PROJECT TYPE:	Manoa
	MANOA GARD	ENS ELDE	RLY HOUS	SING			
ADDRESS:	2790 Kahaloa Dr.					PHONE: 808-762 FAX: 762-053	
CITY:	Honolulu	STATE: HI	ZIP:	96822		FAX. 1762-053	94
MANAGER	R: Resident manager - K	ahea Fong		APPLY ADD			
APPLY TO	<b>):</b> Hawaii Affordable Prop	perties, Inc.		1050 Queen Honolulu, Ha	Street, Suite 30 awaii 96814	04	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-762-0101		ı	FAX:	EMAIL: ka	ahealanif@hawaii	affordable.com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 48	975	2xrent	390	1	2	YES
One	Bdrm: 31	1050	2xrent	448	2	2	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						YES
Stu 60% AMI rent - \$9 80% AMI rent - \$1 Market rent - \$1 Sec 8 certificate h	100 1200 250 1300 olders need not meet the		UTILITIES INCL Water & Sewer	UDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:	iiromont				т	O REMAIN ON W	
All applicants/residents	dents must be 62 or olde		WAITI IS	T FOR PARKING:		CALL EVERY	
residential history.	cants may apply without v		PARKING INFO:		PET INFO:	F	PETS OK: NO
]	ASSET LIMITS:		51 stalls; \$20/m parking also ava				
AN OWN RESI	DENTIAL PROPERTY:				GENERAL II	NFO:	
ASSET LIMIT INF	0:		LEASE:		Caregivers a		1D letter; can work
			1 year, then mor	nth to month	Opened 199 Transportati		vailable through
INCOME CRITER	IA:						
Maximum Annual 1 person - 60%AN 2 persons - 60%A No income limit fo	/II \$66,024, 80%AMI \$88 .MI \$75,456, 80%AMI - \$	,032 100,608	FURNISHED: Partly furnished- appliances only. window shades.				
1-PERSON MAXIM	NUM MONTHLY INCOME	 ≣:	5502		<u> </u>		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ΛE:	6288				

		Last Compl	ete Update:	10/24/2023			AREA:	Chinatown
PROJECT NAME:	MAR	IN TOWER	?				PROJECT TYPE:	Family
ADDRESS:	60 North	n Nimitz Hwy.					PHONE: 808-528	3-4460
CITY:	Honoluli	u	STATE: HI	ZIP:	96817		<b>FAX:</b> 524-006	60
MANAGER					APPLY AD 60 N. Nimit Honolulu, H	z Hwy		OUT-OF-STATE APPLICATION
		Affordable Pro						ACCEPTED: YES
APPLY PHONE		·	notant		<b>EMAII FAX:</b> 524-0060			aiiaffordable.com owerapartments.com
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:         19         1100           One Bdrm:         108         1200		1100	2637.50	430	1	2	YES
One	Bdrm:	108	1200	2825.00	655	1	3	YES
Two	Bdrm:	109	1330	3387.5	729	2	5	YES
Three	Bdrm:							
Four	Bdrm:							NO
	One 7	Гwo 1330 400 500	ii NO	UTILITIES INCI Water + Sewer			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:							TO REMAIN ON W	
Head of househole	d must be	e 18 years or ol	der	WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 12
				PARKING INFO		PET INFO	: F nimals only.	PETS OK: YES
,	AS	SSET LIMITS:	NONE	Rent does not i	include parking.	Service ai	ilinais only.	
AN OWN RESIDE		PROPERTY:	YES			GENERAL		
AGGET LIMIT INF	O			LEASE:			ıll forms of subsidy ple: Section 8)	payments
				1 year		Most units	s have a Lanai	
INCOME CRITER	IA:			ļ			n: om Resident Manaç arin@hawaijaffordab	
				FURNISHED:  Partly furnished appliances only		.	PONSE IN 2023	iic.com
T-PERSON MAXIM	PERSON MAXIMUM MONTHLY INCOME:			4575 5225				

		ete Update:	5/17/2023			AREA:	Chinatown
PROJECT NAME:	MAUNAKEA TO	OWER (CLC	SED for	application)		PROJECT TYPE:	Family
ADDRESS:	1245 Maunakea St.	•				PHONE: 808-537	7-9905
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 545-166	33
MANAGER	: Terri Washam	·		APPLY ADI	DRESS:		
APPLY TO:	:						OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Maunakea Tower						
APPLY PHONE	: 808-537-9905			<b>FAX</b> : 545-1663		andalwoodmgt.cor //aunakeatower@s	m andalwoodmgt.com
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One E		0	NO	560	1	2	YES
Two E		0	NO	742	2	4	YES
Four E							NO
NOT CURRENTLY  AGE CRITERIA:	NT IS 30% OF INCOME  ACCEPTING APPLICA  The must be 18 years or ole	ATIONS	TILITIES INC Vater	CLUDED:		TOTA  MINIMUM W. ESTIMATE  MAXIMUM W. ESTIMATE  TO REMAIN ON W. CALL EVERY	(Months): 60  AIT LIST (Months): 120  /AITLIST
li lead of flousefiold	illust be 10 years of or		WAITLI ARKING INF	IST FOR PARKING:	PET INFO:		PETS OK: NO
	ASSET LIMITS:	F	Parking includ	led; some guest ble; other options	Assistive ar		ETO OK. INO
AN OWN RESID	DENTIAL PROPERTY:	YES			GENERAL I	NFO:	
ASSET LIMIT INFO	O:		EASE:		Funding: 37 Credit. Sec	79 units Low Incom ction 8 100%	ne Housing Tax
		1	year; then m	onth-to-month	Confirmation application	on letter sent upon	receipt of
INCOME CRITERIA	A:					on wait list will rece	eive a notice
	Income: 1 person - \$45, 50; 3 persons - \$58,800 00	;	URNISHED: Partly furnisher appliances on		annually		
1-PERSON MAXIM	UM MONTHLY INCOM	≣: 3	808		]		

		Last Comple	ete Update:	10/24/2023			AREA:	Palama	
PROJECT NAME:	MAY	OR WRIGH	T HOME	S (HPHA-h	on) - NOT AC	CEP	PROJECT TYPE:		
ADDRESS:				(111 111 111	1101710		PHONE: 808-832	2-3153	
							FAX: 832-318		
CITY:	Honolulu	1	STATE: HI	ZIP:	96817		,		
MANAGER	l: Cynthia	a Yoshida - Man	ager		APPLY ADD			OUT-OF-STATE	
APPLY TO		CCEPTING API	PLICATIONS		Honolulu, HI		CATIONS	APPLICATION ACCEPTED:	
APPLY ATTN		applications offic						NO	
ADDLY BURNE	_	CCEPTING API	PLICATIONS				L: hphaishereforyou.org		
APPLY PHONE: 808-832-5961					<b>FAX</b> : 832-3461				
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:			required.		of 1 copic	Т соріс.		
One I	Bdrm:	24	0		530	1	2	YES	
Two E	Bdrm:	114	0		732	2	4	YES	
Three B	Bdrm:	168	0		908	3	6	YES	
Four I	Bdrm:	50	0		1203	4	8	YES	
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	for Fede Domestic itional she	eral Low Income c Violence victin elters; involunta	projects ns;	UTILITIES INCI Water and gas electricity			TOTA MINIMUM W. ESTIMATE  MAXIMUM W. ESTIMATE	(Months): 36 AIT LIST	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST	
Head of household	d must be	e 18 years or old	der	WAITLIS	ST FOR PARKING:		CALL EVERY	(Months):	
				PARKING INFO	):	PET INFO:		PETS OK: YES	
1	AS	SSET LIMITS:	NONE	Included		the catego	imals ok, but only or ries listed below: nder 25 lbs) or cat		
AN OWN RESID		PROPERTY:	NO			GENERAL	INFO:		
Cannot own a hou		ahu		LEASE:		correspond	dence from HPHA,	in a timely	
				1 year		applicants info/house waitlist sta	o waitlist updates new set update any control to composition in tus via hpha.myhouname/password to control to	ontact ifo, and check using.com (will	
	80% of A			FURNISHED:		Funding: F	ed Low Inc Pub Hs ons must be 3 yrs	sing 100%	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450				Partly furnishedmajor crystal appliances only, no carpet			thamphetamine or s		
1-PERSON MAXIM				4570					

	Last Comp	lete Update:	8/2/2023			AREA:	Mililani
PROJECT NAME:	<b>MEHEULA VIS</b>	TAI				PROJECT TYPE:	Elderly
ADDRESS:	95-1060A Lehiwa Dr.					PHONE: 808-626	6-9162
CITY:	Mililani	STATE: HI	ZIP:	96789		FAX: 427-859	91
	: Resident Manager - B Julio Gomez	Bridget Singleton	; Office Assistar	nt - <b>APPLY ADI</b> 95-1060A Lo Mililani HI 9	ehiwa Drive		OUT-OF-STATE APPLICATION
AITEITO	. Welledia Vista						ACCEPTED: YES
APPLY ATTN	: Management Office						123
APPLY PHONE	: 808-626-9162			<b>FAX:</b> 427-8591	,	eahhousing.org/apa vista/ MAY D managaman	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 75	990	2 X rent	420	1	3	
Two E	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
30% AMGI - \$690 50% AMGI - \$990 Food Stamps & Re		cepted to	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
All residents must Applicants can applicants.	be 55 or older. ply without verifiable res	sidential	PARKING INFO	ST FOR PARKING:  D: NO  ailable on a first-	PET INFO:	CALL EVERY	(Months): 6 PETS OK: NO
r.	ASSET LIMITS:	NONE	come, first-ser Once all stalls	ved basis.			
AN OWN RESID	DENTIAL PROPERTY:			incy restricted to	GENERAL	INFO:	
ASSET LIMIT INFO	O: essets is counted to dete	rmine	LEASE:		applicants well as res management Picnic area	n completing regula must keep all cont spond to communic ent in a timely man a, community room d common areas, c	act info current, as ation from housing ner.* , laundry room,
INCOME CRITERI	IA:				laundry,	·	·
\$31,440 two perso 50% AMI - Max inc	come \$27,510 one pers ons, \$35.370 (3 persons come -\$48,850 one per ons, \$58,950 (3 perosns	son,	FURNISHED: Range/oven, g refrigerator, fre flooring, windo ceiling fan.		purpose pa Funding: L Must have minimum o	ident manager, visi avillion. .IHTC, HHFDC, RH good landlord refe criminal background 0/2024, no respons	ITF, and DURF rences and satisfy d criteria.
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4071		]		

Printed: 9/10/2024 Page: 105

	Last Comple	te Update:	8/8/2023			AREA:	Mililani
PROJECT NAME: MEH	EULA VIST	AII				PROJECT TYPE:	Elderly
ADDRESS: 95-1060	0B Lehiwa Dr.					PHONE: 808-626	6-9162
CITY: Mililani		STATE: HI	ZIP:	96789		<b>FAX</b> : 427-859	91
MANAGER: Reside Julio C APPLY TO: Meheu	Gomez	dget Singleton; (	Office Assistar	nt - <b>APPLY ADI</b> 95-1060A Lo Mililani, Hav	ehiwa Drive		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN: Manag	gement Office						YES
APPLY PHONE: 808-62	-			<b>FAX</b> : 427-8591	EMAIL:	eahhousing.org/apa vista/	
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:	75	990		420			
Three Bdrm:							YES
RENT INFO: RENT IS 30 8 units @ 30% AMGI=\$69 AMGI=\$9190 7 units @ 60	00; 60 units @ 50%	<del>"</del>	JTILITIES INC Water, sewer a	CLUDED: and electricity include	ed.	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:						TO REMAIN ON W	
All tenants must be 55 at t submission. Applicants can apply witho history.		lential F	PARKING INF	IST FOR PARKING: O: NO ing is limited and	PET INFO	CALL EVERY	(Months): 6 PETS OK: NO
A AN OWN RESIDENTIAL	SSET LIMITS:	NONE	once all stalls	are assisgned, restricted to those	GENERAL	. INFO:	
ASSET LIMIT INFO:			EASE:		applicants well as re	th completing regula must keep all cont spond to communic tent in a timely man	act info current, as ation from housing
INCOME CRITERIA:  Maximum annual income:			FURNISHED:		manager, locked en	free property. On-si Meeting & multi-pu try doors, common	rpose room, laundry area,
30% AMI - 1 person - \$27, 50% AMI - 1 person - \$45, 60% AMI - 1 person \$55,0	,510, 2 persons \$3 ,850; 2 person - \$	31,440 52,400	Major applicar	nces, garbage flooring, ceiling overings	ľ	a, community room	
I-PERSON MAXIMUM MO	NTHLY INCOME:	 :	4585		]		

Printed: 9/10/2024 Page: 106

	Last Co	mplete Update:	8/8/2023			AREA:	Mililani	
PROJECT NAME:	<b>MEHEULA V</b>	ISTA III				PROJECT TYPE:	Elderly	
ADDRESS:	95-1060C Lehiwa D	r.				PHONE: 808-626	6-9162	
CITY:	Mililani	STATE: HI	ZIP:	96789		<b>FAX</b> : 427-859	91	
	Resident Manager Julio Gomez     Management Offic		n; Office Assistan		ehiwa Drive		OUT-OF-STATE APPLICATION	
	: Meheula Vista I - A		anager				ACCEPTED:	
APPLY PHONE	: 808-626-9162			<b>FAX</b> : 427-8591	EMAIL:	eahhousing.org/apa vista/		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:							
One I	<b>3drm:</b> 75	990	2x Rent					
Two I	3drm:							
Three I	3drm:							
Four	Bdrm:							
30% AMI Units - \$ 50% AMI Units - \$	NT IS 30% OF INCC 690/month - 8 Units 990/month - 60 Units \$1000/month - 7 Uni	S	UTILITIES INC			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 6 AIT LIST	
AGE CRITERIA:						TO REMAIN ON W		
1 ''	e 55 at time of applic	cation	WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 6	
	oly without verifiable	residential	PARKING INFO		PET INFO	: F	PETS OK: NO	
history.  AN OWN RESID	ASSET LIMIT DENTIAL PROPERT		once all stalls a	estricted to those	GENERAL	. INFO:		
ASSET LIMIT INF	O:		LEASE:		applicants well as re	th completing regula must keep all conta spond to communica ent in a timely mana	act info current, as ation from housing	
30% AMI - Maxim	INCOME CRITERIA:  30% AMI - Maximum income, 1 person - \$26,460 per		FURNISHED:		manager, entry door	free property. On-sit meeting/multi-purpors, common laundry nunity room.	ose room, locked	
year.; 2 person - \$	um income, 1 persor 50,400 per year um income 1 person		Major applianc disposal, vinyl fan, window co	flooring, ceiling		alled 9/3/2024, no response.		
I-PERSON MAXIM	UM MONTHLY INC	OME:	3675		,			

Printed: 9/10/2024 Page: 107

	Last Comple	te Update:	8/8/2023			AREA:	Mililani
PROJECT NAME: MEH	IEULA VIST	AIV				PROJECT TYPE:	,
ADDRESS: 95-106	0D Lehiwa Drive					PHONE: 808-626	6-9162
CITY: Mililani		STATE: Hi.	ZIP:	96789		<b>FAX</b> : 427-859	91
1	Gomez	dget Singleton; (	Office Assistan	ot - <b>APPLY ADD</b> 95-1060D Le Mililani, Haw	ehiwa Drive		OUT-OF-STATE APPLICATION
APPLY TO: Mana	gement Office						ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE: 808-6	26-9162			<b>FAX:</b> 427-8591	EMAIL:	MVLP-managemen	at@eahhousing.org
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:		990		420			
Two Bdrm:				420			
Three Bdrm:							
Four Bdrm:							NO
RENT INFO: RENT IS 3 30% AMI - \$690 - 4 units 50% AMI - \$990 - 71 units			JTILITIES INC Electricity, wat			MINIMUM W ESTIMATE MAXIMUM W	(Months): 1
A OF ODJETEDIA		Į.				ESTIMATE	
AGE CRITERIA:  All tenants must be age 5	5 or older at the ti	me of	\A/AIT! I	CT FOR RADIVINO.		TO REMAIN ON W CALL EVERY	
submitting application.		F	WAITE PARKING INFO	ST FOR PARKING: D:	PET INFO:	F	PETS OK: NO
Į.	ASSET LIMITS:	NONE	once all stalls a occupancy is r	estricted to those			
AN OWN RESIDENTIA	L PROPERTY:	/ES	who do not ow	n a vehicle.	GENERAL		
ASSET LIMIT INFO:			LEASE:		applicants well as res managem Picnic are	completing regular must keep all contagond to communicate ent in a timely manage, community room d common areas, common areas, common	act info current, as ation from housing ner.* , laundry room,
INCOME CRITERIA:  Maximum annual income:			FURNISHED:			ident manager, visi	tor parking, multi-
30% AMI - 1 person - \$27 50% AMI - 1 person - \$45	,510, 2 person - \$	31,440 2,400	Major applianc	flooring, ceiling		avillion. .IHTC, HHFDC, RH /2024, no response	
I-PERSON MAXIMUM MC	NTHLY INCOME		3821		1		
2-PERSONS MAXIMUM M	ONTHLY INCOM	E: .	4367				

		Last Comp	olete Update:	9/3/2024			AREA:	Waipahu
PROJECT NAME:	MOK	UOLA VI	STA				PROJECT TYPE:	Family
ADDRESS:	94-333	Mokuola St.					PHONE: 808-67	1-4075
CITY:	Waipah	u	STATE: HI	ZIP:	96797		FAX: 671-28	07
MANAGEF		nn Wong, Resi Affordable Pr			APPLY A	ADDRESS:		OUT-OF-STATE
APPLY TO	: MOKU	OLA VISTA						APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> : Proper	ty Manageme	nt Division					YES
APPLY PHONE	E: 808-67	71-4075			<b>FAX</b> : 671-2807	EMAIL:		
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio: Bdrm:							
	Bdrm:	69	1320	2.5 x rent	641	1	5	
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE 4 units @ 30% AN 65 units @ 60% A Section 8 certifica gross income req 600+ credit score	MG for \$5 AMGI for S ate holder uirement.	i30 \$1320 s need not me		Water and se			MINIMUM W ESTIMATE MAXIMUM W	(Months): 2
AGE CRITERIA:	l-			įr.			ESTIMATE TO REMAIN ON V	
Head of househol	d must b	e 18 years or o	older	WAITL	LIST FOR PARKIN	G:	CALL EVERY	
				PARKING INF		PET INFO		PETS OK: NO
J	A	SSET LIMITS:	NONE	\$50 monthly to spaces.	fee; 105 parking	Service A Request	nimal. Emotional ne	eed. Doctor
AN OWN RESI		PROPERTY:	NO			GENERA		
ASSET LIMIT INF	·U:			LEASE:	tification often	A/C, stac	nd, picnic area. Eac k W/D.	ch unit will have
				l year, recer	tification after	4 Handic	ap units available or	n site
INCOME ODITED	.1.4					Funding:	RHTF	
INCOME CRITER Annual Maximum \$27,510, 2 persor persons - \$39,300 2 persons \$62,88 \$78,600	Income - ns \$31,44 ) 60% o	0, 3 persons \$ f AMI: 1 Perso	35,370, 4 n \$55,020,	FURNISHED:		9/3/2024: No availa	PONSE SINCE 2019 ation's website.  Management has oble units in the 30% units has vaccancy	hanged AMI units
I 1-PERSON MAXIN	IOM MUN	NTHLY INCOM	ΛΕ:	4585		- I		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	DME:	5240				

Last Complete Upda	9/3/2024		AREA:	Kakaako
PROJECT NAME: NA LEI HULU KUPU	NA		PROJECT TYPE:	Elderly
ADDRESS: 610 Cooke St.			PHONE: 808-755	5-5277
CITY: Honolulu STATE	:: HI ZIP: 96	813	FAX:	
MANAGER: Elise Morey, Property manager	61	PLY ADDRESS:  Cooke Street #114, H	Honolulu, HI	OUT-OF-STATE
APPLY TO: Na Lei Hulu Kupuna	96	313		APPLICATION ACCEPTED: YES
APPLY ATTN:				120
<b>APPLY PHONE</b> : 808-593-1009	FAX:	EMAIL:	: www.mdihawaii.cor	m/nalei
Unit Type: Number of UNITS: REN	T: Minimum INCOME Required: SQ	FT: MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
<b>Studio</b> : 75 96	35	50 1	2	YES
One Bdrm:				
Two Bdrm:				
Four Bdrm:	_			YES
	, ,	,	,	120
RENT INFO: RENT IS 30% OF INCOME: NO	UTILITIES INCLUDED:		TOTA	AL UNITS: 75
Mark Development is management company. 10 Units @ 30% AMI- \$686.00/month 20 Units @ 40% AMI - \$783.00/month	Electricity and water		MINIMUM W ESTIMATE	
53 Units @ 50% AMI - \$966.00/month 2 Units @ 60% AMI - \$1149.00/month			MAXIMUM W ESTIMATE	
AGE CRITERIA:	_		TO REMAIN ON W	
Applicants must be 62 yrs old at time of application submission. Applicants can apply without verifiable	WAITLIST FOR PA		CALL EVERY	
residential history, with letter from their case worke	No parking available.	Accommo	odation considered f	or verifiable
ASSET LIMITS: NONE		service a	nimais	
AN OWN RESIDENTIAL PROPERTY: YES ASSET LIMIT INFO:		GENERAL		Ptt-
AGGET ENVITTING O.	LEASE:  1 year intial lease, then m	need to u	ist updates needed; update contact info, v	
	month after that	Transpor Catholic	y. tation to Shopping a Charities Hawai'i 1992; has Air Conditi	
INCOME CRITERIA:	_	Has socia	al services on site, p	art-time,
Income Limit 1 Person 2 Person 30% AMI \$29,250/yr \$33,420/yr 40% AMI \$35,280/yr \$40,320/yr 50% AMI \$44,100/yr \$50,400/yr 60% AMI \$52,920/yr \$60,480/yr	FURNISHED:  Fully furnishedmajor appliances, bed, dresser, table with chairs (which ca removed, if requested) an Carpets/ Linoleum	5 handica each floo coffee Funding: Accepts 3 d A/C. Can decli	ap units w/ walk in sh	pplement artment 2-3 times
1-PERSON MAXIMUM MONTHLY INCOME:	4410	1		

	Last Comp	lete Update:	10/24/2023			AREA:	Nanakuli
PROJECT NAME:	NANA'IKEOLA	SENIOR A	PARTMEN	TS		PROJECT TYPE:	Elderly
ADDRESS:	87-122 Nanaikeola St.					PHONE: 808-668	3-4702
CITY:	Waianae	STATE: HI	ZIP:	96792		FAX:	
MANAGER	R: Mike Klein, Compliand	ce Manager		APPLY ADD	PRESS:		
APPLY TO	<b>D:</b> Call for viewing and a	oplication.					OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>\</b> :						YES
APPLY PHONE	E: 808-668-4702		F	·AX:	EMAIL:	halealiigroup@yaho	oo.com
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 39	0		500	1	3	
Two	Bdrm:						
	Bdrm:						NO
	:NT IS 30% OF INCOME me; maximum income n	ot to	75 monthly utilit	d garbage included by allowance. No A is Subject to Chang	C.	MINIMUM W ESTIMATE MAXIMUM W	(Months): 30
AGE CRITERIA:		Įt-				ESTIMATE TO REMAIN ON W	
Head of househol	d must be 62 years or o		WAITLIS	Γ FOR PARKING:		CALL EVERY	
	ust be 18 and older; all one 62. Caregiver must be	19+ F	PARKING INFO:	NO	PET INFO:		PETS OK: YES
]	ASSET LIMITS:		Parking is includ available, but is l total)	ed, covered and limited (28 stalls	If under the	e provisions of pet	policy.
	DENTIAL PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	·O:	l F	EASE: 1 year; co-signed credit score is lo		Senior Apa EAH Inc. TDD (877) HUD Sect	Jeanette Weinberg artments, opened 3 447-5991 ion 202 program, H ational Community	/09, managed by
	IA: % of Median (Very Low I 3,350 for 2; \$43,150 for 3	3.	FURNISHED: major applicance coverings	es, window	Associan, Resident r Trash chu 2 units are LAST COI 10/20/201	Weinberg Foundat nanager on site. te on each floor. handicapped acce MPLETED UPDATE	essibl E OCCURRED ON
II 1-PERSON MAXIN	MUM MONTHLY INCOM	E: 2	2796		J		
2-PERSONS MAXI	IMUM MONTHLY INCOI	ME:	3196				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Co	mplete Update:	10/24/2023			AREA:	Waianae
PROJECT NAME:	NANAKULLI	HOMES (HPI	HA-lee) - N	IOT ACCEPTII	NG A	PROJECT TYPE:	Family
	87-1606 to 87-1612	•				PHONE: 808-697	-7171
						FAX: 697-717	
CITY:	Nanakuli	STATE: HI	ZIP:	96792		100	
MANAGER	: Mandy Miyamoto			APPLY ADD			OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING	APPLICATIONS		Honolulu, HI NOT ACCEF	96817 PTING APPLI	CATIONS	APPLICATION ACCEPTED: NO
APPLY ATTN	: Oahu applications NOT ACCEPTING				EMAIL:	hphaishereforyou.o	
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 832-3461			
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	3drm:						
Three I		0		1024	3	8	YES
Four I	Bdrm:						
Minimum Rent: \$0 PREFERENCES:	NT IS 30% OF INCO for Federal Low Inc Domestic Violence tional shelters; invo	come projects victims;	UTILITIES INC	CLUDED: owance for electricity		TOTA MINIMUM WA ESTIMATE	(Months): 36
************	P/7/7016*****					ESTIMATE	
AGE CRITERIA:	d must be 18 years	or older				TO REMAIN ON W	
			WAITL PARKING INF	IST FOR PARKING:	PET INFO	. P	ETS OK: YES
]	ASSET LIMIT	rs. NONE	Has carport		the catego	nimals ok, but only cories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERT				" GENERAL		
ASSET LIMIT INF			LEASE:			s must respond to a	
			1 year		manner. N applicants info/house waitlist sta	dence from HPHA, lo waitlist updates no must update any conhold composition in tus via hpha.myhou	eeded, however, ontact fo, and check using.com (will
INCOME CRITERI						name/password to o Fed Low Inc Pub Hs	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$00; 3 persons - \$68, 00; 5 persons - \$82, 00; 7 persons - \$94,	500; 200;	FURNISHED: Partly furnish appliances or	edmajor	All convict crystal me	tions must be 3 yrs a ethamphetamine or s	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INC	OME:	4570		ı		

Printed: 9/10/2024 Page: 112

5220

2-PERSONS MAXIMUM MONTHLY INCOME:

				9/3/2024			AREA:	Kakaako	
PROJECT NAME:	NOH	ONA HAL	E				PROJECT TYPE:	Family	
ADDRESS:	630 Cod	oke St.					PHONE: 808-650	0-3931	
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX: (808) 4	65-2217	
		-	ļ						
MANAGER	R: Jonni .	Jones, Property	Manager		APPLY ADI	DRESS: St., Honolulu,	HI 96813	OUT-OF-STATE	
APPLY TO		a Hale lousing			Apply Website: eahhousing.org APPL ACC				
APPLY ATT	N: Leasin	g Office						YES	
APPLY PHONE	≣: 808-65	50-3931			FAX: (808) 465-22		NH-Management@ Website: eahhousi		
Uni	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
5	Studio:	111	999	2x Rent	355	1	2		
One	Bdrm:		0						
Two	Bdrm:		0						
Three	Bdrm:		0						
Four	Bdrm:		0					YES	
**11 Micro-units (3 AMI - \$553/mont **100 Micro-units ( AMI - \$1054/mon	55 sq. ft. h * (355 sq. f th *	+ 75 sq. ft. lan	nai) - 30%	Water & Gas	CLUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6	
AGE CRITERIA:	10						TO REMAIN ON V	, , ,	
18+									
				WAITI	IST FOR PARKING:		CALL EVERY		
				WAITL PARKING INF	IST FOR PARKING: O: YES	PET INFO	CALL EVERY		
AN OWN RESI		SSET LIMITS: . PROPERTY:	YES	PARKING INF	ded, but severely available. No guest		CALL EVERY  : Finimals are allowed vation.	(Months): 0	
ASSET LIMIT INF	DENTIAL O:	. PROPERTY:		PARKING INF Parking including limited or not parking, eithe	ded, but severely available. No guest	Service ar documents GENERAL **No waitli	CALL EVERY  : Finimals are allowed vation.  INFO: ist updates needed.	(Months): 0  PETS OK: NO  with proper  , however,	
	DENTIAL O:	. PROPERTY:		PARKING INF Parking includimited or not parking, eithe bicycle only.  LEASE:	FO: YES  ded, but severely available. No guest ir. Moped and  for first year, then	GENERAL  **No waitl applicants well as res managem Communit	CALL EVERY  : Finimals are allowed value.  INFO: ist updates needed a must keep contact spond to communic tent in a timely man ty Features: Bicycle	(Months): 0  PETS OK: NO  with proper  , however, tinfo updated, as action from the iner.* e, Moped &	
ASSET LIMIT INF	DENTIAL O: ered incor	. PROPERTY: me for all asset		PARKING INF Parking includimited or not parking, eithe bicycle only.  LEASE:  1-year lease f	ded, but severely available. No guest or. Moped and for first year, then onth thereafter.	GENERAL  **No waitl applicants well as res managem Communit Surfboard Communit	CALL EVERY  : Finimals are allowed vation.  INFO: ist updates needed a must keep contact spond to communic tent in a timely man ty Features: Bicycle storage area; Build ty Garden, Commuty room/lounge area	(Months): 0  PETS OK: NO with proper  , however, t info updated, as cation from iner.* e, Moped & ding elevators nity room kitchen	

Printed: 9/10/2024 Page: 113

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	Last Compl	ete Update:	10/24/2023			AREA	Nuuanu
PROJECT NAME:	NUUANU YMC	<mark>A - Men's</mark>				PROJECT TYPE	: Emergency/Transi
ADDRESS:	1441 Pali Hwy					PHONE: 808-53	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 521-11	81
APPLY TO	R: Cheryl Young  D: Alina Piunno, Member	ship Coordina	tor	APPLY AD 1441 Pali H Honolulu, H	lwy.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	<b>1:</b> E: 808-536-3556			FAX: N/A	EMAIL:	cyoung@ymcahor apiunno@ymcaho	
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	studio: 50	45			1	1	
	Bdrm:						
	Bdrm:						
	Bdrm:						YES
	ENT IS 30% OF INCOME		UTILITIES INC		_	тота	AL UNITS: 70
	reek - single w/ shared ba available to full-time stude		Access to fitne	ess facility		MINIMUM V ESTIMATE	
			ļ			MAXIMUM V ESTIMATE	
AGE CRITERIA:						TO REMAIN ON \	WAITLIST
Must be 18+. SR	0			ST FOR PARKING:	DET INCO	CALL EVERY	(Months): 0 PETS OK: NO
			PARKING INFO	J:	PET INFO	· <u> </u>	PETS OK. NO
	ASSET LIMITS:						
AN OWN RESI ASSET LIMIT INF	DENTIAL PROPERTY:				GENERAL	INFO: ry Residence for sir	ngle men ONI V
No income require			LEASE:		Check-In	y itesidelice for sil	igie men ONL1
INCOME CRITER	IA:		FURNISHED:		Check-Ou	ut 12pm	
			Twin bed, dres	sser, closet, desk,	Last Upda	ate in 2019 - Info fro	om Website
			& lamp.		LAST RE	SPONSE IN 2021.	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	10/24/2023			AREA:	Waipahu
PROJECT NAME:	<b>OASIS AT WAI</b>	PAHU APA	RTMENT	S		PROJECT TYPE:	Family
ADDRESS:	94-207 Waipahu St.					<b>PHONE</b> : 808-67	1-2800
CITY:	  Waipahu	STATE: HI	ZIP:	96797		<b>FAX</b> : 676-694	45
MANAGER APPLY TO				APPLY ADE Attention: N 94-207 Waip Waipahu, H	Management bahu Street		OUT-OF-STATE APPLICATION ACCEPTED: NO
	:: 808-671-2800			<b>FAX:</b> 676-6945	EMAIL:	website: oasis-tow	nhomes.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:						
Two	Bdrm:	1900	2.5xrent	882	1	5	
Three	Bdrm:	2200	2.5xrent	998	1	7	
324 Units @ Mark 82 Units @ 80% A	AMGI to 60% of the total availa		UTILITIES INC None	CLUDED:		TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON W	(Months): 0  AIT LIST (Months): 0
Applicant must be	18 yrs old at time of ap	plication	WAITL	IST FOR PARKING:		CALL EVERY	
submission. Applicants can ap history.	ply without verifiable res	idential		O: ded. \$100/month		2 pets allowed. \$50	PETS OK: YES  pet rent per
	ASSET LIMITS:		for extra stall		month.		
	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	O:		LEASE: 6 - 12 month l	ease agreements	*24 hr Fiti internet a *Gated co Onsite lau	es - Waipahu St. & ness room, business ccess, pool (8ft), wa ommunity w/ courtes undry anagement	s room w/ free ding pool (2ft)
INCOME CRITER	IA:				Online pa Dog Park	yments	
2.5 x rent			FURNISHED: Full range, ref ceiling fans, a disposal	rigerator, blinds, /c, garbage	'	MPLETED UPDATE	E OCCURRED ON

	Last Comp	lete Update:	6/13/2023			AREA:	Waianae
PROJECT NAME:	OHANA OLA C	KAHUMA	NA			PROJECT TYPE:	Emergency/Trans
ADDRESS:	86-704 Lualualei Home	estead Rd.				<b>PHONE</b> : 808-69	6-4095
CITY:	) Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-71	44
MANAGER	R: Desiree Robeinson, S	Site Manager		APPLY AD	DRESS:		OUT OF OTAT
APPLY TO	): Alternative Structures	International					OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>1</b> :						
APPLY PHONE	E: 808-696-4095			FAX:	EMAIL:	Website: www.kah	umana.org
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 6					4	
Two	Bdrm: 36					6-8 8-10	
	Bdrm: 6						
RENT INFO: RE	ENT IS 30% OF INCOM	E: YES	UTILITIES INC	LUDED:		TOTA	AL UNITS: 48
	referrals from the state system only for transition		Electric and wa	ater		MINIMUM W ESTIMATE	
						MAXIMUM W ESTIMATE	
AGE CRITERIA: For families with r	minor children experienc	ina				TO REMAIN ON V	
homelessness.		3	WAITLI: PARKING INFO	ST FOR PARKING: D: NO	PET INFO:		PETS OK:
	ASSET LIMITS:		included, one s guest parking a	stall per unit,			
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	·O:		LEASE:		Coordinate	Ohana Ola is thro ed Entry System (C al housing only.	ugh the CES)
INCOME CRITER	IIA:				managem	respond to common ent, in a timely manural of application.*	unication from nner, will result in
			FURNISHED:		.   `	ONSE IN 2023	
1-PERSON MAXIM	MUM MONTHLY INCOM	IE:	0				
2-PERSONS MAX	IMUM MONTHLY INCO	ME:	0				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	9/3/2024				Kakaako
PROJECT NAME:				ELOETS			AREA: PROJECT TYPE:	·
ADDRESS:			AKISPAC	E LUFIS				1 '
ADDICESS.	1025 W	raimanu St.					PHONE: 808-439	
CITY:	Honolul	lu	STATE: HI	ZIP:	96814		<b>FAX:</b>  (808) 43	39-6402
APPLY TO	EAH H Office EAH H	nie Moberg, Res Housing Address: 1025 Mousing-OLA KA Online application	Waimanu Stree 'ILIMA ARTSP	ACE LOFTS	and submitte https://www. s/artspace-le	cations can be ed at: .eahhousing.org		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	Ū	·			FAX: N/A	EMAIL: A		EAHHOUSING.ORG
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:		0					
One I	Bdrm:	50	1293	2.5x rent	680-721		3	
Two I	Bdrm:	30	1539	2.5x rent	851-1016		5	
Three I	Bdrm:	4	1766	2.5x rent	1265-1279		7	
Four	Bdrm:		0					YES
RENT INFO: RE One Bedroom 30' AMI - 34 Units - \$ \$1293/mo Two Bedrooms 56 60% AMI - 6 Units	%AMI - 9 1067/m 0% AMI 5 - \$1539	9 Units - \$615/m o; 60% AMI - 7 l - 23 Units - \$120 //mo	no; 50% Jnits - 68/mo;	UTILITIES INC			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:						٦	TO REMAIN ON W CALL EVERY	
				WAITL PARKING INF	O: YES	PET INFO:	-	PETS OK: YES
	A	SSET LIMITS:	NONE		ing garage. 4 years		\$250 Pet Deposit.	ETO OK. ITES
AN OWN RESID	DENTIAL	PROPERTY:	YES			GENERAL I	NFO:	
ASSET LIMIT INF	O:			LEASE: 1 Year, month thereafter	to month	applicants i well as resp manageme Application	oond to communicant in a timely manuse. Source: Online only, at	act info current, as ation from housing ner.*
INCOME CRITER	IA:					e-lofts/		partments/artspac
1 30%AMI \$25,400 50% AMI \$42,300 60%AMI \$50,760	\$29,0 \$48,3	350 \$54,400	\$60,400	FURNISHED:  Major appliand refrigerator).	ces only (stove and	room; Cour community office; On-s	isher and dryer fact tyard with playgrou gardens; *On-site site maintenance DNSE IN 2023	und and
1-PERSON MAXIM	IUM MO	NTHLY INCOMI	E:	0		]		

Printed: 9/10/2024 Page: 117

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_	Last Comple	ete Update:	5/19/2023			AREA:	Downtown
ROJECT NAME: O	<mark>LD VINEYARI</mark>	)				PROJECT TYPE:	Family
ADDRESS: 265	5 South Vineyard St.					PHONE: 808-524	l-2731 x 3609
CITY: Ho	nolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 545-521	4
	yrna Chun, Resident		e, COS 524-2731	APPLY AD 50 S. Berei Honolulu, F	tania St. C101		OUT-OF-STAT
	ousing Management						ACCEPTED YES
APPLY PHONE: 80		1	F/	<b>AX</b> : 545-5214	EMAIL:	slee@urban-hi.com	1
Unit Typ	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studi	io:						
One Bdri	m: 14	0	NO		1	2	YES
Two Bdri	m: 13	0	NO		2	4	YES
Three Bdri	<b>m</b> : 5	0	NO		3	6	YES
Four Bdri	m:						NO
ACE ODITEDIA			Water			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 3 AIT LIST (Months): 6
GE CRITERIA:	ust be 18 years or old	der	\4/A \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			TO REMAIN ON W CALL EVERY	
			WAITLIST PARKING INFO:	FOR PARKING:	PET INFO	: F	PETS OK: NO
	ASSET LIMITS:		Parking included parking is availab	and guest le.			·
	ITIAL PROPERTY:	YES			GENERAL		
SSET LIMIT INFO:			LEASE: 1 year		Applicatio	Section 8 100% n: uest with self addres	sed stamped
NCOME CRITERIA:					envelope		
			FURNISHED: Partly furnishedi appliances only. N				
PERSON MAXIMUM	MONTHLY INCOME	 ::	2288		<u> </u>		
PERSONS MAXIMUI	M MONTHLY INCOM	1E:	2617				

	Last Compl	ete Update:	10/24/2023			AREA:	Kalaeloa
PROJECT NAME:	ONELAU'ENA	- Hope for	a New Be	ginning		PROJECT TYPE:	Emergency/Transi
ADDRESS:	50 Belleau Woods St.	•				PHONE: 808-782	2-4342
OITY	J	OTATE III	- 710 F			FAX: 682-542	28
CITY:	Kapolei	STATE: HI	ZIP:	96707		-	
MANAGER	: Tanya Tehotu, Executi	ive Director		APPLY AD	DRESS:		
MANAGEN	. Tanya Tenota, Execut	IVC DIICCIOI		87-132 Far	rington Hwy		OUT-OF-STATE
APPLY TO	: Kealahou West Oʻahu			Waianae, I	HI 96792		APPLICATION ACCEPTED:
APPLY ATTN	I: No action required unle	ess updating co	ntact info				
					EMAIL:	t.tehotu@kwohawa	ii.org
APPLY PHONE	<u>:</u> 808-782-4342			<b>FAX:</b> 682-5428			
Unit	Type: Number		Minimum		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:						
One I	Bdrm:						
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						NO
Male (single occup occupant) dorm; S Couple studio (1-3 Large family unit (	NT IS 30% OF INCOME pant) dorm; Female (sing studio (1-3 ppl); ADA studio); Family unit (1-4ppl); Family unit (1-4ppl); 4-6ppl)	gle dio (1-3ppl)	UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMUM W	(Months):
AGE CRITERIA:			-			ESTIMATE TO REMAIN ON W	
Head of household	d must be 18 at time of a		\ <b>\</b> / \   T	IST FOR PARKING:		CALL EVERY	
Application is com Applicants must have	pleted upon eligibility of ave verifiable residential	placement. history.	PARKING INF		PET INFO:	F	PETS OK: UNKNO
*Multi-family unit (	6-12ppl) \$150/mo		1 assigned pa	ırking			
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO	O:		LEASE:		Need to g	o through Kealahou	West Oʻahu
						omeless - preferenc Coast, but will place	
INCOME CRITERI	IA:		FURNISHED:		adult child and single Applicatio Pick up fro		with no children, Oahu location
J							

2-PERSONS MAXIMUM MONTHLY INCOME:

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	10/24/2023			AREA:	Kalaeloa
PROJECT NAME:	<b>ONEMALU - Tra</b>	ansitional	shelter			PROJECT TYPE:	Transitional
ADDRESS:	48 Belleau Woods St.					PHONE: 808-682	2-5868
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 682-542	28
MANAGER APPLY TO	t: Tanya Tehotu			APPLY ADI P.O. Box 75 Kapolei, HI	349		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN				<b>FAX:</b> 682-5428	EMAIL:		
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Two	Bdrm: 5  Bdrm: 26			329 535	3	8	
Four I	Bdrm:						
Unit size determin Must be family wit age. *All units rent base Market rate: \$750/	NT IS 30% OF INCOME: led by family size. No Sir h at least one child 0 to 1 led on 30% of client incom/ month	ngles. 7 years of	UTILITIES INC			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months):
AGE CRITERIA:  Head of household of application substantial Application is provided in the control of the contr	d must be 18 years or old mission. vided to head of househol		WAITLI PARKING INFO	ST FOR PARKING:	PET INFO	TO REMAIN ON W CALL EVERY	
placement via CE	S referral.  ASSET LIMITS:   DENTIAL PROPERTY:	NONE		current reg, safety nce, and driver's	GENERAL	. INFO:	
None	O:		LEASE:  4-month programay be renewed		verified Residents Communa unit. Exp	3 clearance, inc veril 5 must participate in al kitchen, but micro ress bus from Kapol takes app. 30 min F	housing plan. + minifridge in ei transit center to
INCOME CRITER	IA:				Stipend 1		3 - 1-11-2
confirms the appli	ication of monthly income cant's ability to afford the meeting basic needs of t come limits.	monthly	FURNISHED: Yes. Beds allo inspection. No furniture.		A homele provided i	Units - studio (1) + 2 ss verification letter if referral accepts pla PONSE SINCE 2022	needs to be acement.
1-PERSON MAXIM	IUM MONTHLY INCOME	:	,		Į.		

	Last Comple	ete Update:	5/8/2023			AREA:	Waianae	
PROJECT NAME:	PAI'OLU KAIAU	ILU (Waian	ae Civic C	Center)		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	85-638 Farrington Hwy					PHONE: 808-664	4-1400 808-696-	
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-67	11	
MANAGER	: Program Manager: Cha			APPLY ADI	DRESS:			
APPLY TO	Executive Director: Tar  : Need to be assessed b Info below) if homeless	y Service Provide	rs (see Genera	al			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	,						NO	
APPLY PHONE	: 808-688-7631		ı	FAX: 696-6711	EMAIL:	CRobinson2@us.v	ets.org	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:							
	Bdrm:							
Two I	Bdrm:							
Four								
Small (45) - 8 ftx10 Medium (20) - 10ft Large (32) - 12ftx1	NT IS 30% OF INCOME: 0 ft (80 sq ft) \$120 - 1 per tx12ft (120 sq ft) \$150 - 2 2ft (144 sq ft) \$150 - 3 products. Emergency Shelter of	rson E 2 persons ersons	TILITIES INCL lectricity, water ublic telephone	, and sewer.		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):	
AGE CRITERIA:						TO REMAIN ON V	,	
0-60+, minors are	accompanied by legal gu		_	T FOR PARKING:	DET INCO	CALL EVERY	(Months): PETS OK: NO	
	ASSET LIMITS:	P	ARKING INFO: arking for vehica afety check, re- surance.	cles with valid	PET INFO:		-L13 OK.   NO	
	DENTIAL PROPERTY:				GENERAL			
ASSET LIMIT INFO	O:	_	ASE:			Coast Comprehens	ive Health Center:	
		N	one		" /	559; 696-1586	-h (-) 000 5007	
INCOME ODITED	14					Community Outread	W /	
NCOME CRITERIA: None			JRNISHED: bed, additiona helving/drawer rovided. No por perated W/D or	may be wer outlets. Coin	Administe Cubicle lik	iki Health Center - Care-A-Van inistered by US Veterans Initiative cle like units. Community bathrooms, munity Meals		

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	9/3/2024			AREA:	Kapolei	
ROJECT NAME:	PALE	HUA TER	RACE PH.	1		- 1	PROJECT TYPE:	Family	
ADDRESS:	92-1074	Palahia St.					PHONE: 808-672	2-5602	
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 808-909-2364		
MANAGER	: Angela	Akiona - Comr	nunity Director		APPLY ADI	DRESS: retania St. #200	Hon. HI	OUT-OF-STATE	
APPLY TO	: Manage	ement Specialis	sts Co.		96814			APPLICATION ACCEPTED: YES	
APPLY ATTN	l: Afforda	ble Housing De	ept.					123	
APPLY PHONE	: 808-94	9-7611 x131			<b>FAX:</b> 946-0572		nschousing@hawa Email for applicati		
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:								
	Bdrm:							YES	
	Bdrm:	76	1294	2363	819 1037			YES	
Three I	Bdrm:	7	1468	2700	1037			120	
RENT INFO: RE	NT IS 30 <sup>4</sup>	% OF INCOME		JTILITIES INC Water	CLUDED:		TOTA MINIMUM W ESTIMATE		
							MAXIMUM W ESTIMATE		
AGE CRITERIA: Head of household	d must be	e 18 years or ol	der			Т	O REMAIN ON V CALL EVERY		
		,		WAITLI PARKING INF	IST FOR PARKING: O:	PET INFO:	ſ	PETS OK: NO	
				2 stalls per un		Service anir		r	
AN OWN RESID		SSET LIMITS:				CENEDALII	NEO.		
AN OWN RESIL		PROPERTY:		_EASE:		GENERAL II Funding: R	HTF		
					fication annually	Accepts Se			
							ks through Equifa		
NCOME CRITERI	IA:		'			No to call uncontact info	nless there are ar rmation.	ny updates to	
60% of AMI: 1 person \$54900 2 persons \$62700 3 persons \$70560 4 persons \$78360				FURNISHED: Partly furnishe appliances on					
-PERSON MAXIM	IUM MON	NTHLY INCOM	<b> </b> E:	4575		]			

		Last Compl	ete Update:	9/3/2024			AREA:	Kapolei
PROJECT NAME:	PALE	HUA TER	RACE PH.	2		-	PROJECT TYPE:	Family
ADDRESS:	92-1074	Palahia St.					PHONE: 808-67	2-5602
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 672-56	02
MANAGER	: Angela	Akiona - Comr	nunity Director		<b>APPLY AD</b> 1330 S. Be	DRESS: retania St. #200	Hon. HI	OUT-OF-STATE
APPLY TO	: Manag	ement Specialis	sts Co.		96814			APPLICATION ACCEPTED: YES
APPLY ATTN	: Afforda	able Housing De	ept.					123
APPLY PHONE	: 808-94	9-7611 x131			<b>FAX:</b> 946-0572		nschousing@haw Email for applicati	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	3drm:							
	3drm:	57	1260	2.25xRent	778			
Three I		7	1400	2.25xRent	948			
Four	Bdrm:							NO
7 units at 30% AM				Water		1	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 24  /AIT LIST (Months): 36  VAITLIST
Head of household	d must be	e 18 years or or			ST FOR PARKING:	-		
				PARKING INFO		PET INFO:		PETS OK: NO
AN OWN RESI		SSET LIMITS:	NONE	3		GENERAL I	NFO:	
ASSET LIMIT INF		PROPERTI.		LEASE:			Room, Picnic Are	ea
				1 year; month	to month		ve 2 bathrooms k through Equifax ction 8	<b>.</b>
INCOME CRITER	A:					Funding: R	HTF	
60% of AMI: 1 person \$54900 2 person \$62700 3 person \$70560 4 persons \$78360				FURNISHED: Partly furnishe appliances onl				
I-PERSON MAXIM		NTHLY INCOME		4575 5225		]		

		ete Update:	12/15/2021			AREA:	Palolo
PROJECT NAME:	PALOLO VALL	EY HOME	S (HPHA-	<mark>hon) - NOT A</mark> (	CCE	PROJECT TYPE:	Family
ADDRESS:	2107 Ahe St.					PHONE: 808-733	-9113
CITY	Honolulu	STATE: HI	ZIP:	96816		FAX:	
<b>3</b>	Horiolala	OTATE: III		90010			
MANAGER	: Kelsie Tilton			APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	• НРНД			Honolulu, HI	96817	. =	APPLICATION
/	NOT ACCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLIC	ATIONS	ACCEPTED: NO
APPLY ATTN	: Oahu applications offic						NO
	NOT ACCEPTING AP	PLICATIONS			EMAIL: h	phaishereforyou.or	g
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
St	tudio:						
One E	Bdrm: 8	0		513	1	4	YES
Two E	34	0		676	2	6	YES
Three E	<b>3drm:</b> 40	0		1045	3	8	YES
Four E	Bdrm: 32	0		1147	4	10	YES
5 Bedroom Units a	for Federal Low Income		UTILITIES INC Water and allo and gas	CLUDED: wance for electricity		MINIMUM WA ESTIMATE (	(Months): 36
A OF ODITEDIA			Įt.			ESTIMATE (	
AGE CRITERIA: Head of household	d must be 18 years or ol	der			ı	O REMAIN ON W CALL EVERY (	
	•		WAITLI PARKING INF	O: NO	PET INFO:	Р	ETS OK: YES
			Included	0.   10	With Permit		-10 01 1120
	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INFO			LEASE:			ICES: Domestic V	
Cannot own a hou	se on Oahu		1 year		displaced.	i tiansitional shelle	ers, involuntary
					Funding: Fe	d Low Inc Pub Hs	ing 100%
INCOME CRITERI	Α:					ns must be 3 yrs a	
ncome Eligibility = Maximum Annual I 2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53, 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;		FURNISHED:  Partly furnishe appliances on		crystal meth	namphetamine or s	sex offender
1-PERSON MAXIM	IUM MONTHLY INCOMI		4570		įr.		
2-PERSONS MAXII	MUM MONTHLY INCOM	ΛE:	5220				

	Last Compl	ete Update:	9/3/2024			AREA:	Palolo
PROJECT NAME:	PALOLO VALL	EY HOME	SLPI			PROJECT TYPE:	Family
ADDRESS:	2170 Ahe St.					PHONE: 808-733	3-8650
CITY	<u> </u>	CTATE:	71D. F			FAX: 735-521	
CITY:	Honolulu	STATE: HI	ZIP:	96816		•	
MANAGER	: Wanda Samson - Prop	perty Mgr.		APPLY AD	DRESS:		
	·	, ,		2170 Ahe S			OUT-OF-STATE
APPLY TO	: Mutual Housing Assoc Homes, L.P.	iation of Hawaii	dba Palolo Va	Honolulu, F alley	11 96816		APPLICATION ACCEPTED:
APPLY ATTN							YES
7	•				EMAIL:	wsamson@mutual-	-housing.org
APPLY PHONE	: 808-733-8650			<b>FAX:</b> 735-5211			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required	I CO ET:	Number of People	Number of People:	Allowed:
Si	tudio:						
One I	Bdrm: 9	668		485	1	4	YES
Two E	Bdrm: 64	849		604	2	6	YES
Three I	Bdrm: 9	1068		860	3	8	YES
Four I	Bdrm:						NO
,	•						
	NT IS 30% OF INCOME as not have a waitlist; por		UTILITIES IN	ICLUDED:		TOTA	AL UNITS: 82
	taken from Section 8 w		VValei			MINIMUM W ESTIMATE	
						MAXIMUM W	P.
			Į.			ESTIMATE	(Months): 72
AGE CRITERIA:	d must be 18 years or old	dor whon				TO REMAIN ON W	
applying.	-		WAIT PARKING IN	LIST FOR PARKING:	PET INFO:		PETS OK: NO
Applicants must ha	ave verifiable residential	nistory.		ven only 1 stall		nimals Only - MD N	
	ASSET LIMITS:	YES					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:		Funding: L		
applicable income	se. Assets limited to two for admission or three ti		1 year; then	month-to-month			
limit for continued	occupancy.				Application Available	hrough Section 8 o	ffice
INCOME CRITERI	IA:		•				
Maximum Annual	Income: 1 person - \$27,	450;	FURNISHED	:	.		
4 persons - \$39,18	50; 3 persons - \$35,280; 30; 5 persons - \$42,330; 50; 7 persons - \$48,600;		Partly furnish appliances o				
	20; 9 persons - \$54,852						
1-PERSON MAXIM	IUM MONTHLY INCOME		2287		Į.		
	NALINA NAONITI II VINICON		201				

	Last Compl	ete Update:	9/3/2024			AREA:	Palolo
PROJECT NAME:	PALOLO VALL	EY HOME	S LP II			PROJECT TYPE:	Family
ADDRESS:	2170 Ahe St.					PHONE: 808-733	B-8650
CITY:	Honolulu	STATE: HI	ZIP:	96816		FAX: 735-521	1
MANAGER: Wanda Samson, Property Mgr.  APPLY TO: Mutual Housing Association of Hawa Homes, L.P.			APPLY ADDRESS: 2170 Ahe St. Honolulu, HI 96816				OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
<b>APPLY PHONE:</b> 808-733-8650			FA	<b>X</b> : 735-5211	EMAIL:	wsamson@mutual-	housing.org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 5Bdrm 8	1511		1345	5	12	
One I	Bdrm: 16	668		478	1	4	YES
Two I	Bdrm: 64	849		647	2	6	YES
Three I	<b>Bdrm:</b> 76	1068		880	3	8	YES
Four I	Bdrm: 60	1286		1100	4	10	NO
Palolo Homes doe pulled from Sectio	NT IS 30% OF INCOME es not have a waitlist; nan n 8 waitlist d units, additional partia	mes are	UTILITIES INCLUI Water	DED:		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
applying.	d must be 18 years or old		_	FOR PARKING:		CALL EVERY	
Applicants must h	ave verifiable residential	history.	PARKING INFO:  Every unit given o	nly 1 stall	PET INFO:	imal ONLY - MD no	PETS OK: NO
,	ASSET LIMITS:	VEC	and given a	y . o.a			
AN OWN RESID	DENTIAL PROPERTY:				general.	INFO:	
ASSET LIMIT INFO	O:		LEASE:		Funding: L		
	se. Assets limited to two for admission or three ti occupancy.		1 year; then mont	h-to-month	Funding: I Application Program	s available through	n Section 8
INCOME CRITERI	IA:				NO RESP	ONSE 2021	
Maximum Annual Income: 1 person - \$27,450; 2 persons - \$31,350; 3 persons - \$35,280; 4 persons - \$39,180; 5 persons - \$42,330; 6 persons - \$45,450; 7 persons - \$48,600; 8 persons - \$51,720; 9 persons - \$54,852;		FURNISHED: Partly furnishedrappliances only	najor				
	IUM MONTHLY INCOME		2287		1		

	Last Comple	te Update:	12/15/2021			AREA:	McCully
PROJECT NAME:	PAOAKALANI (I	HPHA-ho	n) - NOT A	ACCEPTING A	PPLI	PROJECT TYPE:	Elderly
	1583 Kalakaua Ave.					PHONE: 808-973	-0193
	<u></u>					FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96826		,	
MANAGER	: Ioane Ah Sam			APPLY ADD			
				1002 North S Honolulu, HI			OUT-OF-STATE APPLICATION
APPLY TO	: HPHA NOT ACCEPTING APP	LICATIONS		NOT ACCPE	EPTING APPL	ICATIONS	ACCEPTED:
APPLY ATTN	l: Oahu applications office						NO
	NOT ACCCEPTING AP	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461			
Linit	Type		Minimum		MINIMUM	MAXIMUM	
Onit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio: 90	0	rtoquirou.	315	1	2	YES
	Bdrm: 60	0			1		YES
		U		465		4	
	Bdrm:			-			
Three I							
Four I	Bdrm:		<u> </u>		]	J	
RENT INFO: RE	NT IS 30% OF INCOME:	YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 151
	for Federal Low Income		Electricity and			MINIMUM W	ļ
********* CLOSED	8/2/2016*****					ESTIMATE	
						MAXIMUM W	
			,ı			ESTIMATE	(Months): 60
AGE CRITERIA:	d or spouse must be 62 y	vears or				TO REMAIN ON W CALL EVERY	
older, or disabled	d of spouse must be 02 y	cais oi		IST FOR PARKING:	DET INCO.		ETS OK: YES
			PARKING INF	O: NO	PET INFO: Small pets	under 25 lbs. only	L13 OK.   YES
,	ASSET LIMITS:	JONE				•	
AN OWN RESID	DENTIAL PROPERTY:				general.	INFO:	
ASSET LIMIT INFO	,		LEASE:		PREFERE	NCES: Domestic V	
Cannot own a hou	se on Oahu		1 year		homeless displaced.	in transitional shelte	ers; involuntary
					If elder die	s, under age 62 sp	ouse may rent
J						ing: Fed Low Inc Pu	
ncome Eligibility =			FURNISHED:			ions must be 3 yrs	
Maximum Annual	Income: 1 person - \$53,29 00; 3 persons - \$68,500;	50;	Partly furnishe	edmajor	crystal me	thamphetamine or	sex offender
4 persons - \$76,10	00; 5 persons - \$82,200;		appliances on	lly, no carpet			
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350; 450						
1-PERSON MAXIM	IUM MONTHLY INCOME:	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOME	E:	5220				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	10/19/2023			AREA:	Chinatown
PROJECT NAME:	<b>PAUAHI HALE</b>					PROJECT TYPE:	Family
ADDRESS:	126 North Pauahi St.					<b>PHONE</b> : 808-52	4-7233
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
	: Bill Hanrahan, Manage	er		APPLY ADD	PRESS: ani Blvd., Suite	345	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Melby Albano						AGGET TEB.
APPLY PHONE	:: 808-737-2523		F.	AX:	EMAIL: r	malbano@mhkhav	vaii.org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 38	760		120	1	1	YES
One I	Bdrm:						
Two E	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						
Minimum rent \$30 15 units must be o \$300 minimum rer equivalent of one r AGE CRITERIA:	NT IS 30% OF INCOME  0. Maximum rent \$760  offered to those eligible to nt payment. Security de month rent.	o pay the	UTILITIES INCLU Electricity and wa			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON V CALL EVERY	(Months):6  /AIT LIST (Months):12  VAITLIST
Must be over the a			WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:		PETS OK: NO
	ASSET LIMITS:	NONE	Not included. Av door for \$40/mon		PET INFO.		L13 OK. INO
	DENTIAL PROPERTY:	YES			GENERAL I		
ASSET LIMIT INFO	O:		LEASE: 1 year				
INCOME CRITERI	IA:				Application		0
Maximum Annual 50% area AMI)	Income: 1 person - \$40,	260 (below	FURNISHED: Unfurnished.			m Manager's Offic	e
-PERSON MAXIM	IUM MONTHLY INCOME	≣:	3355		Į.		

	Last Comp	lete Update:	4/19/2024			AREA:	Makiki	
PROJECT NAME:	PIIKOI VISTA					PROJECT TYPE:	Elderly	
ADDRESS:	1326 Piikoi St.					PHONE: 808-58	5-8882	
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 521-68	97	
MANAGER	R: Paul Hobson			APPLY AD		alulu III	OUT OF STATE	
APPLY TO	D: Locations			96815	ulu Avenue, Hon	ioiuiu, mi	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Property Managemen	t Division					YES	
APPLY PHONE	E: 808-585-8882			<b>FAX:</b> 808-521-689	97 b	ttp://www.location le-rentals.aspx	srentals.com/afforda	
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Studio:							
	Bdrm: 47	1225	2xrent	420				
Three								
	Bdrm:						YES	
Tour	Burin.		1			,	123	
Food stamps can	be used to meet min. in te holders need not mee uirement.	come.	UTILITIES INC Electric, water,			MINIMUM W ESTIMATE MAXIMUM W	(Months): 3	
A OF ODITEDIA						ESTIMATE		
AGE CRITERIA: All residents must	t be 55 or older.		\A/AIT!!	OT FOR RADIVINO		O REMAIN ON V CALL EVERY		
Does not require \	verifiable residential hist	ory	PARKING INF	ST FOR PARKING: O: NO	PET INFO:	1	PETS OK: NO	
	ASSET LIMITS:	NONE	all stalls are as occupancy is r	for parking; once ssigned, restricted to			i.	
	DENTIAL PROPERTY:	YES	tenants withou auest parkina		GENERAL I	NFO:		
ASSET LIMIT INF All income from as eligibility.	O: ssets is counted to dete	rmine	LEASE:		Has Victory Community and resider	nort walk to groce	entry doors, s, Social Worker e, Laundry room on	
INCOME CRITERIA: 50% AMI: 1 person \$48,750; 2 persons \$55,700			FURNISHED:  Partly furnishedmajor appliances, vinyl floording, AC, mini blinds and garbage disposal.		Application: Download f Ask manag Send reque envelope	Application: Download from website Ask management to mail it Send request with self-addressed stamped		
I 1-PERSON MAXIN	MUM MONTHLY INCOM	E:	4063		J.			
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	4642					

	Last Compl	ete Update:	4/23/2024			AREA:	Kakaako
PROJECT NAME:	<b>POHULANI EL</b>	DERLY				PROJECT TYPE:	Elderly
ADDRESS:	626 Coral St.					PHONE: 808-744	1-6063
CITY:	Honolulu	STATE: HI	ZIP:	<b>ZIP:</b> 96813		<b>FAX</b> : 744-658	32
J. 1	lionolala	OTATE: IT		90013			
MANAGER	t: DeAnn Auwae, Manag	ger		APPLY AI	DDRESS: St. Ste. #507		OUT-OF-STATE
APPLY TO	<b>):</b> Hawaii Affordable Pro	perties Inc.		Honolulu,			APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	E: 808-744-6063			<b>FAX:</b> 744-6582	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 128	1350	2.5 x rent	425	1	2	YES
One I	<b>Bdrm:</b> 135	1493	2.5 x rent	454	1	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:		<u> </u>				YES
RENT INFO: RE	NT IS 30% OF INCOME	:: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 263
	rent; accepts section 8	t	Electricity and	water		MINIMUM W	
	esponse to inquiry by Po					ESTIMATE	
, application recomp						MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
application. Careg	mbers must be 62 at time giver allowed over age 18	3.		IST FOR PARKING	_	CALL EVERY	
Does not require v	verifiable residential histo	ory.	PARKING INF	O: YES n-site parking; \$42	PET INFO	; F	PETS OK: YES
	ASSET LIMITS:	NONE	month; parking				
AN OWN RESID	DENTIAL PROPERTY:		District prking		GENERAL	. INFO:	
ASSET LIMIT INF			LEASE:			are allowed in both	
Cannot own a majority interest in residential property			1 year		Emerg. C Studio ha Services:	etter; cannot work of all system; Secure of s lanai; 3 elevators Meals on Wheels mation to Shopping a	entrance lobby
INCOME CRITER	IA:				Catholic C	Charities Hawaii	•
Maximum Annual Income:			FURNISHED:	ad mai	opened 1	State Rental Assista 992 with lap pool, joggir	
rsons - \$89,120				apes, carpet,		tipurpose room	iy pairi, yarueri
Note: Minimum Ir minimum rent	ncome Required is 2.5 x	the	cable ready, to amount of) wa				
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	6500		Į.		
			7427				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HOI</b>	MES I (HPH	A) - NOT	<b>ACCEPTING</b>	APP	PROJECT TYPE:	Family
ADDRESS:	1638 - 1699 Ahiahi Pl.	<del>-</del>	-			PHONE: 808-832	2-3336
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	35
	Tionolala	0.7.1.2.1		30017			
MANAGER	R: Julie Wiggett			APPLY ADD	School St.		OUT-OF-STATE
APPLY TO	): NOT ACCEPTING AF	PPLICATIONS		Honolulu, HI 96817 AF  NOT ACCEPTING APPLICATIONS A			
APPLY ATTN	I: NOT ACCEPTING AF (Oahu applications of						NO
APPLY PHONE	E: 808-832-5961		FAX: 832-3461				rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	studio:						
	Bdrm:						
	Bdrm:						
Three				1116	4	10	
Four	Bdrm: 14	0	ļ.	1110	] 4	10	YES
14 five bdrm units Minimum Rent: O	ne Bdrm - \$108; Two Bo 2; Four Bdrm - \$180	<u> </u>	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W	(Months): 36
*********	USEU 8/3/3018******	****				ESTIMATE	
AGE CRITERIA:	d must be 18 years or o	ldor				TO REMAIN ON W	
nead of nousenor	d must be 18 years or o		WAITLI PARKING INF	IST FOR PARKING:	PET INFO		PETS OK: NO
			Included	0.	FETTINFO	· '	LTO OK. INO
	ASSET LIMITS:	YES					
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	O: use on Oahu. Assets lim	ited to top	LEASE:			OUSING PREFERE derly 2.) The Displace	
times the applicab	ole income for admission continued occupancy.		1 year		Veterans Families o was deter	w/ service connecte of deceased veteran mined to be service erans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITER						al Shelters 7.) All ot	
50% AMI: 1 person \$33,300; 2 persons \$38,050; 3 persons \$42,800; 4 person \$47,550.			FURNISHED: Partly furnishe appliances on			State Pub Hsing 100 tions must be 3 yrs	
1-PERSON MAXIM	MUM MONTHLY INCOM	E:	3450		<u> </u>		
2-DEDSONS MAY		ME.	<b>4805</b>				

	Last Comp	olete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HO</b>	MES II (HP	HA) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.					PHONE: 808-832	2-3336
OT	J	CTATE	715	225:=		FAX: 322-063	32
CITY:	Honolulu	STATE: HI	ZIP:	96817		,	
MANAGER	: Julie Wiggett			APPLY ADD			
				NOT ACCEI 1002 North	PTING APPLI School St.	CATIONS	OUT-OF-STATE APPLICATION
APPLY TO	: NOT ACCEPTING AI	PPLICATIONS		Honolulu, Hi			ACCEPTED:
APPLY ATTN	: NOT ACCEPTING AI	PPLICATIONS					NO
	(Oahu applications of				EMAIL:	hphaishereforyou.o	ra
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461	, u	,	3
			Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME	SQ FT:	Number	Number of	CAREGIVER Allowed:
	OI UNITS:	IXEINT.	Required:	JQ F1.	of People	People:	Allowed:
S	tudio:						
One I	Bdrm:						
Two I	Bdrm: 12	0		676	2	6	YES
Three I	Bdrm: 8	0		940	3	8	YES
Four B	Bdrm:						
1			P		P	P	
RENT INFO: RE	NT IS 30% OF INCOM	E: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 20
	ne Bdrm - \$108; Two Bo	drm - \$128;		wance for electricity		MINIMUM W	Į.
funding source: sta	2; Four Bdrm - \$180 ate		and gas			ESTIMATE	
****************	CLOSED 8/2/2016*****	*****				MAXIMUM W	
Į.	2,2,20.0		Įt.			ESTIMATE	
AGE CRITERIA:	d must be 18 years or o	lder				TO REMAIN ON W	
lieau oi nousenoid	a must be To years or o	nuel		IST FOR PARKING:	<b>5</b>		
			PARKING INF	O:	PET INFO:	: h	PETS OK: NO
J.			incidued				
ANI 00000 = = 000	ASSET LIMITS:				051155 ::	INITO	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO: OUSING PREFERE	NCES:
Cannot own a hou	se on Oahu. Assets lin		LEASE:		1.)The Eld	lerly 2.) The Displac	ced 3.) Disabled
	le income for admission continued occupancy.	n or three	1 year		Families of	<ul><li>w/ service connecte</li><li>of deceased veteran</li></ul>	s whose death
						mined to be service erans 6.) Families re	
INCOME CRITERI	IA:				Transition	al Shelters 7.) All of	
50% AMI: 1 person persons \$42,800;	n \$33,300; 2 persons \$	38,050; 3	FURNISHED:		Wait		
persons \$42,000;	4 personi \$47,330.		Partly furnishe appliances on			State Pub Hsing 100 ions must be 3 yrs	
				,			
J					]		
1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	3450				
2-PERSONS MAXII	MUM MONTHLY INCO	ME:	4895				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HOI</b>	MES III (HF	PHA) NOT	<b>ACCEPTING</b>	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.					PHONE: 808-832	2-3336
CITY	Honolulu	STATE: HI	ZIP:	00047		FAX: 832-338	35
OII I.	Honolulu	STATE. HI	ZIF.	96817			
MANAGER	: Julie Wiggett			APPLY ADD			
APPLY TO	: NOT ACCEPTING AF	PPLICATIONS		1002 North Honolulu, H		ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: NOT ACCEPTING AF Oahu applications offi				EMAII.	hahaiahanafan ay	NO
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 10	0		504	1	4	YES
	Bdrm: 14	0	-	676	2	6	YES
Three I		0		940	3	8	YES
Four	Bdrm:						
Minimum Rent: Or Three Bdrm - \$15: funding source sta	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bo 2; Four Bdrm - \$180 atte :LOSED 8/2/2016******	drm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 18 years or o	lder	WAITL	IST FOR PARKING:		CALL EVERY	
			PARKING INF	FO:	PET INFO	): F	PETS OK: NO
1	ASSET LIMITS:	YES	Included				
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O: ise on Oahu. Assets lim	nited to two	LEASE:		1 -	OUSING PREFERE derly 2.) The Displace	
times the applicab	le income for admission continued occupancy.		1 year		Families of was deter	w/ service connecte of deceased veteran rmined to be service terans 6.) Families re	s whose death connected. 5.)
INCOME CRITER					Transitior Wait	nal Shelters 7.) All ot	hers - Indefinate
50% AMI: 1 perso persons \$42,800;	n \$33,300; 2 persons \$3 4 person \$47,550.	38,050; 3	Partly furnishe appliances on			State Pub Hsing 100 tions must be 3 yrs	
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3450		]		
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	4895				

		Last Compl	ete Update:	12/15/2021			1554	Kapalama
PROJECT NAME:	DIIAL		MES IV (H	DHA) - NO	T ACCEPTING	CAD	PROJECT TYPE:	
		St. and Lanakila		riia) - NO	ACCEPTING	J AF	PHONE: 808-832	]
ADDITEOU.	Scrioor	ot. and Lanakiia	AVE.				FAX: 322-063	
CITY:	Honolulu	J	STATE: HI	ZIP:	96817		1 AX.  322-003	52
	-							
MANAGER	: Julie W	/iggett			APPLY AD			
APPLY TO	): NOT A HPHA	CCEPTING AP	PLICATIONS		NOT ACCE 1002 North Honolulu, H		ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	_	CCEPTING AP						NO
APPLY PHONE		applications office 2-5961	ce		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	4	0		519	1	4	YES
Two I	Bdrm:	32	0		662	2	6	YES
Three I	Bdrm:	4	0		808	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: Or Three Bdrm - \$152	ne Bdrm 2	- \$108; Two Bd	rm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	
Head of household	d must be	e 18 years or ol	der	WAITL	IST FOR PARKING:		CALL EVERY	
				PARKING INF	O:	PET INFO	): F	PETS OK: NO
]	AS	SSET LIMITS:	YES	Included				
AN OWN RESID						GENERAL	_ INFO:	
ASSET LIMIT INFO		ahu Assats lim	ited to two	LEASE:			OUSING PREFERE derly 2.) The Displace	
times the applicab	le incom	e for admission		1 year		Veterans Families was deter Other Vet	w/ service connecte of deceased veteran rmined to be service terans 6.) Families re	d disabilities 4.) s whose death connected. 5.) esiding in
INCOME CRITERI 50% AMI: 1 perso		n. 2 narsons \$3	8 050: 3	FURNISHED:		Vait	nal Shelters 7.) All ot	hers - Indefinate
persons \$42,800;			0,000, 0	Partly furnishe appliances on			State Pub Hsing 100 titions must be 3 yrs	
1-PERSON MAXIM	10M MOI	NTHLY INCOME	E:	3450		įr.		
2-PERSONS MAXI	мим мс	ONTHLY INCOM	ИE:	4895				

PROJECT NAME: PUALANI MANOR  ADDRESS: 1216 Pua Ln.  CITY: Honolulu STATE: HI ZIP: 96817  MANAGER: APPLY ADDRESS: Get application onsite; bring I.D. OUT-OF-SAPPLICA ACCEP  APPLY ATTN:  APPLY PHONE: 808-841-5657  FAX:  EMAIL: None  EMAIL: None  CAREGIVE Required: Studio:	
MANAGER:  APPLY ADDRESS: Get application onsite; bring I.D.  APPLY ATTN:  APPLY PHONE: 808-841-5657  FAX:  Unit Type: Number of UNITS: RENT: RENT: Required: SQ FT: Number of People: Allowed: People: Three Bdrm: Three Bdrm: Three Bdrm: Four Bdrm: Three Bdrm: Three Bdrm: To remain on waitlist, WRITE IN, every 6 months  To remain on waitlist, WRITE IN, every 6 months  APPLY ADDRESS: Get application onsite; bring I.D.  OUT-OF-S APPLICA ACCEPT  APPLY ATTN:  EMAIL: None  EMAIL: None  CAREGIVE Allowed: People: Of People of People: People: People: Allowed: People: Peo	
MANAGER:  APPLY ADDRESS: Get application onsite; bring I.D.  OUT-OF-S APPLY ATTN:  APPLY ATTN:  APPLY PHONE: 808-841-5657  FAX:  Unit Type: Number of UNITS: RENT: NCOME Required: SQ FT: Number of People: Allowed: OPeople: Three Bdrm: Three Bdrm: Four Bdrm: NOOME RENT INFO: RENT IS 30% OF INCOME: YES  To remain on waitlist, WRITE IN, every 6 months  Water  WALTER HI ZIP: 96817  APPLY ADDRESS: Get application onsite; bring I.D.  OUT-OF-S APPLICA ACCEP YES  EMAIL: None  EMAIL: None  CAREGIVE Allowed: OPeople of People of Pe	
APPLY TO: APPLY ATTN:  APPLY PHONE: 808-841-5657  FAX:  EMAIL: None  EMAIL: None  CAREGIVE Number of UNITS: RENT: NONE  Studio:  One Bdrm: 62 0 NO 565 2 4 YES  Two Bdrm:  Three Bdrm:  Four Bdrm:  Four Bdrm:  To remain on waitlist, WRITE IN, every 6 months  Water  Get application onsite; bring I.D.  OUT-OF-SAPPLICA ACCEP  YES  EMAIL: None  CAREGIVE Number of People  People: People: People  TOTAL UNITS: 62  Minimum Number of People  People: People: People  Total UNITS: 62  Minimum Number of People  No  NO  RENT INFO: RENT IS 30% OF INCOME: YES  Water  Water  Minimum Number of People  TOTAL UNITS: 62  Minimum Number of People  Minimum Number of People  Minimum Number of People  Total UNITS: 62  Minimum Number of People  Minimum Number of People  Total UNITS: 62  Minimum Number of People  Minimum Number of People  Total UNITS: 62  Minimum Number of People  Minimum Num	
APPLY PHONE: 808-841-5657  FAX:    Unit Type:	TION TED:
Number of UNITS: RENT: RENT: RENT: SQ FT: Number of People Allowed: Studio: Studio: NO 565 2 4 YES  Two Bdrm: Four Bdrm: NO NO  RENT INFO: RENT IS 30% OF INCOME: YES  *To remain on waitlist, WRITE IN, every 6 months  Water  INCOME Required: SQ FT: Number of People People: Number of People Allowed: Number of People: N	
One Bdrm: 62 0 NO 565 2 4 YES Two Bdrm: Three Bdrm: Four Bdrm:  NO  RENT INFO: RENT IS 30% OF INCOME: YES  *To remain on waitlist, WRITE IN, every 6 months  Water  TOTAL UNITS: 62  MINIMUM WAIT LIST ESTIMATE (Months):	
Three Bdrm:  Four Bdrm:  NO  RENT INFO: RENT IS 30% OF INCOME: YES  *To remain on waitlist, WRITE IN, every 6 months  Water  TOTAL UNITS: 62  MINIMUM WAIT LIST ESTIMATE (Months):	
RENT INFO: RENT IS 30% OF INCOME: YES UTILITIES INCLUDED: TOTAL UNITS: 62  *To remain on waitlist, WRITE IN, every 6 months  Water  MINIMUM WAIT LIST ESTIMATE (Months):	
ESTIMATE (Months):	48
AGE CRITERIA:  Head of household must be 18 years or older  WAITLIST FOR PARKING:  PARKING INFO:  Parking included  TO REMAIN ON WAITLIST  CALL EVERY (Months):  PET INFO:  PET SOK: NO	6
ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: YES  ASSET LIMIT INFO:  LEASE:  1 year	
INCOME CRITERIA:	
Maximum Annual Income: 50% AMI.  Changing 3/2015 to new HUD guidelines  FURNISHED:  Partly furnishedmajor appliances only.	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	te Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	<b>PUMEHANA (H</b>	PHA-hon)	- NOT AC	CEPTING AF	PLIC	PROJECT TYPE:	
	1212 Kinau St.					PHONE: 808-586	6-9724
						FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96814		,	
MANAGER	: Sol Sentous			APPLY AD			
				1002 North Honolulu, H			OUT-OF-STATE APPLICATION
APPLY TO	: HPHA NOT ACCEPTING APP	LICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications office	Э					NO
	NOT ACCEPTING APP	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	
Onit	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio: 98	0	rtoquilou	454	1	2	YES
	Bdrm: 40	0			1		YES
				553		4	
	Bdrm: 1	0		-			
Three E							
Four I	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME:	VES	UTILITIES INC	NUDED:		TOTA	L UNITS: 139
-	for Federal Low Income			wance for utilities		MINIMUM W	
**************************************	8/2/2016*****					ESTIMATE	
						MAXIMUM W	
			l .			ESTIMATE	(Months): 60
AGE CRITERIA:	d must be 62 years or old	or or				TO REMAIN ON W CALL EVERY	
disabled	d must be 62 years or old	er, or		IST FOR PARKING:			
			PARKING INF	0:	PET INFO	under 25 lbs. only	PETS OK: YES
	ACCET LINUTE D	IONE			Jonnan pour	, aa 20	
ANI OWNI PESIT	ASSET LIMITS: 1 DENTIAL PROPERTY: 1				GENERAL	INFO:	
ASSET LIMIT INFO	the state of the s	10	LEASE:			ENCES: Domestic V	/iolence victims;
Cannot own a hou	se on Oahu		1 year		homeless displaced	in transitional shelte	ers; involuntary
			<b> </b>			es, under age 62 sp	ouse may rent
J			<u> </u>			ling: Fed Low Inc Pu	
ncome Eligibility =			FURNISHED:			tions must be 3 yrs	
Maximum Annual	Income: 1 person - \$53,2	50;	Partly furnishe	edmajor	crystal me	ethamphetamine or	sex offender
4 persons - \$76,10	00; 3 persons - \$68,500; 00; 5 persons - \$82,200;		appliances on	ly, no carpet			
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350; 450						
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Comp	lete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	<b>PUNCHBOWL</b>	HOMES (H	HPHA-hon	) - NOT ACCE	PTIN	PROJECT TYPE:	
	730 Captain Cook Ave	•		,		PHONE: 808-586	S-9724
						FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96813		1000 0	-
MANAGER	R: Sol Sentous			APPLY ADI			
APPLY TO	N- 11D11A			1002 North Honolulu, H	I 96817		OUT-OF-STATE APPLICATION
APPLYTO	NOT ACCEPTING A	PPLICATIONS		NOT ACCE	PTING APPLIC	ATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications off						NO
	NOT ACCEPTING A	PPLICATIONS			EMAIL: h	nphaishereforyou.c	org
APPLY PHONE	E: 808-832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
s	tudio:						
One	Bdrm: 97	0		548	1	4	YES
Two	Bdrm: 58	0		711	2	6	YES
Three	Bdrm: 1	0					
Four	Bdrm:						
-	NT IS 30% OF INCOM of for Federal Low Incom 8/2/2016*****		UTILITIES INC	CLUDED: owance for utilities		MINIMUM W ESTIMATE MAXIMUM W	(Months): 24 AIT LIST
AGE CRITERIA:			lt.			ESTIMATE	
	d or spouse must be 62	vears or				TO REMAIN ON V CALL EVERY	
older, or disabled		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WAITL PARKING INF	IST FOR PARKING:  O:  NO	PET INFO:	Į.	PETS OK: YES
			Included	0.  110		under 25 lbs. only	210 011. 1120
•	ASSET LIMITS:	NONE					
AN OWN RESI	DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF			LEASE:			NCES: Domestic \ n transitional shelt	
Cannot own a hou	ise on Oanu		1 year		displaced.	ii tiansillonai sheil	ers, involuntary
						s, under age 62 sp	
INCOME CRITER	IΔ·				unit. Fundir	ng: Fed Low Inc Pr	ub Hsing 100%
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	= 80% of AMI Income: 1 person - \$53 00; 3 persons - \$68,500 00; 5 persons - \$82,200 00; 7 persons - \$94,350	); );	FURNISHED: Partly furnishe appliances on		crystal met	ons must be 3 yrs hamphetamine or tion to Shopping a narities Hawaii	sex offender
1-PERSON MAXIM	IUM MONTHLY INCOM	1E:	4570		P		
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	5220				

	Last Comp	lete Update:	12/15/2021			AREA:	Aiea
PROJECT NAME:	<b>PUUWAI MOM</b>	I (HPHA-h	on) - NOT	<b>ACCEPTING</b>	APP	PROJECT TYPE:	Family
ADDRESS:	99-132 Kohomua St.					PHONE: 808-483	-2550
CITY:	Aiga	STATE: HI	ZIP:	96701		FAX: 483-255	2
<b>3.1.1.</b>	Alea	OTATE:  TII		90701			
APPLY TO	NOT ACCEPTING AF  1: Oahu applications offit NOT ACCEPTING AF	ce		APPLY ADD 1002 North S Honolulu, HI NOT ACCER	School St. 96817 PTING APPLIC	CATIONS nphaishereforyou.o	OUT-OF-STATE APPLICATION ACCEPTED: NO
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 48	0		550	1	4	YES
Two I	Bdrm: 86	0	<u></u>	724	2	6	YES
Three	Bdrm: 88	0		1080	3	8	YES
	Bdrm: 38	0		1158	4	10	YES
	NT IS 30% OF INCOME of for Federal Low Income 8/2/2016******		UTILITIES INC			MINIMUM WA ESTIMATE MAXIMUM WA	(Months): 36
ACE ODITEDIA.			į.			ESTIMATE	
AGE CRITERIA: Head of household	d must be 18 years or o	lder				TO REMAIN ON W CALL EVERY	
	,		WAITL PARKING INF	IST FOR PARKING:	PET INFO:	P	ETS OK: YES
	ASSET LIMITS:	NONE	Included	0.	multiple an	imals ok, but only or ries listed below: nder 25 lbs) or cat	one from each of
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF			LEASE:			NCES: Domestic V in transitional shelte	
Cannot own a hou	ise on Oanu		1 year		displaced.	Fed Low Inc Pub Hs	•
INCOME CRITER	IA·		,			ons must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	= 80% of AMI Income: 1 person - \$53, 00; 3 persons - \$68,500 00; 5 persons - \$82,200 00; 7 persons - \$94,350	· ·	FURNISHED: Partly furnishe appliances on		crystal me	thamphetamine or s	sex offender
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	5220				

		Last Compl	ete Update:	4/23/2024			AREA:	Downtown
PROJECT NAME:	QUE	EN EMMA	<b>APARTM</b>	ENTS			PROJECT TYPE:	Family
ADDRESS:	1270 Qu	ieen Emma St.					PHONE: 808-646	6-2660
CITY:	Honolulu	J	STATE: HI	ZIP:	96813		FAX: 808-490	0-0707
MANAGER APPLY TO		ca Malabey Real Estate			1270 Qu	ADDRESS: een Emma Stree , Hawaii 96813	t	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	:: 808-64	6-2660			<b>FAX:</b> 808-490-0		www.queenemmaa manager@queene	partments.com mmaapartments.co
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	32	1325	2 x rent	369-405	1	2	
One I	Bdrm:	13	1300	2 x rent	446-680	1	3	
Two	Bdrm:	26	1673	2 x rent	618-850	2	5	
Three I	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE LIHTC; Income re Section 8 voucher 4 studios only at 3 Deposit equal to o \$17 background c	strictions s accepte 30% AMI	apply. ed. - \$550 mo. o's rent		UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA:				-			TO REMAIN ON W	, ,
Age 18				\// <b>\</b>   T	IST FOR PARKIN	G·	CALL EVERY	
				PARKING INF		PET INFO	: F	PETS OK: NO
]	AS	SSET LIMITS:		Limited, on-si	te parking availabl	e Pets not a	llowed.	
AN OWN RESID	DENTIAL	PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	O:			LEASE:		Engaging ceiling wir	social spaces, new ndows, 9 ft. ceilings,	interiors, floor-to- , walk-in closets,
				12 month		site mana call emerç areas, bu	gency maintenance, siness center/comp	cilities, elevator, on- WiFi in common uter lab,
INCOME CRITER						communit	y lounges, secured	entry, bike sotrage
30% AMI units - m \$27,510; 2 person 60% AMI maximul \$62,880, 3 - \$70,7	n - \$31,44 m income	0. e for 1 - 55,020,	2 -	FURNISHED: Major applian window cover counter tops	ces, microwave, ings, granite			
1-PERSON MAXIM				4585				

		Last Comp	lete Update:	8/7/2023				AREA:	Chinatown
PROJECT NAME:	RHF	PAUAHI Ł	(UPUNA H	IALE			PROJECT	Γ TYPE:	Elderly
ADDRESS:	167 Nort	th Pauahi St.					PHONE:	808-524	1-5844
CITY:	Honolulu	I	STATE: HI	ZIP:	96817		FAX:	949-255	54
MANAGER	t: Sue Sta	acey, Manager			911 N. S	ADDRESS: Studebaker Rd.			OUT-OF-STATE
APPLY TO	: Retiren	nent Housing F	oundation		Long Be (562) 25	each, CA. 90815 57-5100	-4900		APPLICATION ACCEPTED:
APPLY ATTN	l:								YES
APPLY PHONE	:: 808-52	4-5844			FAX:	EMAIL	L: www.rhf.or	g	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Numb	-	CAREGIVER Allowed:
S	tudio:	12	0		539	1		1	YES
One I	Bdrm:	36	0		579	1	2	2	YES
Two E	Bdrm:								
Three I	Bdrm:								
Four I	Bdrm:								YES
RENT INFO: RE 2023 Update: No a contact information	action rec			Water, sewer 8			ES <sup>-</sup> MAXI	MUM W TIMATE MUM W	AIT LIST (Months): 96  AIT LIST (Months): 120
AGE CRITERIA:	d must be	62 40050 05 0	ldor or				TO REMA	-	/AITLIST (Months):
Head of household disabled (mobility			ider, or	WAITLI PARKING INFO	ST FOR PARKIN	IG: PET INF			PETS OK: YES
				Parking not av		TET IIVI	<u> </u>	<u> </u>	210 010 1123
	AS	SSET LIMITS:	NONE						
AN OWN RESID		PROPERTY:	NO			GENERA			
ASSET LIMIT INFO	O:			LEASE:		outside		erly tena	MD letter; can work nt dies, under age
						Services	s: meal site r	next dooi	
INCOME CRITERI						Funding	: Section 202	2	
Maximum Annual persons - \$39,700	Income:	1 person - \$34	750; 2	FURNISHED:  Partly furnishe appliances onl		waitlist.		ant to ke	eep application on
							nagement to quest with se		ssed stamped
1-PERSON MAXIM	NOM MUI	ITHLY INCOM	E:	2895					
2-PERSONS MAXI	мим мс	NTHLY INCO	ME:	3308					

	Last Comple	te Update:	8/7/2023			AREA:	McCully
PROJECT NAME:	RHF PHILIP STI	REFT APA	RTMFNT	S - NOT ACC	FPTI	PROJECT TYPE:	
	1605 Philip St.					PHONE: 808-949	,
ļ						FAX: 949-255	
CITY:	Honolulu	STATE: HI	ZIP:	96826		0 10 200	
MANAGER	: Sue Stacey, Manager -	Suite 200		APPLY ADI	DRESS:		
				911 N. Stud Long Beach	lebaker Rd. ı, CA. 90815-4	900	OUT-OF-STATE APPLICATION
APPLY TO	: Retirement Housing For	undation		(562) 257-5			ACCEPTED:
APPLY ATTN	:						YES
					EMAIL:	www.rhf.org	
APPLY PHONE	: 808-949-2555			<b>FAX</b> : 949-2554		_	
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
St	tudio: 10	0	NO	550	1	1	YES
One E	3drm: 24	0	NO	575	1	2	YES
Two E							
Three E							
Four E							NO
Four	sarm:		1				NO
RENT INFO: REI	NT IS 30% OF INCOME:	YES U	TILITIES INC	CLUDED:		TOTA	AL UNITS: 34
	action required unless upo		lectricity and	water		MINIMUM W	'AIT LIST
from project	n or in response to comm	unication				ESTIMATE	(Months): 96
						MAXIMUM W ESTIMATE	(2.4 )
AGE CRITERIA:		1-					
	e household must be age	62+,	) A / A I == 1	IOT FOR RABIGNO		TO REMAIN ON W CALL EVERY	
spouse/partner mu household may be	ust be 18+. Other membe		WAITLI ARKING INF	IST FOR PARKING: O: YES	PET INFO:	F	PETS OK: YES
		A	Available	1.22	One small		,
	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO	D:		EASE:			are allowed with Name. If elderly tena	MD letter; can work
		1	year, then m	onth to month		may rent unit.	nt dies, drider age
					Opened 19	993	
INCOME CRITERI	Δ.				Funding: S	Section 202 100%	
Maximum Annual I	Income: 1 person - \$33,5	50; F	URNISHED:		Application	า:	
2 persons - \$38,35	50.		Partly furnishe		Ask mana	gement to mail it est with self-addres	ssed stamped
			ippliarioes orii	ıy.	envelope		
					Fick up fro	om manager's office	5
					<u> </u>		
1-PERSON MAXIM	UM MONTHLY INCOME:	: 3	404				
2-PERSONS MAXII	MUM MONTHLY INCOM	E: 3	888				

	Last Comp	olete Update:	5/4/2023			AREA:	Chinatown
ROJECT NAME:	RIVER PAUAL	II (Not taki	<mark>ng applicati</mark>	ons)		PROJECT TYPE:	Family
ADDRESS:	1155 River St.					PHONE: 808-892	2-1812
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: None	
MANAGER	R: Luis; Ste. 111			APPLY AD Not current	DRESS: ly taking applic	eations	OUT-OF-STATI
	<b>):</b> River Pauahi Apt. c/c						APPLICATION ACCEPTED: YES
APPLY ATTN	I: Certified Occupancy	Specialist ( Lv m	nessage)		EMAIL:		, =0
APPLY PHONE	E: 808-892-1812		F	FAX: 892-1801			
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 41	0	NO		1	3	YES
	Bdrm: 7	0	NO		3	5	YES
Three	Bdrm:						
,		5 JV50			,		
RENT INFO: RE	NT IS 30% OF INCOM	E: YES	UTILITIES INCLU			MINIMUM W	(8.4 (1))
						ESTIMATE  MAXIMUM W.  ESTIMATE	AIT LIST
AGE CRITERIA:						TO REMAIN ON W	AITLIST
Head of househole	d must be 18 years or o	older	WAITLIST	Γ FOR PARKING:	_	CALL EVERY	
			PARKING INFO: No parking.		PET INFO	: F	PETS OK: NO
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O:		LEASE:		,   `	Section 8 100%	
			1 year		3 handica	p units 2 - 1 bdrm &	1 - 2 bdrms
NCOME CRITER	IA:		1				
2 persons - \$38,00	Income: 1 person - \$33 00; 3 persons - \$42,750 00; 5 persons - \$51,300	);	FURNISHED: Partly furnished-appliances only.				
-PERSON MAXIN	IUM MONTHLY INCOM	ΛE:	2771		J		
-PERSONS MAXI	MUM MONTHLY INCC	DME:	3167				

	ı	_ast Comple	ete Update:	9/4/2024			AREA:	Makiki
PROJECT NAME:	<b>ROYAL</b>	KINAU	APARTM	ENTS		F	PROJECT TYPE:	Elderly
ADDRESS:	728 Kinau S	St.					PHONE: 808-521	1-3678
CITV:	Honolulu		STATE: HI	ZIP:	96813		FAX: 521-293	31
CIII.	Honolulu		STATE. HI	217.	96813			
MANAGER	: Rick Zcins	ki, Commun	ity Manager		APPLY AD	<b>DRESS:</b> Street, Honolulu,	HI 96813	OUT-OF-STATE
	: Royal Kina	u Apartmen	ts					APPLICATION ACCEPTED: YES
APPLY ATTN	l:							
APPLY PHONE	: 808-521-3	678			<b>FAX</b> : 521-2931	<b>EMAIL</b> : ro m	-	@royalkinauapts.co
Unit		umber UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	60	1100	1.5 x rent	541	1	2	YES
Two I	Bdrm:	24	1663	1.5 x rent	741	1	4	YES
Three I	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE  No action is required information. Long  Section 8 certifical	red unless up er wait for tw	odating conta o-bedrooom	act units.	UTILITIES INC Electric, water,			MINIMUM W ESTIMATE MAXIMUM W	(Months): 6
arocc income real				ĮL.			ESTIMATE	, , , , , , , , , , , , , , , , , , , ,
AGE CRITERIA: All residents must	be 62 or old	er				Т	O REMAIN ON W CALL EVERY	
				WAITLI PARKING INF	ST FOR PARKING:  O: YES	PET INFO:	F	PETS OK: NO
	ΔSSE	T LIMITS:	NONE	Parking includ			nals are allowed v	
AN OWN RESID		5				GENERAL II	NFO:	
ASSET LIMIT INF	O:			LEASE:		opened 199		
5,000				1 year; then m	onth-to-month	Funding: LII Funding: R	HTC, Section 8 HTF	
INCOME CRITER	IA:			•		8 handicapp		
50% AMI: 1 perso persons \$54,250:			2,250; 3	FURNISHED: Partly furnishe appliances onl		envelope Pick up from Email reque	st with self addres	9
						Nov. 1st 20	24 rent increases	, already reflected.
1-PERSON MAXIM				3771				

	Last Comple	ete Update:	11/24/2021			AREA:	Downtown	
PROJECT NAME:	SAFE HAVEN/N	MENTAL F	IEALTH KO	KUA		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	126 N. Pauahi St.					PHONE: 808-524	1-7233	
	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 524-0353		
S)	Honoldia	0171121		30017				
MANAGER:	: Bill Hanrahan			APPLY AD				
APPLY TO:	: Mental Health Kokua Intake Monday - Friday	/ from 1nm - 4n	ım	126 N Pau Honolulu, F			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN:	,	nom ipm ip					NO	
APPLY PHONE:	: 808-524-7233		ı	FAX: 524-0353	EMAIL	:		
Unit '	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
St	udio: 25			80	1	1		
One B								
Two B								
Four B	3drm:							
Rooms with shared Includes 3 meals p	ill. (bi-polar, Schizophre	ning.	UTILITIES INCL	UDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 2	
AGE CRITERIA:						TO REMAIN ON W	` '	
Head of household	must be 18 years or old	der	_	T FOR PARKING:	_	CALL EVERY		
			PARKING INFO:		PET INFO	): F	PETS OK: NO	
AN OWN PESID	ASSET LIMITS:	NO			GENERAI	L INEO:		
ASSET LIMIT INFO	, i	NO .	LEASE:		Clients m	nust be homeless and	d severely	
			Month-to-month		AUW, C	HUD Continuum of ( & C Esg; State HPH. residential, Case M	A; other services	
INCOME CRITERIA	A:				Activity C	Center (waiting list) -   , med/psych svcs, ch	provides social	
Max income limits	- None		FURNISHED: Bed, dresser		depen integratio servic Intake M-	ndency treatment, co on	mmunity	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Co	mplete	Update:	12	2/15/2021						AREA:	Salt Lake
PROJECT NAME:	SALT	LAKE	(HPI	HA-hon)	) - N	IOT AC	CEP	TING A	APPS		PROJE	CT TYPE:	Family
ADDRESS:	2907 Ala I	lima St.								_	PHONE	E: 808-483	3-2550
			_		_	=					FAX	<b>(:</b> 483-25	52
CITY:	Honolulu		S	TATE: HI		ZIP:		96818				•	
MANAGER	t: Marcus A	Asami							ADDRESS				
APPLY TO		CEPTING	S APPLI	CATIONS				Honolulu	orth School J, HI 96817 CEPTING	7	CATIONS	S	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN				CATIONS					_			,	NO
APPLY PHONE	:: 808-832-	5961					FAX:	832-3461		:MAIL:	nphaishe	ereforyou.o	org
Unit		Number of UNITS:		RENT:		Minimum INCOME Required:		SQ FT:	Nur	IMUM mber eople	Nur	XIMUM mber of eople:	CAREGIVER Allowed:
	tudio:				Į.		_				<u> </u>		YES
	Bdrm:	28		0			<u> </u>	642		1	<u> </u>	4	TES
	Bdrm:				ļ		_		-				
Three I			<u> </u>		J. In		<u> </u>		-  -				
Four I	Bdrm:				Į.				J				
RENT INFO: RE Minimum Rent: \$0  ***********************************	) for Federa	al Low Inc				ILITIES IN ater and all		D: for electric	city		E MA	INIMUM W STIMATE	(Months): 36
A OF ODITEDIA					ĮĮ.							STIMATE	
AGE CRITERIA: Head of household	d must be 1	18 years o	or older									MAIN ON W LL EVERY	VAITLIST (Months): 12
		,			PA	WAITI RKING INI		OR PARKIN	_	Γ INFO:		F	PETS OK: YES
	ASS	SET LIMIT	s. No	ONF		luded			mu the	Itiple an	ries liste		one from each of
AN OWN RESID									GEI	NERAL	INFO:		
ASSET LIMIT INFO					LE	ASE:							/iolence victims; ers; involuntary
Cannot own a hou	ise on Oan	u			1 y	ear				placed.	iii tiansii	ional short	ors, involuntary
									Fu	nding: F	ed Low	Inc Pub Hs	sing 100%
INCOME CRITERI						D. 110: -==							ago, unless it's sex offender
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1   00; 3 perso 00; 5 perso 00; 7 perso	person - 9 ns - \$68,9 ns - \$82,2	500; 200;	<b>)</b> ;	Pa	RNISHED: rtly furnish pliances o	edma						
1-PERSON MAXIM	IUM MONT	HLY INC	OME:		45	70			r				
2-PERSONS MAXI	MUM MON	ITHLY IN	COME:		522	20							

	Last Comple	te Update:	3/17/2020			AREA:	Waianae
PROJECT NAME:	SEA WINDS AP	ARTMEN <sup>®</sup>	TS, H & J V	Veinberg	P	ROJECT TYPE:	Emergency/Transi
ADDRESS:	85-295 Kauiokalani Pl.				P	HONE: 808-696	6-0061
						FAX:	
CITY:	Waianae	STATE: HI	ZIP:	96792		,	
APPLY TO	: Jesse Smith, General M : Pick up and drop off at days Thurs./Sat./Sun.	main office, 10		. Apartments,	PRESS: nager, Sea Wind 85-295 Kauioka nae, Hawaii 9679	lani Pl.	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE			ı	FAX:	EMAIL: jes	se@hsiservices.	net
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 20	975	1600	500	1	4	
	Bdrm:						
	30**	1295	2000	770	4	7	
Three I							L NO
Four I	Barm:						NO
RENT INFO: RE	NT IS 30% OF INCOME:	NO	UTILITIES INCL	UDED:		TOTA	L UNITS: 50
20 Transtional stu- stay. Rents range	dio units with 36 month m from \$650 - \$975	aximum	Water, sewer, tra	ash		MINIMUM W ESTIMATE	
	bdrm townhouse rentals rents of \$850 - \$1295	on site				MAXIMUM W ESTIMATE	AIT LIST
AGE CRITERIA:					ТС	REMAIN ON W	
18 and older			WAITLIS	T FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INFO	: NO	PET INFO:		PETS OK: YES
J			\$25 month			I household pets pet agreement fo	
ANI OVAVNI DEGIS	ASSET LIMITS:				OENIEDAL IN	F0	
ASSET LIMIT INF	DENTIAL PROPERTY: C:				GENERAL IN		ns, opened 2011.
HUD Urban Honol	ulu Low Income Limit		1 year		Preference is in a homeles 2 units (inclu handicapped	given if applicar	adapted for
INCOME CRITERI	IA:				1	icaming disabled.	
\$2000 minimum g food stamps) for 2 gross monthly inco		including ninimum	FURNISHED:  Drapes, tiled florappliances (refristove top).			manager's office tt to Jesse@hsis	
1-PERSON MAXIM	IUM MONTHLY INCOME	:	3665		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	4185				

APPLY ATTN: Manager's Office  APPLY ATTN: Manager's Office  APPLY PHONE: 808-888-0876  FAX: 808-888-2565  EMAIL:  FAX: 808-888-2565  EMAIL:  FAX: 808-888-2565  FAX: 808-888-2565  FAX: 808-888-2565  FAX: 808-888-2565  FAX: 808-888-2565  FAX: 808-888-2565    Unit Type:			Last Comp	lete Update:	5/30/2024			AREA:	Iwilei
MANAGER: Indigo Real Estate APPLY TO: Senior Residence at Iwilei APPLY ADDRESS: Manager's Office APPLY ATTN: Manager's Office APPLY ADDRESS: Manager's Off	PROJECT NAME:	SENI	OR RESID	DENCE AT	ΓIWILEI		ı	PROJECT TYPE:	Elderly
MANAGER: Indigo Real Estate APPLY ADDRESS: Manager's Office APPLY TO: Senior Residence at Iwile:  APPLY TO: Senior Residence at Iwile:  APPLY ATTN: Manager's Office APPLY PHONE: 908-888-0876  FAX: 808-888-255  EMAIL:  FAX: 808-888-255  EMAIL:  Partition of People of UNITS: RENT: Required: SQ FT: Required: People of UNITS: Studie:  One Bd/m: 146 1410 1.5 x rent 594 People of	ADDRESS:	888 Iwile	ei Rd.					PHONE: 808-88	8-0876
APPLY TO: Senior Residence at Iwilei  APPLY TO: Senior Residence at Iwilei  Bill whilei Road #100, Honolulu, Hi 98817  APPLY ATTN: Manager's Office  APPLY ATTN: Manager's Office  APPLY PHONE: 808-888-0876  FAX: 808-888-2565  EMAIL:  FAX: 808-888-2565  MINIMUM MAXIMUM Number of People of Pe	CITY:	Honolulu	J	STATE: HI	ZIP:	96817		FAX: 808-88	8-2565
APPLY ATTN: Manager's Office  APPLY PHONE: 808-888-0976  FAX: 808-888-2565  FAX: 808-88-2565  FAX: 808-888-2565  FAX: 808-88-2565	MANAGER	R: Indigo I	Real Estate			Manager's	Office	lolo U:	OUT-OF-STATE
APPLY ATTN: Manager's Office  APPLY PHONE: 808-888-0876  FAX: 808-888-2665  FAX: 808-88-2665  FAX: 808-88-266  FAX: 808-8-	APPLY TO	): Senior	Residence at I	wilei			toad #100, Hono	iuiu, mi	ACCEPTED:
APPLY PHONE: 808-888-0876    Unit Type:   Number of UNITS:   RENT:   Minimum   Number of UNITS:   RENT:   SQ FT:   Minimum   Number of UNITS:   Required:   SQ FT:   Minimum   Number of People   CAREGIVER   Allowed.	APPLY ATTN	I: Manage	er's Office						120
Number of of UNITS:   RENT:   RENT:   REQUIRED:   SQ FT:   Number of People:   CAREGIVER Allowed:   Allowed:   CAREGIVER Allowed:   C	APPLY PHONE	: 808-88	8-0876			FAX: 808-888-256			
Two Bdrm:   146				RENT:	INCOME	SQ FT:	Number	Number of	
Two Bdrm: 13 1660 1.5 x rent 815  Three Bdrm: NO  RENT INFO: RENT IS 30% OF INCOME: NO Application fee - \$17 per person  Water and sewer  TOTAL UNITS:   159 Minimum Walt LIST ESTIMATE (Months): 2 MAXIMUM WAIT LIST ESTIMATE (Months): 6 ENTANTE (MONTHS): 6 ENTANT			146	1410	1.5 x rent	594			
Three Bdrm:    Four Bdrm:									
RENT INFO: RENT IS 30% OF INCOME: NO  Application fee - \$17 per person  Water and sewer  Water and sewer  Water and sewer  Water and sewer  MINIMUM WAIT LIST ESTIMATE (Months): 2  MAXIMUM WAIT LIST ESTIMATE (Months): 6  AGE CRITERIA:  TO REAMIN ON WAITLIST CALL EVERY (Months): 6  PARKING INFO: NO  RASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: YES ASSET LIMIT INFO:  Income from assets cannot exceed maximum limits.  LEASE:  One-year  FURNISHED:  FURNISHED:  Partly furnishedmajor appliances only; bathroom tub	Three	Bdrm:			110 7110111				
Application fee - \$17 per person  Water and sewer  Water and sewer  MINIMUM WAIT LIST ESTIMATE (Months): 2  MAXIMUM WAIT LIST ESTIMATE (Months): 6  MAXIMUM WAIT LIST ESTIMATE (Months): 6  WAITLIST FOR PARKING: PARKING: PARKING: PARKING: PARKING INFO: NO  87 stalls  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: YES  ASSET LIMIT INFO:  Income from assets cannot exceed maximum limits.  LEASE:  One-year  FURNISHED:  Partly furnishedmajor appliances only; bathroom tub	Four	Bdrm:							NO
WAITLIST FOR PARKING: PARKING INFO: NO  87 stalls  ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES ASSET LIMIT INFO: Income from assets cannot exceed maximum limits.  INCOME CRITERIA: 50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  FURNISHED: PARKING: PARKING: PARKING: PET INFO: PET IN				10				MINIMUM W ESTIMATE MAXIMUM W	/AIT LIST (Months): 2
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES ASSET LIMIT INFO: Income from assets cannot exceed maximum limits.  INCOME CRITERIA: 50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  WAITLIST FOR PARKING: PARKING INFO: NO  BY  GENERAL INFO: Application: Ask management to mail it Pick up from manager's office Pick up onsite office  FURNISHED: Partly furnishedmajor appliances only; bathroom tub							Т		
ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: YES  ASSET LIMIT INFO:  Income from assets cannot exceed maximum limits.  INCOME CRITERIA:  50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  Partly furnishedmajor appliances only; bathroom tub	02+								
AN OWN RESIDENTIAL PROPERTY: YES  ASSET LIMIT INFO:  Income from assets cannot exceed maximum limits.  LEASE:  One-year  INCOME CRITERIA:  50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  Partly furnishedmajor appliances only; bathroom tub						). JNO	PET INFO.	<u>'</u>	LTO OK. INO
ASSET LIMIT INFO:  Income from assets cannot exceed maximum limits.  INCOME CRITERIA:  50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  Partly furnishedmajor appliances only; bathroom tub		AS	SSET LIMITS:	NONE					
Income from assets cannot exceed maximum limits.  INCOME CRITERIA:  50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  FURNISHED:  Partly furnishedmajor appliances only; bathroom tub			PROPERTY:	YES			GENERAL II	NFO:	
50% AMI \$48,750 1 person; \$55,700 2 ppl; 60% AMI \$58,500 1 person; \$66,8409 2 ppl;  Partly furnishedmajor appliances only; bathroom tub			exceed maxin	num limits.			Ask manage Pick up fron	ement to mail it n manager's office	e
60% AMI \$58,500 1 person; \$66,8409 2 ppl;  Partly furnishedmajor appliances only; bathroom tub	INCOME CRITER	IA:							
1-PERSON MAXIMUM MONTHLY INCOME: 4875					Partly furnished				
	1-PERSON MAXIN	1UM MON	NTHLY INCOM	E:	4875				

		Last Comp	olete Update:	6/6/2023			AREA:	Kaneohe
PROJECT NAME:	SENI	OR RESI	DENCE AT	<b>KANEOH</b>	E		PROJECT TYPE:	Elderly
ADDRESS:	45-705	Kamehameha	Hwy.				PHONE: 808-23	5-2898
CITY:	Kaneoh	е	STATE: HI	ZIP:	96744		<b>FAX</b> : 235-089	97
MANAGER	R: Joshua	a Monton, Res	ident Manager		APPLY AD			OUT-OF-STATE
APPLY TO	): Bob Ta	anaka, Inc.				•		APPLICATION ACCEPTED:
APPLY ATTN	<b>1</b> :							YES
APPLY PHONE	<b>:</b> : 808-23	35-2898			<b>FAX:</b> 235-0897	EMAIL:		
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:		1005		400			YES
	Bdrm:	74	1025	2x rent	428			120
Three					-			
	Bdrm:							NO
*44 (HUD) Rents at *30 (LIHTC) units Deposit same as Section 8 certifications income requirements.	are \$102 rent. Mu ite holder	25; waitlist 1-3 st be below 60 s need not me	yrs. % AMI	Water & Sewe	r		MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
	unomoni			Į.			ESTIMATE	, , , , , , , , , , , , , , , , , , , ,
AGE CRITERIA:  All residents must	t be 62 or	r older		\\/ \ I.T.I. I	ST FOR PARKING		TO REMAIN ON V CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK:
]	A	SSET LIMITS:	NONE	Monthly Rent include paarkii First Come Fir	ng; 48 stalls;	LIHTC - NO HUD - PE		
AN OWN RESI		PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	O:			LEASE:		Opened 20		
				6 months		floor near Units have onsite soc	ial worker	
INCOME CRITER 50% AMI: 1 perso persons \$58,800 60% AMI: 1 perso 2 persons - \$62,70	on \$45,75 on - \$54,9	900		FURNISHED: Partly furnishe appliances onl	•	Funding: Transporta Catholic C	IHTC (30 units), So RHTF, Section 202 ation to Shopping a harities Hawai'l mail 9/4/2024	! (44 units),
 1-PERSON MAXIM	IUM MOI	NTHLY INCOM	ΛE:	4575		<u> </u>		
2-PERSONS MAXI	IMUM MO	ONTHLY INCC	ME:	5040				

	Last Comp	lete Update:	5/11/2023			AREA:	Kapolei
PROJECT NAME:	SENIOR RESI	DENCE A	T KAPOLE	l 1 & 2	-	PROJECT TYPE:	Elderly
	91-1034 Namahoe St.					PHONE: 808-674	-2937
						FAX: 674-293	
CITY:	Kapolei	STATE: H	II ZIP:	96707		,	
MANAGER	: Cat Suan, Resident N	/lanager		APPLY ADDR		onolulu, HI	OUT-OF-STATE
	: Bob Tanaka Inc.			96826			APPLICATION ACCEPTED: YES
APPLY ATTN	: Ext 24						
APPLY PHONE	: 808-949-4111			<b>FAX</b> : 949-7211	EMAIL:		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER Allowed:
S	tudio:	I TETT	Required:	J 54.11	of People	People:	Allowed.
One I	<b>Bdrm:</b> 79	0		463-500	1	3	
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						NO
RENT INFO: RE	NT IS 30% OF INCOM	E: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 79
60 unit @ 30% AN Namahoe St. 20 u	MGI at Kapolei 1 - 91-10 units @ 50% AMGI at K	)24 (apolei 2 -	Water, sewer;	I: \$88/ utility allowance		MINIMUM W	-
91-1098 Namahoe				2: \$87/utility allowance		ESTIMATE	
income (if qualified	d) Monthly amount is S	Subject to	Į			MAXIMUM W. ESTIMATE	
AGE CRITERIA:					Т	O REMAIN ON W	
All residents 62+.	Caregiver allowed with	MD letter.	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 12
			PARKING INF	1.10	PET INFO:	P	PETS OK: YES
1			Parking include	ded			
	ASSET LIMITS:				J		
AN OWN RESID	DENTIAL PROPERTY: O:	NO			Opened 6/2		
Must not wholly over real estate.	vn a majority interest in	residential	LEASE: One-year		HUD PRAC		
real estate.						s include: screen d n bus route, laundr	
<u> </u>					fans. Acces	s to the recreation about a 10 minute	center w/pool
INCOME CRITERI	IA: son \$25,400; 2 persons	\$ \$29,000	FURNISHED:				
	son \$45,750; 2 persons					Il conviction = ineli	gible
					No respons	e in Sept. 2024	
1-PERSON MAXIM	IUM MONTHLY INCOM	1E:	3812				

Printed: 9/10/2024 Page: 149

4354

	Last (	Complete Update:	5/10/2023			AREA:	Wahiawa
PROJECT NAME:	SILVERCR	EST				PROJECT TYPE:	Elderly
ADDRESS:	520 Pine St.					PHONE: 808-622	2-2785
CITY:	) Wahiawa	STATE: H	ZIP:	96786		FAX: 621-778	31
MANAGER	R: Lisa Esteron - F	Property Manager		APPLY ADI			OUT-OF-STAT
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED YES
APPLY ATTN	l:						169
APPLY PHONE	E: 808-622-2785			<b>FAX</b> : 621-7781	EMAIL:	https://www.silvercr	rest.com/
Unit	Type: Number of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One	Bdrm: 78	0	NO	500	1	3	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						NO
RENT INFO: RE 30% of Adjusted I After application is sent. ALL HAP WORKE ON THE APPLICA AGE CRITERIA: Head of Househol (companion) 18+,	ncome s received, a confi ERS MUST STATI ATION Id must be 62+. S	rmation letter is E THEIR NAME	utility allowance	Trash Removal, \$63 e. ST FOR PARKING:		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 2  AIT LIST (Months): 3  /AITLIST (Months):
legal custody. Ad over 18 allowed.	ult children not all	owed. Caregiver	PARKING INFO		PET INFO	); F	PETS OK: YES
AN OWN RESII	ASSET LIN	MITS: NONE RTY: NO		parking in outside	GENERAL	_ INFO:	
ASSET LIMIT INF	O:		LEASE:		Any conv	iction in the last 7 year	ears will result in
			1 year; Recertif	fication	and sex or regardles	offenses will result in s of time. ccept any evictions/	automatic denial -
INCOME CRITER						995; Funding: Secti ommunity room, Lar	
Maximum Annual Income: changes per HUD			Refrigerator, stove, carpet, blinds  Refrigerator, stove, carpet, blinds  Sei			Facilities on: Ask managemen uest with self addres manager's office.	t to mail it ssed stamped
  -PERSON MAXIN					Change ii 16	n property manager	is effective Sept.

	Last Compl	ete Update:	5/17/2023			AREA:	Chinatown
ROJECT NAME: SMIT	H BERET	ANIA				PROJECT TYPE:	Family
ADDRESS: 1170 Nu	uanu Ave.					<b>PHONE</b> : 808-521	
CITY: Honolulu	1	STATE: HI	ZIP:	96817		<b>FAX</b> : 531-660	05
MANAGER: Ko Nor	asing-Yun			APPLY ADI			OUT-OF-STAT
APPLY TO: Indigo	Real Estate Se	rvices, Inc.		On One of			APPLICATION ACCEPTED:
APPLY ATTN:	***WAITLIST	CLOSED SINCE 2	2018***				
APPLY PHONE: 808-52	1-6486		ı	FAX: 531-6605	EMAIL: h	ttps://www.smithbo	eretania.com/
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:	82	0	NO	548	1	2	YES
Two Bdrm:	82	0	NO	719	2	4	YES
Three Bdrm:							NO
No action required unless unless untimely response to communi			Vater			MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 24
AGE CRITERIA: Head of household must be	e 18 vears or ol	der.			-	TO REMAIN ON W	
Tiod of Household Hubb St	o ro yours or or	F	PARKING INFO		PET INFO:	F	PETS OK: NO
AS	SSET LIMITS:		Parking included	d			
AN OWN RESIDENTIAL ASSET LIMIT INFO:					GENERAL		
ASSET LIMIT INFO.			EASE: 1 year		Two weeks	w applicants only wafter announcemented and accepted to	ent, applications
					A lottery is the waitlist.	performed to selec	ct applicant's # for
NCOME CRITERIA:  Maximum Annual Income: 2 persons - \$41,850; 3 pers 4 persons - \$52,300; 5 pers 6 persons - \$60,700; 7 pers 8 persons - \$69,050	sons - \$47,100; sons - \$56,500;	·   [	FURNISHED: Partly furnished appliances only,			ection 8 100%	
-PERSON MAXIMUM MON	NTHLY INCOM	<b> </b> E: :	3517		<u> </u>		

	Last Compl	ete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	SPENCER HOL	JSE (HPHA	<mark>\-hon) - N</mark>	IOT ACCEPT	ING A	PROJECT TYPE:	Family
	1035 Spencer St.	(				PHONE: 808-586	6-9724
CITY	<u> </u>	STATE: HI	ZIP:	2000		FAX: 586-972	28
CIII.	Honolulu	STATE. HI	ZIF.	96822			
MANAGER	: Sol Sentous			APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING AP	PLICATIONS		Honolulu, I		CATIONS	APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications office NOT ACCEPTING AP						NO
APPLY PHONE		FLICATIONS		<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 1	0	-				YES
Three E		0		798	3	8	YES
Four E							
	NT IS 30% OF INCOME for Federal Low Income 8/2/2016*****		UTILITIES INC Water and ga electricity	CLUDED: s + allowance for		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
Head of household	d must be 18 years or ol			IST FOR PARKING	_	CALL EVERY	
]	ASSET LIMITS:		PARKING INF	FO: NO	the catego	nimals ok, but only or ries listed below: Inder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
Cannot own a hou			LEASE:			NCES: Domestic Vintransitional shelt	
						Fed Low Inc Pub Hs	ing 100%
INCOME CRITERI	IA:		,			ions must be 3 yrs	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53, 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnish appliances or	edmajor	crystal me	thamphetamine or	sex offender
	IUM MONTHLY INCOM		4570		Įr.		

	Last Comp	lete Update:	6/7/2023			AREA	Mililani
PROJECT NAME:	THE COURTY	ARDS AT N	IILILANI N	<b>MAUKA</b>	-	PROJECT TYPE	Family
ADDRESS:	95-1015 Koolani Dr.					PHONE: 808-62	6-9455
CITY	Mililani	STATE: HI	ZIP:	96789		<b>FAX</b> : 626-94	56
<b>3</b> 1111	Iviillarii	01A12. [11		90709			
MANAGER	R: Tiffany Gates, Reside	ent Manager		APPLY ADI	ORESS: agement Office,	95-1015	OUT-OF-STATE
APPLY TO	D: The Courtyards at Mil	iani Mauka			Mililani, HI 967		APPLICATION ACCEPTED:
APPLY ATTN	<b>\</b> :						YES
APPLY PHONE	E: 808-626-9455			<b>FAX</b> : 626-9456		ttp://www.locatior le-rentals.aspx	nsrentals.com/afforda
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:						
	Bdrm: 12	979	2.25xRent	636			
Three	Bdrm: 24	1147	2.25xRent 2.25xRent	1068			
	Bdrm: 12	1319					YES
1			,		,		120
RENT INFO: RE	ENT IS 30% OF INCOME	E: NO	UTILITIES INC	LUDED:	_	TOTA	AL UNITS: 48
			Water			MINIMUM W ESTIMATE	
						MAXIMUM W ESTIMATE	/AIT LIST
AGE CRITERIA:					Т	O REMAIN ON V	
Head of househole	d must be 18 years or o			ST FOR PARKING:		CALL EVERY	
			PARKING INF	O: NO d; Max 2 stalls, but	PET INFO:		PETS OK: NO
1	ASSET LIMITS:	NONE		d to have 2nd stall,			
AN OWN RESI	DENTIAL PROPERTY:		garer pariming		GENERAL I	NFO:	
ASSET LIMIT INF			LEASE:		LIHTC		
properties.	jority interest in resident	aı	1 year		Accepts Se	ction 8 & Rent Su	upplement
					Application:	om website	
INCOME CRITER						n manager's offic	е
	rson \$55,020; 2 persons 4 persons \$78,600	s \$62,880; 3	FURNISHED: Partly furnishe appliances on				
1-PERSON MAXIN	MUM MONTHLY INCOM	E:	4585		]		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	5240				

	Last Compl	ete Update:	3/3/2020			AREA:	Kalihi
PROJECT NAME:	THE TOWERS	AT KUHIO	PARK			PROJECT TYPE:	Family
ADDRESS:	1475 Linapuni St.					PHONE: 808-888	3-2816
CITY:	Honolulu	STATE: HI	ZIP:	96819		FAX: 888-063	31
MANAGER	t: Andrew Kopecky, Ma Tyrone Colding, Mana			APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO	: The Michaels Organiz	ation					APPLICATION ACCEPTED: YES
APPLY ATTN	l:						
APPLY PHONE	E: 808-888-2816			FAX: 888-0631	EMAIL:	towers@tmo.com	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm:	1356	3280	579			
	Bdrm:	1627	3937	792			
Three		1880	4268	944			
Four	Bdrm:					J	
RENT INFO: RE	NT IS 30% OF INCOME	: NO	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 555
Rent listed is for T	ax Credit units. Apply d	irectly to	Water, electric			MINIMUM W	Į.
Subsidized units -	hio Park for market units apply via Hawaiʻi Public					ESTIMATE	
Authority						MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON V	
Head of househole	d must be 18 years or ol	der	WAITL	IST FOR PARKING	<u>:</u>	CALL EVERY	
			PARKING INF	11.14	PET INFO:	F	PETS OK: NO
]	ASSET LIMITS:			led. Each unit has stalls. Parking is			
AN OWN RESI	DENTIAL PROPERTY:	UNKNOW			GENERAL	INFO:	
ASSET LIMIT INF	O: income, then it is count	od toward	LEASE:		Newly rend Fitness ce		
income	income, then it is count	eu towaru	One-year		Social Ser	vices program for a inty Section 8 okay	
INCOME CRITER	IA:				24-hour m	aintenance and sec	curity
2x rent			FURNISHED: No		NO RESP	ONSE IN 2021	
	IUM MONTHLY INCOM		4220				

		Last Compl	ete Update:	12/16/2021			AREA:	Downtown
ROJECT NAME:	THO	MAS BUIL	DING				PROJECT TYPE:	
ADDRESS:							PHONE:	]:
			_				FAX:	
CITY:	Honolul	u	STATE: HI	ZIP:	0		,	
MANAGER	R:				APPLY AD	DRESS:		OUT-OF-STA
APPLY TO	): Housir	ng Solutions, Inc	<b>:</b> .					APPLICATIO ACCEPTED
APPLY ATTN	I: BUILD	ING IS NOT OF	PEN OR IN OP	ERATION				
APPLY PHONE	i:			F	AX:		Website: https://ww Email: Unknown	ww.hsiservices.net/
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:		0					
One I	Bdrm:		0					
Two I	Bdrm:		0					
Three I	Bdrm:		0					
Four I	Bdrm:		0					
ENT INFO: RE	111 13 30	7% OF INCOME		UTILITIES INCLU	JUEU:		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA:							TO REMAIN ON V CALL EVERY	
				PARKING INFO:	FOR PARKING:	PET INFO:	I	PETS OK:
	A	SSET LIMITS:						
AN OWN RESID						GENERAL	INFO:	
SSET LIMIT INF	O:			LEASE:		Honolulu.	y, century-old struc Residential floors throoms, opening 2	of 25 units with
ICOME CRITERI	IA:							
				FURNISHED:				
PERSON MAXIM	IUM MO	NTHLY INCOME	≣:	0				
PERSONS MAXI	MUM MO	ONTHLY INCOM	ЛЕ:	0				

	Last Comp	olete Update:	5/18/2023			AREA:	Manoa
PROJECT NAME:	VANCOUVER	HOUSE				PROJECT TYPE:	Emergency/Transi
ADDRESS:	2019 Vancouver Dr.					PHONE: 808-947	'-7181
CITY:	Honolulu	STATE: HI	ZIP:	96822		<b>FAX</b> : 944-397	76
APPLY TO	2: Chris Gerson  D: Housing Solutions, Ir	nc.		APPLY ADD Referred by homeless sh	outreach age	ency or	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	I: Chris Gerson			<b>FAX</b> : 944-3976	EMAIL:	chris@hsiservices.ı	net
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:	1100					
	20	1100		460	2	4	
	Bdrm: 8	1400		580	5	7	
Three	Bdrm:						NO
	:NT IS 30% OF INCOM ; \$1400 for 2-bdrm		UTILITIES INCI Electricity, wate disposal	er, sewer, and refuse		MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON W	(Months): 6  AIT LIST (Months): 12
Adult 18+ with at or at least 6 month	least 1 minor child (18 hs pregnant	and under)	WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 1
AN OWN RESIDENT ASSET LIMIT INF	ASSET LIMITS: DENTIAL PROPERTY: O:		no guest parkir parking for resi	g at \$50 per 6-12 mon waitlist; ng on site. Street idents and guest st come first serve.	Homeless under 18 Head of I	_ INFO: s or at risk s families with at lea: years. Household must be v	
INCOME CRITER	IA:		,		hours a w	eek = currently unshelter	red or in an
Less than 50% AM	MI		FURNISHED:		emergen	= currently unshellel cy shelter or at risk o	f being homeless

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021				AREA:	Ewa Beach
PROJECT NAME:	VILL/	AGES OF	MOA'E KU	J - PHASE	ΞΙ			PROJECT TYPE:	Family
ADDRESS:								PHONE: 808-681	-3000
01774						_		FAX: 681-300	
CITY:	Ewa Bea	ach	STATE: HI	ZIP:	96	706		,	
	Mercad	lo, Admin Asst		sing Agent; Be	91-	PLY ADDRE 1655 Pahika a Beach HI	St.		OUT-OF-STATE APPLICATION
APPLY TO	): EAH - \	/illages of Moa	l'e Ku						ACCEPTED: YES
APPLY ATTN	l:								. 20
APPLY PHONE	:: 808-68 <sup>-</sup>	1-3000			FAX: 681	3004		www.eahhousing.oı vmk-management€	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	sq	<sub>ET</sub> .	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	6	1279	2.5x rent	67	4	1	3	
	Bdrm:	32	1524	2.5x rent		_	2	5	
Three I		25	1750	2.5x rent			3	7	
	Bdrm:		11.00			<b>—</b> [			YES
DENT INTO DE	NT 10 000								
RENT INFO: RE Based on 2019 M				Water/sewer/			1	MINIMUM W	L UNITS: 64
Change A security deposit	equivaler	nt to one mont	n's rent is					ESTIMATE	
required	EU0/ VIVII	19 unito 60%	A B A I A A					MAXIMUM W. ESTIMATE	
AGE CRITERIA:								TO REMAIN ON W	
18+ Multi-Family F	Property			WAITI	LIST FOR PA	RKING:		CALL EVERY	(Months):
				PARKING INI			PET INFO:		ETS OK: NO
1		0571111170	V/50		an "As neede nt drivers lice		Assistance	agement if have a s animal	Service or
AN OWN RESID		PROPERTY:	YES	registration re	,	, ,	GENERAL	INFO:	
ASSET LIMIT INFO	O:			LEASE:			Application	Fee of \$35 per ad	ult
Depends on inpute	ed income	9		1 year				ing property - smokon the property, inc	
INCOME CRITERI	1.4.							d/Totlot, Community	
Maximum monthly		imits subject to	o change	FURNISHED:	:		high speed	linternet	
annually				Refrigerator, blinds	stove, rangel		Funding: F	RHTF, LIHTC, CDB	G, NSP, HOME,
							NO RESPO	ONSE IN 2021	
							Update red	quest email sent on	9/5/2024
1-PERSON MAXIM	IUM MON	ITHLY INCOM	E:	4220					
2-PERSONS MAXI	мим мо	NTHLY INCO	ME:	4820					

		Last Comp	lete Update:	11/24/2021			AREA:	Ewa Beach
PROJECT NAME:	VILL	AGES OF	MOA'E KU	J - PHASE	: 11		PROJECT TYPE:	Family
ADDRESS:	91-1655	Pahika St.					<b>PHONE</b> : 808-68	1-3000
CITY:	l Ewa Bea	ach	STATE: HI	ZIP:	96706		<b>FAX</b> : 681-300	04
	Mercad	vasaki, Mgr; Ja do, Admin Asst Villages of Moa		sing Agent; Bet	91-1655 Pa			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		Ü						YES
		1 2000			FAV. 691 2004	EMAIL:	www.eahhousing.o	rg
APPLY PHONE	: 000-00	1-3000			<b>FAX</b> : 681-3004			
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 3drm:		4000	0.5				
	3drm:	37	1222	2.5xrent		1	3	
Three E		29	1671	2.5xrent		3	7	
Four E		29	1071					YES
,				,	,	,	,	
RENT INFO: REI			: NO	UTILITIES INC			TOTA	AL UNITS: 75
Max rent is around AMI % - 30/50/55 Based on 2020 MT				Water/sewer/t	trash		MINIMUM W ESTIMATE	
2021 Update: Wait	tlist is pu	rged annually a	and				MAXIMUM W ESTIMATE	
AGE CRITERIA:							TO REMAIN ON W	
18+					IST FOR PARKING	:	CALL EVERY	
				PARKING INF	O: an "As needed"	PET INFO	: [	PETS OK: NO
	٨	OCT LIMITO			nt drivers license,			
AN OWN RESID		PROPERTY:		registration re		GENERAL	INFO:	
ASSET LIMIT INFO	0:			LEASE:		An applica	ation fee of \$35 per	adult household
Depends on inpute	ed incom	e		1 year		member		
						Laundry F	id/Totlot, Communit Room, Picnic Area, ( d internet	y Meeting Room, Computer with
INCOME CRITERI				=		No Smoki	ng on Property	
Maximum monthly annually	income	limits subject to	change	Refrigerator, s	stove, rangehood,	30% AMI 52 units	4 units, 50% AMI 1	9 units, 55% AMI
						Funding:	RHTF, LIHTC, CDE	BG, HOME, HMMF
 1-PERSON MAXIM	UM MOI	NTHLY INCOM	E:	4042		1		
2-PERSONS MAXII	MUM MC	ONTHLY INCO	ME:	4620				

	Last Comp	olete Update:	3/5/2020				Ewa Beach
BBO IECT NAME.	VILLAGES OF	· .	рилсе	111		AREA: PROJECT TYPE:	1
	,	MOA'E KU	- PHASE	111			1 .
ADDRESS:	91-1655 Pahika St.					PHONE: 808-681	-3000
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		FAX:	
	: Gary Iwasaki, Mgr; Ja Mercado, Admin Ass	istant	ing Agent; Betty	y <b>APPLY ADI</b> 91-1655 Pal Ewa Beach,	hika Street		OUT-OF-STATE APPLICATION
	: EAH - Villages of Mo	a'e Ku		,			ACCEPTED: YES
APPLY ATTN	:						
APPLY PHONE	: 808-681-3000			<b>FAX</b> : 681-3004	EMAIL: \	www.eahhousing.or	g
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Si	tudio:	0					
One E	3drm: 4	1279	2.5x rent	674	1	3	
Two E	3drm: 28	1524	2.5x rent	797	2	5	
Three E	<b>3drm</b> : 20	1750	2.5x rent	1119	3	7	
Four E	Bdrm:	0					YES
Based on 2019 M7 change.	NT IS 30% OF INCOM TSP/VLI Income Limits 50% AMI 21 units, 60%	Subject to	JTILITIES INCL Water/Sewer/Tr			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 12
AGE CRITERIA:						TO REMAIN ON W	AITLIST
18+ Multi-Family F	Property		WAITLIS	T FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INFO		PET INFO:		ETS OK: NO
]	ASSET LIMITS:	I	Assigned on an basis. Current d insurance, safe	drivers license, ty check,	Notify man Assistance	agement if have a s animal	Service or
	DENTIAL PROPERTY:		registered requi	ired	GENERAL	INFO:	
ASSET LIMIT INFO			EASE:			ing property - smokon the property, inc	
Depends on inpute	ed income				Playground	d/Tot lot, Communit oom, Picnic Area, C	y Meeting Room,
INCOME CRITERI					Funding:R	HTF, LIHTC, CDBG	G. HOME. HMMF
Maximum monthly annually	income limits subject t	· [	FURNISHED: Refrigerator, sto blinds	ove, rangehood,	Application Download		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	IUM MONTHLY INCOM		4220 4820		]		

Last Complete U	pdate: 6/1/2023			AREA:	Kapolei	
PROJECT NAME: VILLAS AT A'ELO	4		P	ROJECT TYPE:	Family	
ADDRESS: 91-1118 Namahoe St. (Mailin	ig address: 91-1130 Nam	ahoe St.)	F	PHONE: 808-674	-4245	
CITY: Kapolei STA	ATE: HI ZIP:	96707		<b>FAX</b> : 674-424	.6	
Тарыеі		90101				
MANAGER: Amanda Mercado		<b>APPLY ADDRESS:</b> 91-1130 Namahoe St.			OUT-OF-STATE	
APPLY TO: Locations LLC		Kapolei, HI 9	6707		APPLICATION ACCEPTED:	
APPLY ATTN: Affordable Housing Dept.						
<b>APPLY PHONE</b> : 808-674-4245		<b>FAX</b> : 674-4246	re	cationsrentals.cor ntals.aspx	n/affordable-	
0.0	ENT: Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Studio:						
	2.25x rent	637	2	5		
	1200 2.25x rent		2	7		
	2.25x rent	1068	3	9		
Four Bdrm:					YES	
RENT INFO: RENT IS 30% OF INCOME: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 71	
Section 8 applications are exempt from the mini income requirement.	mum Water and Se	wer		MINIMUM W		
Must be below 50% & 60% AMI				ESTIMATE	(Months): 12	
Minimum Income Requirements: 1 bdrm: \$2182.50-\$2322.50				MAXIMUM W. ESTIMATE		
AGE CRITERIA:			T	O REMAIN ON W		
Head of household must be 18 years or older	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6	
	PARKING INF	1.1.5	PET INFO:	P	PETS OK: NO	
		rking stall included				
ASSET LIMITS: NON	E		OENEDAL IN	IFO.		
AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO:	LEASE.		GENERAL IN			
	LEASE:  1 year; then m	nonth to month	Accepts Sec	tion 8		
			71 units for 6	60%AMI		
INCOME CRITERIA:			9 units for 5	0% AMI		
50% AMI: 1 person \$45,750, 2 persons \$52,250	, 3 FURNISHED:		Maximum M AMI	onthly Income be	low based on 60%	
persons \$58,800, 4 persons \$65,300, 60% AMI: 1 person \$54,900, 2 persons \$62,700 persons \$70,560, 4 persons \$78,360, 5 persons \$84,660, 6 persons \$90,900	, 3	Partly furnishedmajor appliances only Applic Donwi			Application: Donwnload from website Pick up from manager's office	
			NO RESPO	NSE IN 2021		
1-PERSON MAXIMUM MONTHLY INCOME:	4220		p.			
2-PERSONS MAXIMUM MONTHLY INCOME:	4820					

		Last Comp	lete Update:	6/7/2023			AREA:	Kapolei
PROJECT NAME:	VILL	AS AT MA	LU'OHAI				PROJECT TYPE:	Family
ADDRESS:	91-1025	Kaiau Ave.					PHONE: 808-888	3-2377
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 808-888	3-2297
	Indigo	na James, Prop Real Estate at Malu'Ohai	erty Manager		<b>APPLY AD</b> 91-1025 Ka Kapolei, HI	aiau Ave		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Reside	ent Manager						YES
APPLY PHONE	<b>:</b> : 808-94	13-9314			<b>FAX:</b> 946-0572	EMAIL:	manager@villasatn	naluohai.com
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:			<u> </u>				
	Bdrm:	55	1112	2.25xrent	713	2	5	
Three	Bdrm:	16	1329	2.25xrent	940	3	7	
Four	Bdrm:							NO
Minimum income voucher. Credit ev tenants. Tenants reference. Must n criteria.	requirem /aluation must hav	ents waived wit will be done for e good landlord	th Sec 8 r all	water, sewer	CLUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	
Head of Househol	ld 18+				IST FOR PARKING	:	CALL EVERY	
				PARKING INF	Parking stalls per	PET INFO	rimals allowed with	PETS OK: NO
1	Α:	SSET LIMITS:	NONE	unit	parking statis per	document		ргорог
AN OWN RESI						GENERAL	_ INFO:	
ASSET LIMIT INF Applicant cannot of properties		ajority interest in	n residential	LEASE: 1 year; month	n to month	shopping, Application	Room, air conditionir , schools and recrea on: utside of building ne	tion center.
INCOME CRITER	IA:						Maangement has ch	
INCOME CRITERIA:  50% AMI: 1 person \$45,750; 2 persons \$52,250; 3 persons \$58,800; 4 persons \$65,300 60% AMI: 1 person: \$54,900; 2 persons: \$62,700 3 persons: \$70,560; 4 persons: \$78,360 5 persons: \$84,660; 6 persons: \$90,900 7 persons: \$97,200; 8 persons: \$103,440						te 9/5/2024, no long	er managed by	
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	E:	4575				

Printed: 9/10/2024 Page: 161

5225

		Last Comp	lete Update:	9/5/2024			AREA:	Liliha
PROJECT NAME:	WAE	NA APAR	TMENTS				PROJECT TYPE:	Family
ADDRESS:	1320 Aa	ala St.					PHONE: 808-550	)-0440
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: 525-68	11
MANAGER		ene Dietp, Prop ged by Douglas			APPLY AD			OUT-OF-STATI
APPLY TO	): WAEN	IA APARTMEN	ITS		Honolulu, F	II 96817		APPLICATION ACCEPTED:
APPLY ATTN	<b>1</b> :							YES
APPLY PHONE	E: 808-55	50-0440			<b>FAX:</b> 525-6811	EMAIL:	weana@douglasen	nmett.com
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	60	2050	2.5x rent	543	1	3	
Two	Bdrm:	196	2350	2.5x rent	745	1	5	
Three	Bdrm:	157	2700	2.5x rent	823	1	7	
Four	Bdrm:	55	2900	2.5x rent	1046	1	9	NO
RENT INFO: RE Rent subject to ch market value. The 9/52024	nange on	a daily basis d	ue to	water, sewer, to			MINIMUM W ESTIMATE MAXIMUM W	(Months): 1
AGE CRITERIA:				r			ESTIMATE TO REMAIN ON V	
Head of Househol	ld 18+			\/\AITLI	ST FOR PARKING:		CALL EVERY	
				PARKING INFO		PET INFO	): F	PETS OK: NO
]	Δ.	SSET LIMITS:	NONE	1 stall included	i	Service a	nimals are allowed vation.	with proper
AN OWN RESI						GENERAL	_ INFO:	
ASSET LIMIT INF	O:			LEASE:		NO RESP	PONSE IN 2023	
				1 year, month	to month		nanagement for apll ning application.	ication, there is a
NCOME CRITER	IA:					is unresp	n contact via text, ca onsive they will be re	
Max income limits	s - 140%	AMI		FURNISHED: Major applianc	es only	waitlist.		
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	IE:	7828				
2-PERSONS MAXI	ІМИМ МО	ONTHLY INCO	ME:	8948				

		=					
ı	Last Comple	ete Update:	12/15/2021			AREA:	Wahiawa
PROJECT NAME:	WAHIAWA TER	RACE (H	PHA-cen)	- NOT ACCEP	PTIN	PROJECT TYPE:	Family
ADDRESS:	337 Palm St.					PHONE: 808-622	-6360
CITY	Wahiawa	STATE: HI	ZIP:	96786		<b>FAX</b> : 622-636	2
<b>0.11.</b>	VVarilawa	OTATE: IT		90700			
APPLY TO	:: Jimary Quinones  :: HPHA  NOT ACCEPTING APF  I: Oahu applications offic			APPLY ADE 1002 North S Honolulu, HI NOT ACCER	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
	NOT ACCEPTING API	PLICATIONS			EMAIL: I	nphaishereforyou.o	ra
APPLY PHONE	: 808-832-5961			<b>FAX</b> : 832-3461			9
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 12	0	<u> </u>	547	1	4	YES
Two I	Bdrm: 16	0		691	2	6	YES
Three I		0		936	3	8	YES
Four				1200	4	10	\
		0	ļ	,			YES
	NT IS 30% OF INCOME: 0 for Federal Low Income 8/2/2016******		Water and allo and gas	CLUDED: owance for electricity		MINIMUM WA ESTIMATE ( MAXIMUM WA	(Months): 36 AIT LIST
ACE ODITEDIA.			r.			ESTIMATE (	
AGE CRITERIA: Head of household	d must be 18 years or old	ler				TO REMAIN ON W CALL EVERY (	
	,		WAITL	IST FOR PARKING:	PET INFO:	P	ETS OK: YES
]	ASSET LIMITS:	NONE	ARRIVO IIVI	O.	multiple an	imals ok, but only ories listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:			NCES: Domestic V n transitional shelte	
Cannot own a nou	se on Oanu		1 year		displaced.	ed Low Inc Pub Hs	•
<u> </u>			<u>I</u>			ons must be 3 yrs a	
2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53,2 20; 3 persons - \$68,500; 20; 5 persons - \$82,200; 20; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances on			thamphetamine or s	
1-PERSON MAXIM	IUM MONTHLY INCOME	i:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	IE:	5220				

	Last (	Complete U	lpdate:	12/15/2021				AREA:	Waianae
PROJECT NAME:	WAIMAHA	/SUNFL	OWER	(HPHA-le	e) - (	CLOSED		PROJECT TYPE:	Family
	85-186 McArthur							PHONE: 808-697	7-7171
CITY	J	СТ	ATE: HI	ZIP:		20722		FAX: 697-717	4
CITY:	Waianae	51	AIE: HI	ZIP:		96792		-	
MANAGER	: Mandy Miyamot	to				APPLY AD			
APPLY TO	: HPHA					Honolulu, F	School St. II 96817 EPTING APPLI	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applicatio	ns office							NO
APPLY PHONE	: 808-832-5961				FAX:	832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNIT		RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:								
	<b>Bdrm:</b> 52		0			513	1	4	YES
	<b>Bdrm:</b> 46	_	0			991	3	6	YES
Three I		_	0			991		0	120
Four	Barm:				J.				
RENT INFO: RE Minimum Rent: \$5 Security Deposit is	60 for Federal Low s equal to rent am	/ Income pro		UTILITIES INC Water and allo				MINIMUM W ESTIMATE MAXIMUM W	(Months): 36
Timely response t								ESTIMATE	, , ,
AGE CRITERIA: Head of household	d must be 18 year	s or older						TO REMAIN ON W CALL EVERY	
	,			WAITL PARKING INF		R PARKING:	PET INFO:	F	ETS OK: YES
				Included		,	Subject to	approval	r
	ASSET LIN	MITS: NON	IE.						
AN OWN RESIDE	DENTIAL PROPE	RTY: NO					GENERAL		
ASSET LIMIT INF	O:			_EASE: 1 year				ENCES: Domestic V in transitional shelte	
							Funding: F	Fed Low Inc Pub Hs	ing 100%
INCOME CRITER								ions must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 person 00; 3 persons - \$6 00; 5 persons - \$8 00; 7 persons - \$9	88,500; 82,200;		FURNISHED: Partly furnishe appliances on					ox diletide.
1-PERSON MAXIM	IUM MONTHLY IN	NCOME:		4570					
2-PERSONS MAXI	MUM MONTHLY	INCOME:		5220					

		Last Compl	ete Update:	9/6/2024			_	AREA:	Waimanalo
PROJECT NAME:	WAIN	MANALO A	PARTME	NTS			PRO.	JECT TYPE:	Family
ADDRESS:	41-545	Hihimanu St.					РНО	<b>NE</b> : 808-259	9-5649
CITY:	Waimar	nalo	STATE: HI	ZIP:	9679	5	F.	<b>AX</b> : 259-970	05
	VVaimai	iaio	• · · · · · · · · · · · · · · · · · · ·		3073	3			
MANAGER		at the moment, Fridge Manageme		ger	41-54	Y ADDRESS 5 Hihimanu S ii 96795	: Street, Waima	nalo,	OUT-OF-STATE APPLICATION
APPLY TO	): Waima	analo Apartmen	ts		, iawa	. 007 00			ACCEPTED:
APPLY ATTN	<b>1</b> :								-
APPLY PHONE	E: 808-25	59-5649			<b>FAX</b> : 259-97		MAIL: waima waima	analo@cmi.ne analoapartme	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	Nun	-	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:		4500		570	-  -			YES
	Bdrm:	37	1566	2.5xrent	576	= '=	1	3	YES
Three		28	1879	2.5xrent	720 864		3	7	YES
	Bdrm:	8	2172	2.5x rent		=	4	9	
Four	Barm:	2	2422	2.000 10110	1104			J	YES
RENT INFO: RE  Rent range - 1 bdrm - \$1093 - \$ 2 bdrm - \$1312 - \$ 3 bdrm - \$1516 - \$ 4 bdrm - \$1691 - \$	\$1312 \$1575 \$1819, 2	bath	: NO	UTILITIES INC Electricity and charge	CLUDED: I water, trash, A	/C extra		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 3
AGE CRITERIA:							_	EMAIN ON W	
Head of househole	d must b	e 18 years or ol	der	WAITL	IST FOR PARK	(ING:	С	ALL EVERY	(Months):
				PARKING INF	11.1.0	PET	ΓINFO:	F	PETS OK: NO
]	A	SSET LIMITS:	NONE	parking inclu-	ded, 12 guest available.				
AN OWN RESI						GEN	NERAL INFO:	:	
ASSET LIMIT INF	O:			LEASE:		are	oject does not filled on a first filed area, o	st-come, first-	raitlist; vacancies -serve basis.
				o montris			o://www.waim		ents.com/
INCOME CRITER	IA·					ons	site mgmt by (	Cambridge M	gmt. Inc.
Maximum Annual Income: 1 person - \$55,020; 2 persons - \$62,880; 3 persons - \$70,740; 4 persons - \$78,600 60% AMI, follows state guidelines.			FURNISHED: Partly furnish appliances or	edmajor	App Ask Ser env Pic	plication: k managemer nd request wit velope k up from ma	nt to mail it th self-addres nager's office	ssed stamped	
I 1-PERSON MAXIN	IOM MUI	NTHLY INCOMI	≣:	4585					
2-PERSONS MAXI	IMUM MO	ONTHLY INCOM	<b>ЛЕ</b> :	5240					

	Last Compl	ete Update:	10/16/2023			AREA:	Waimanalo
PROJECT NAME:	Waimanalo Em	ergency SI	nelter; pr	eviously Wei	nber	PROJECT TYPE:	Emergency
ADDRESS:	41-490 Saddle City Rd.					PHONE: 808-204	-0982
CITY:	Waimanalo	STATE: HI	ZIP:	96795		<b>FAX</b> : 744-061	6
		ļ					
MANAGER	: Destiny, Site Manager			APPLY ADD	RESS:		OUT-OF-STATE
APPLY TO	:						APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	: 204-0982			<b>FAX:</b> 744-0616	EMAIL:	www.kahumana.org	
Unit	Type: Number	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:		of People	People:	Allowed:
	tudio: 8  Bdrm: 8			420	3	4	
	Bdrm: 7			550	3	6	
Three I				950	5	10	
Four I	Bdrm:						NO
RENT INFO: RE Emergency Shelte 30%; cap \$250/mo			JTILITIES INC All utilities	CLUDED:		TOTA MINIMUM WA ESTIMATE A MAXIMUM WA ESTIMATE A	(Months): 0
AGE CRITERIA:						TO REMAIN ON W	
18yo			WAITL	IST FOR PARKING:		CALL EVERY	(Months): 0
		P	PARKING INF	0:	PET INFO	: P	ETS OK: NO
AN OWN RESID	ASSET LIMITS:	NO			GENERAL		ion
ASSET LIMIT INFO	O:		EASE:		Must part	icipate in programs a	as determined by
		F	Program agre	ement: 90 Days	Playgrour Must follo		lisabled.
INCOME CRITERI	IA:						
None		_	URNISHED: Stove, refriger	ator, no carpet,			
				ress if needed			
1-PERSON MAXIM	IUM MONTHLY INCOME				]		

	Last Comple	ete Update:	12/15/2021			AREA:	Waimanalo
PROJECT NAME:	WAIMANALO H	OMES I 8	II (HPHA	-wind) - NOT	ACC	PROJECT TYPE:	Family
	Humuniki St. & Humuna			, , , , , , , , , , , , , , , , , , , ,		PHONE: 808-233	J-3766
						FAX: 233-376	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MANAGER	R: Roberta Kahele			APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO	): HPHA NOT ACCEPTING APF	PLICATIONS		Honolulu, I	HI 96817	APPLICATIONS ACCE	
APPLY ATTN	I: Oahu applications offic NOT ACCEPTING APP						NO
APPLY PHONE	E: 808-832-5961			<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 19	0	-	077	2		YES
Three		0		1017	3	8	YES
Four	Bdrm: 4	0		1171	4	10	YES
	ENT IS 30% OF INCOME: 0 for Federal Low Income 8/2/2016******		Water and alloand gas	CLUDED: owance for electricity	/	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
Head of househole	d must be 18 years or old	ler	WAITL	IST FOR PARKING	:	CALL EVERY	
			PARKING INF	O:	PET INFO:		PETS OK: YES
1	ASSET LIMITS:	NONE			the catego	nimals ok, but only or ries listed below: under 25 lbs) or_cat	
	DENTIAL PROPERTY:	NO			GENERAL		
Cannot own a hou			LEASE: 1 year		victims; ho	ENCES:( A) domest omeless in transition (B) substandard h (C) others = indefin	nal shelter; invol. sing; rent >50%
INCOME CRITER	IA·				Funding: F	Fed Low Inc Pub Hs	ing 100%
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	= 80% of AMI Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	:50;	FURNISHED: Partly furnishe appliances or	edmajor	All convict	igibility=80% of AM ions must be 3 yrs thamphetamine or	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		p.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Comple	ete Update:	9/6/2024			AREA:	Waipahu
PROJECT NAME:	<b>WAIPAHU HAL</b>	L ELDERL'	Y			PROJECT TYPE:	Elderly
ADDRESS:	94-1060 Waipahu St.					PHONE: 808-671	-3801
						FAX: 680-045	56
СПҮ:	Waipahu	STATE: HI	ZIP:	96797		,	
	: Collette Sanchez, Seni Kelsey Chalmers, Assi : Cambridge Manageme	stant Community		APPLY ADD Waipahu Ha 94-1060 Wa Waipahu, HI On-site drop	ill ipahu St., Offic 96797	ce	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	: 808-671-3801			<b>FAX:</b> 680-0456		waipahu@cmiweb.i nttps://www.waipah	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One I	Bdrm: 72	0		636	1	3	YES
Two E	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						NO
RENT INFO: RE Max rent \$2027; n	NT IS 30% OF INCOME: o application fee.		ITILITIES INC			TOTA MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE	(Months): 18 AIT LIST
AGE CRITERIA:					,	TO REMAIN ON W	
disabled. Other m	d must be 62 years or old nembers of the household dren, siblings, or friends	d may be 18 years F	WAITL PARKING INF	1.20	PET INFO: Up to 2 pet	CALL EVERY	(Months): YES (some
	ASSET LIMITS:	NONE					
AN OWN RESIDE	DENTIAL PROPERTY:	NO			GENERAL		****
Income from asse	ts cannot put household. Asset limits are expecte	over	EASE: I year, then m	nonth-to-month	Bbq Area & Recreation A gated co On-site ma	nter & social activity I lush landscaping room with tv mmunity on busling lanagement room system	
	IA: income: 1 person - \$48,7 ; 3 persons - \$62,650	Ī	FURNISHED:  Partly furnishedmajor appliances only, laminate tile floor, tub shower.  Guest in Recycli Transpor Catholic Applica Applica Reques Ask Ma			orogram tion to Shopping a narities Hawai'l	miweb.net
1-PERSON MAXIM	IUM MONTHLY INCOME	:: 4	1062		]		

Printed: 9/10/2024 Page: 168

4642

	Last Comple	te Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIPAHU I (HP	HA-lee) -	NOT ACC	EPTING APPS	<b>S</b>	PROJECT TYPE:	,
	94-111 Pupuole St.					PHONE: 808-483	3-2550
						FAX: 483-255	52
CITY:	Waipahu	STATE: HI	ZIP:	96797		•	
MANAGER	: Marcus Asami			APPLY ADD			0117 05 07175
APPLY TO	LIDITA			1002 North S Honolulu, HI	96817		OUT-OF-STATE APPLICATION
APPLY TO	NOT ACCEPTING APF	PLICATIONS		NOT ACCEF	PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN	l: Oahu applications office						NO
	NOT ACCEPTING APP	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number	_	Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
s	tudio:						
One I	Bdrm:		ļ				
			-	050			YES
		0		650 817	3	8	YES
Three I		0		817		0	120
Four I	Bdrm:		<u> </u>				
RENT INFO: RE	NT IS 30% OF INCOME:	YES	UTILITIES INC	I LIDED:		TOTA	L UNITS: 19
	) for Federal Low Income		Water and elec		_		
********* CLOSED	8/2/2016*****			·		MINIMUM W ESTIMATE	
	5,2,20.0					MAXIMUM W	AIT LIST
]			<u> </u>			ESTIMATE	(Months): 60
AGE CRITERIA:	dt b - 40					TO REMAIN ON W CALL EVERY	
Head of nousenoid	d must be 18 years or old	er		ST FOR PARKING:			
			PARKING INF	O:	PET INFO:	imals ok, but only	PETS OK: YES
1	-		Included		the catego	ries listed below:	
ANI OWAL DEGIS	ASSET LIMITS:					nder 25 lbs) or cat	
ASSET LIMIT INF	DENTIAL PROPERTY:   I O:	NO			GENERAL	NCES: Domestic \	/iolence victims:
Cannot own a hou	se on Oahu		LEASE:		homeless i	in transitional shelt	
			l year		displaced.		
					Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI						ions must be 3 yrs thamphetamine or	
ncome Eligibility = Maximum Annual	: 80% of AMI Income: 1 person - \$53,2	50;	FURNISHED:  Partly furnishe	nd major	,		
2 persons - \$60,90	00; 3 persons - \$68,500; 00; 5 persons - \$82,200;		appliances on				
6 persons - \$88,30	00; 7 persons - \$94,350;						
8 persons - \$100,4	<del>1</del> 00						
4 DEDCOMANANTA	NI INA NAONITI II VA INIOCA 45		4570		Į.		
I-PEKSON MAXIM	IUM MONTHLY INCOME		4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

		Last Comp	plete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIP	AHU II (I	-IPHΔ-lee)	- NOT ACC	EPTING APP	S	PROJECT TYPE:	
ADDRESS:	r		ii iiA icc)	HOT ACC	JEI TING ALT		PHONE: 808-483	1
7.2211.2001	1021	арараті От.					FAX: 483-255	
CITY:	Waipahu		STATE: HI	ZIP:	96797		TAX.  400-200	2
MANAGER APPLY TO	: НРНА		PPLICATIONS		APPLY ADD 1002 North Honolulu, HI NOT ACCEI	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN			fice PPLICATIONS					NO
APPLY PHONE			PPLICATIONS		<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	dudio:							
Two E	3drm:	16	0		635	2	6	YES
Three E	3drm:	4	0		822	3	8	YES
Four I	3drm:							
Minimum Rent: \$0  ***********************************	for Feder	al Low Incon		UTILITIES INC			MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 36 AIT LIST (Months): 60
AGE CRITERIA: Head of household	d must be	18 years or o	older				TO REMAIN ON W CALL EVERY	
				WAITE PARKING INF	IST FOR PARKING: O:	PET INFO:	F	PETS OK: YES
	AS	SET LIMITS:	NONE	Included	,	the catego	nimals ok, but only or ries listed below: under 25 lbs) or_cat	one from each of
AN OWN RESID		PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO		nu		LEASE: 1 year		homeless displaced.		ers; involuntary
INCOME CRITERI		MI		FURNISHED:		All convict	Fed Low Inc Pub Hs ions must be 3 yrs a thamphetamine or	ago, unless it's
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 00; 3 perso 00; 5 perso 00; 7 perso	person - \$53 ons - \$68,500 ons - \$82,200	D; D;	Partly furnishe appliances on				
1-PERSON MAXIM 2-PERSONS MAXI				4570		ja.		

	Last Compl	ete Update: 1	0/16/2023			AREA:	Waipahu
PROJECT NAME:	WAIPAHU TOW	VERS			F	PROJECT TYPE:	Family
ADDRESS:	94-337 Pupumomi St.					PHONE: 808-75	3-9440
CITY:	Waipahu	STATE: HI	ZIP:	96797		FAX:	
MANAGER	R: Sonja Tupua			APPLY ADD		200	OUT OF STAT
APPLY TO	D: Mark Development, Inc	С.		Honolulu, HI	ie Avenue, Suite 96816	3 200	OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN	N:						YES
APPLY PHONE	<u>≡</u> : 808-735-9099			<b>FAX:</b> (781)295-342	7 ei		waii.com/waipahuto
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 2	0		482	1	4	
	<b>Bdrm:</b> 62	0		684	2	6	YES
Three	Bdrm:						
Four	Bdrm:						YES
30% of household	d's income	El	ectricity and v	vater		MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
AGE CRITERIA:		Į.			т	ESTIMATE O REMAIN ON V	
Head of househol	ld must be 18 years or old	der	WAITLIS	ST FOR PARKING:		CALL EVERY	
		_	RKING INFO		PET INFO:	ation considered f	PETS OK: NO
	ASSET LIMITS:	T	nere is a char alls.	ge for additional	service anim		or vermable
	DENTIAL PROPERTY:				GENERAL II		
ASSET LIMIT INF	FO:	_	ASE:		Amenities: F Laundry Ro	Recreation Area, om	Playground,
			year		Funding: Pr	oject based Sec 8	3
INCOME CRITER					Credit & Cri	minal checks	
Maximum Annual 2 persons - \$48,2	Income: 1 person - \$42, 00; 3 persons - \$54,350; 50; 5 persons - \$65,100	Pa	IRNISHED: artly furnished opliances only			https://www.mdih c up from manage	awaii.com/waipahut er's office
-PERSON MAXIN	NUM MONTHLY INCOME	<b> </b> 35	16		]		
-PERSONS MAX	IMUM MONTHLY INCOM	ΛΕ: 40	16				

	Last Compl	ete Update:	9/6/2024			AREA:	Moilili
PROJECT NAME:	WEINBERG HA	\LE			PR	OJECT TYPE:	
	2734 S. King St.				PH	IONE: 808-946	6-6953
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX: 973-060	05
MANAGER	R: Ruel Abenjar; Propert	y Manager		APPLY ADD	DRESS: n case manager		OUT-OF-STATE
APPLY TO	: Housing Solutions, Inc	<b>.</b>		2734 S. King	g St.		APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	E: 946-6953			<b>FAX:</b> 973-0605	EMAIL: ruel	@hsiservices.n	et
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio: 60	1250		266	1	2	
	Bdrm:						
	Bdrm:						
Three							
Four	Bdrm:			ļ.			
RENT INFO: RE	NT IS 30% OF INCOME	:: NO	UTILITIES INCL	LUDED:		TOTA	L UNITS: 60
Security Deposit \$ Section 8 accepte	ed		All utilities include	ded		MINIMUM W ESTIMATE	(0.4 )
Shelter + Care pro or other housing v						MAXIMUM W	
			ļ			ESTIMATE	
AGE CRITERIA:	d must be 18 years or ol	der			ТО	REMAIN ON W CALL EVERY	
Ticad of flouserior	a must be to years of or	dei	WAITLIS PARKING INFO	ST FOR PARKING: YES	PET INFO:		PETS OK: YES
	ASSET LIMITS:	NONE		\$40/month; when y management,		nds; limit 1 per u	-
AN OWN RESI	DENTIAL PROPERTY:		between 7am to		GENERAL INF	O:	
ASSET LIMIT INF	O:		LEASE:		Funding: Shelter + Care	Program and S	Section 8 100%
			Month to month the situation	; dependent on	Funding: RHT	F	
					Application: Ask managem	ent to mail it	
INCOME CRITER		v in same	FURNISHED:		envelope	with self-addres	
limit.	delines and 60% AMI ma	xincome	No carpet, full s			nanager's office to maretta@hs	
			microwave, and cabinet, kitchen				r Chris Gerson, ted in August 2024
II 1-PERSON MAXIN	IUM MONTHLY INCOM	E:	4230		J.		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ME:	4835				

	Last Comp	lete Update:	9/6/2024			AREA:	Lanakila
PROJECT NAME:	<b>WEINBERG SE</b>	ENIOR RE	SIDENCE	AT MALUHIA		PROJECT TYPE:	Elderly
ADDRESS:	1111 Hala Dr.					PHONE: 808-842	2-1082
CITY	<u> </u>	STATE: HI	ZIP:	22217		FAX: 843-015	57
CITT	Honolulu	STATE: HI	ZIP:	96817		·	
MANAGER	: Canary McClinton, Re	sident Manage	er	APPLY AD		_	
APPLY TO	: Bob Tanaka, Inc.			1055 Kalo F Honolulu, H	Place, Suite 10 II 96826	3	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 808-949-4111			<b>FAX:</b> 949-7211		https://www.pacific- residence-at-maluh	housing.org/senior- ia
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One E	<b>3</b> 9	965		400+	1	3	YES
Two E	Bdrm:						
Three E	Bdrm:						
Four I	Bdrm:						NO
Preference is no lo frail (needing help living eg: eating, d	NT IS 30% OF INCOME onger given to applicant with at least 3 activities ressing, shopping, etc.) sit equal to 1 months reler)	s who are of daily Minimum	UTILITIES INC	CLUDED: utility allowance		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	
	d and co-tenants must b		WAITL	IST FOR PARKING:		CALL EVERY	
or order at time or	application. Caregiver n	iusi be 10+	PARKING INF	1.22	PET INFO:	F	PETS OK: NO
]			Parking include	ded but limited			
	ASSET LIMITS:				J		
AN OWN RESID	DENTIAL PROPERTY: O:	NO			GENERAL Walk in sh	INFO: nower and closet, w	heelchair
Must not wholly ov real estate.	vn a majority interest in	residential	LEASE:  1 year; month	to month	accessible shoot and lanai areas allowed wi	e, community center laundry room on ea s, storage lockers. ( th MD letter; can we there's other care to	r. Lounge, trash ach floor. Covered Caregivers are ork outside home
INCOME CRITERI	IA:		'		site mana	ger, interior landsca	aped courtyard.
MUST BE LESS T (Project follows HI						Activity Coordinator; HUD PRAC 202	Opened 1996
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3821				

Printed: 9/10/2024 Page: 173

4367

		Last Comp	lete Update:	9/6/2024			AREA:	Ewa
PROJECT NAME:	WES1	LOCH E	LDERLY	VILLAGE		F	PROJECT TYPE:	Elderly
ADDRESS:	91-1472	Renton Rd.				-	PHONE: 808-681	I-0562:
			_				FAX: 681-414	
CITY:	Ewa Bea	ich	STATE: HI	ZIP:	96706		,	
APPLY TO	Lisa Oa : Hawaii <i>i</i>	Affordable Pro	Admin Assistant	t	<b>APPLY ADD</b> 91-1472 Ren 96706	RESS: ton Road, Ewa	Beach, Hi	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN		•			<b>FAX:</b> 681-4140		panetil@hawaiiaff izabetho@hawaii	
Unit	Type:	N .		Minimum		MINIMUM	MAXIMUM	TO A DE ON (ED.
Oilli	туре.	Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
Si	tudio:	90	865	2x rent	556	1	2	YES
One E	3drm:	60	940	2x rent	686	1	3	YES
Two E	3drm:							
Three E	3drm:							
Four E	3drm:							NO
RENT INFO: REI  No application fee. Limited number of check with manag. Waitlist purged ev respond or will be	subsidies ement co ery 6 mor	s available (ma mpany. nths; applicants	ax of \$170)	UTILITIES INC Gas (for stove water	and water heater) and	1	MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
AGE CRITERIA:				įt.			ESTIMATE	,
All residents must be 55+. Handicap				WAITLI	ST FOR PARKING:	PET INFO:	O REMAIN ON W CALL EVERY	
age requirement.				\$10/month	O: YES There		fish, or 1 dog und	
	AS	SET LIMITS:	YES		d on first come	Reg. w/ mgr	nt & vets "clean b	ill of health"
AN OWN RESID		PROPERTY:	NO	first serve and	waitiist.	GENERAL IN		
ASSET LIMIT INFO		outs applicant of	over	LEASE:			are allowed with Nate bedroom, with	
income. Rental unit must b	·			1 year		Asst Prgm a Recreation h		ent Supplmnt Prgm Security; Resident
INCOME CRITERI	A:					Shopping av	vailable through C ned 1993; no elev	atholic Charities
Maximum Annual 1 person - \$55,000 2 persons - \$62,88	Ο;			FURNISHED:  Partly furnishe appliances onl	y, carpet,gas	walk-up, lan		
*60% AMI				stove, 1 bdrm fan, bathtub	units have ceiling			
1-PERSON MAXIM	IUM MON	ITHLY INCOM	E:	4583		]		

Printed: 9/10/2024 Page: 174

5240

	Last Comp	lete Update:	7/16/2020			AREA:	Salt Lake
PROJECT NAME:	<b>WESTLAKE A</b>	PARTMEN	ΓS			PROJECT TYPE:	Family
ADDRESS:	3139 Ala Ilima St.					PHONE: 808-839	9-2027
CITY	Honolulu	STATE: HI	ZIP:	96818		FAX: 834-710	)7
•	Tionolaid	· · · · · · · · · · · · · · · · · · ·		30010			
MANAGER	: Dana Montero, Reside	ent Manager		APPLY ADI			
APPLY TO	: Hawaiian Properties L	.td.		1165 Bethel Honolulu, H	,		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	:				EMAIL:	None	
APPLY PHONE	: 808-839-2027			<b>FAX</b> : 521-2714	EWAIL:	None	
Unit	Type: Number	2515	Minimum INCOME	00.55	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio:						
	Bdrm: 96	0		872	3	6	
Three E				072			
Four E	3drm:						
RENT INFO: REI	NT IS 30% OF INCOME	E: YES	UTILITIES INC	LUDED:		TOTA	L UNITS: 96
						ESTIMATE	
						MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 18 years or o			ST FOR PARKING:	DET 11.150	CALL EVERY	
			\$40 per stall; n		PET INFO	); F	PETS OK: NO
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INFO	U:		LEASE:			g pool, picnic area, l	aundry area
						Section 8 100% PONSE IN 2021	
J						6/2024, was too bus	v to ashwer
INCOME CRITERI 50% AMI 5 persons - \$63,00 6 persons - \$67,65	00		FURNISHED:		questions		y to ashwel
]			<u> </u>				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Complete	e Update:	9/6/2024				AREA:	Wahiawa
PROJECT NAME:	WHITMORE CIR	CLE APAR	TMENT	S			PROJECT TYPE:	Elderly
ADDRESS:	111 N Circle Makai St.						PHONE: 808-753	3-3973
							FAX: eFax: 3	23-648-8212
CITY:	Wahiawa	STATE: HI	ZIP:		96786		,	
	: Laura Lynn Daniels - Pro				APPLY ADDR 3165 Waialae Hawaii 96816		Honolulu,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Mark Development - 735	-9099						YES
APPLY PHONE	: 808-753-8474			FAX:	(781)295-3427		http://www.mdihawaii. laurad@mdihawaii.	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 40	0		ј ј. 1 п	516	1	3	YES
	Bdrm: 4	0		ј ј. Т П	645	2	5	YES
Three E	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE Section 8 vouchers eposit \$1,155 - 1 bedroor \$1,355 - 2 bedroor	m	W	ILITIES INC ater and gas esidents are	s include			MINIMUM W ESTIMATE MAXIMUM W	(Months): 12 AIT LIST
AGE CRITERIA:		Į.					ESTIMATE TO REMAIN ON W	
Head of household	d must be 62 years or olde		\A/A ITI	IST EO	R PARKING:		CALL EVERY	
	nembers of the household of children if head of househ		RKING INF		N/A	PET INFO:	: F	PETS OK: NO
legal guardian.	ASSET LIMITS:		arking includ ailability.	ded, upo	on	Service ar documenta	imals are allowedw ation	ith propeer
AN OWN RESID	DENTIAL PROPERTY: Y	ES				GENERAL	INFO:	
ASSET LIMIT INFO	0:		ASE: year; month	to mon	th	outside ho eligibility.3 Built in 19 Pictures a	s are allowed with Mome. Caregiver incomes thandicapped acce 90 vailable on schools are allowed by the consulting.com/versity.	ome included in ssable units.
INCOME CRITERI	IA:					Smoke Fr	ee; Coin Operated	laundry facility
50% of Honolulu N	Median Income	Pa	RNISHED: artly furnished poliances on		or	television Education Open gaze Application	nal Room equipped and computers with al and social activiti ebo and outside lou n:Download from m om manager's office	printer es nge area dihawaii.com
						No need to	o call to remain on v	waitlist, call to
1-PERSON MAXIM	IUM MONTHLY INCOME:	30	04					
2-PERSONS MAXI	MUM MONTHLY INCOME	: 34	33					

		Last Comp	lete Update:	7/11/2024			AREA:	Makiki
PROJECT NAME:	WILD	ER VIST	4				PROJECT TYPE:	Family
ADDRESS:	1618 Pu	ınahou St.					<b>PHONE</b> : 808-94	7-4846
CITY:	Honoluli	ı	STATE: HI	ZIP:	96822		<b>FAX</b> : 956-14	46
		James, Reside	ent Manager		APPLY AD P.O. Box 22 Honolulu, H	2420		OUT-OF-STATE
APPLY TO	): Wilder	Vista			,			ACCEPTED: YES
APPLY ATTN	<b>l:</b> Reside	nt Manager						
APPLY PHONE	E: 808-94	7-4846			<b>FAX</b> : 735-1978	EMAIL:	wilder-vista/	sing.org/apartments/
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	6	500	2.5x rent	525			
	Bdrm:	48	1260	2.5x rent	600			
	Bdrm:	10	1200	2.00 1011	000			
	Bdrm:							NO
RENT INFO: RE LIHTC property Section 8 certificate gross income requestions	ate holders	s need not me		UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 24
AGE CRITERIA:				į.			ESTIMATE TO REMAIN ON V	
Head of househol	d must be	e 18 years or o	lder	\/\ \	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO	: 1	PETS OK: NO
]			lugus.	61 parking sta	ılls			
AN OWN RESII		SSET LIMITS: PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	:O:			LEASE:		open Janu		d nantry in Ohdrm
All income from a eligibility.	ssets is v	erified to deter	mine	6 months; the	n month-to-month	units	LIHTC, RHTF, Sect	, ,
INCOME CRITER	IA:					Funding. I	LINTO, KNTF, Sect	.1011 6
Food stamps acce		nelp meet min.	income	FURNISHED:		.		
30% of AMI: 1 Pe 50% of AMI: 1 Pe	rson \$27, rson \$45,	510, 2 persons 850 2 persons	s \$31,440 s \$52,400	Partly furnishe appliances on				
1-PERSON MAXIN	MUM MON	NTHLY INCOM	IE:	3820		]		
2-PERSONS MAX	INAL INA NAC		ME:	4366				

	Last Compl	ete Update:	7/16/2020			AREA:	Wahiawa
PROJECT NAME:	<b>WILIKINA PAR</b>	K				PROJECT TYPE:	Elderly
ADDRESS:	298 Wilikina Dr.					PHONE: 808-622	2-6125
CITY:	Wahiawa	STATE: HI	ZIP:	96786		<b>FAX</b> : 622-612	27
MANAGER	t: Debra Fong; Sandalwood Managen	nent, Inc.		APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	: Wilikina Park Apartme	ents		5 5 <sup>2</sup>			APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	:: 808-622-6125			<b>FAX</b> : 622-6127	EMAIL:	wilikinapark@sand	alwoodmgt.com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 45	900	2xrent	479	1	2	YES
One I	<b>Bdrm</b> : 19	1050	2xrent	627	1	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:					]	NO
Market Rents: stud Longer waits for of At move in: must p	NT IS 30% OF INCOME dio - \$800, one bdrm - \$ ne bedroom. pay ONE full month's rei t . Not prorate 1st month	875.	UTILITIES INC			MINIMUM W ESTIMATE  MAXIMUM W ESTIMATE  TO REMAIN ON W	(Months): 6 AIT LIST (Months): 12
	t be 55 or disabled; spor an be 55 or disabled. Ca		WAITLI	ST FOR PARKING:		CALL EVERY	(Months): 6
	s old. Children under 18		PARKING INFO		PET INFO		PETS OK: YES w/
J	ASSET LIMITS:	NONE	Long w/l for pa	arking, but parking	Birds, fish note.	n, and small dogs Oh	K with doctor's
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO	O:		LEASE: 1 year		clubhous maintena	CCH shopping van e, trash chute on evence person lives on apped units (3 for mo	ery floor, site.
INCOME CRITERI	IA:				Funding:	Low Income Housin ssistance Program	g Tax Credit &
MAXIMUM income 1 person - \$43,980 2 people - \$50,220 Based on 60% AM	0		Partly furnishe appliances onl Bathtubs in all ground floor.		NO RESI	PONSE IN 2021 email 9/6/2024	
 1-PERSON MAXIM	IUM MONTHLY INCOM	≣:	3665				

Printed: 9/10/2024 Page: 178

4185

		Last Comp	lete Update:	5/8/2023			AREA:	Chinatown
ROJECT NAME:	WIN:	STON HAI	.E				PROJECT TYPE:	Family
ADDRESS:	1055 R	iver St.					PHONE: 808-74	4-1307
CITY:	Honolu	lu	STATE: HI	ZIP:	96817		<b>FAX</b> : 744-130	08
MANAGER	R: Justin	Gonsalves, Site	e Manager		APPLY ADD			OUT-OF-STA
APPLY TO	): Hawai	ii Affordable Pro	perties Ltd.		Honolulu, Hl			APPLICATIO ACCEPTED
APPLY ATTN	<b>I</b> : Manaզ	ger						
APPLY PHONE	E: 808-74	44-1307			<b>FAX:</b> 744-1308		nttps://www.hawaiia ential-properties-oa	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	97	850	2x Rent	310	1	2	YES
	Bdrm:							
	Bdrm:							
Three								
Four	Bdrm:			1		J		NO
ïmely reponses t equired	o comm	unication by pro	ject is	Gas, electricit	y and water		MINIMUM W ESTIMATE MAXIMUM W	(Months):
GE CRITERIA:			le				ESTIMATE TO REMAIN ON V	
lead of househole	d must b	e 18 years or o	lder	\/\ΔITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: NO
				Parking not av	vailable	Per reason manageme	able accomodationent.	n from
AN OWN RESI		SSET LIMITS: L PROPERTY:				GENERAL	INFO:	
SSET LIMIT INF	O:			LEASE:		Funding: u	nknown	
				1 year		Left Voicer	mail 9/6/2024	
NCOME CRITER	IA:							
Maximum Annual person - \$54,900 persons - \$62,70	0;			FURNISHED: Partly furnishe allpiances onl				
PERSON MAXIM	1UM MO	NTHLY INCOM	E:	4220		]		
PERSONS MAXI	мим м	ONTHLY INCO	ME:	4820				

Last Compl	ete Update:	5/14/2024			AREA:	Ala Moana
WISTERIA VIS	TA				PROJECT TYPE:	Elderly
1239 South King St.					PHONE: 808-808	3-597-8963
Honolulu	STATE: HI	ZIP:	96814		<b>FAX:</b> 735-197	78
R: Kayla Kedro, Resident	t Manager					OUT-OF-STAT
O: Wisteria Vista						APPLICATION ACCEPTED:
N: Resident Manager						YES
<b>E:</b> 808-597-8963			<b>FAX:</b> 808-735-197	8		
it Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Bdrm: 91	805	2xrent	384			YES
Bdrm:						
Bdrm:						NO
an be included to meet m ent. Section 8 certificate I	inimum holders				MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W	(Months): 6  AIT LIST (Months): 12
et be 62 or older				PET INFO		(Months): PETS OK: NO
		stalls are assi	sgned, occupancy	GENERAL	INFO:	,
FO:		I FASE				
ousing.org/apartments/w	isteria-vista/	1 Year		and multi- social wor Walking d	purpose room on si ker available on site istance to grocery s	ite. Library. CCH e 2x per week. store, bus line and
RIA:				opened 20 Funding: L	000 LIHTC - 50% AMI, F	RHTF
l income 50% AMI:		FURNISHED:	edmajor	.	ation to Shopping a	
	WISTERIA VIS  1239 South King St.  1239 South King St.  Honolulu  R: Kayla Kedro, Residen  O: Wisteria Vista  N: Resident Manager  E: 808-597-8963  it Type: Number of UNITS:  Studio: 91  Bdrm: 91  Bdrm: 91  Bdrm: ent. Section 8 certificate ent. Section 8 certifica	WISTERIA VISTA  1239 South King St.  Honolulu STATE: HI  R: Kayla Kedro, Resident Manager  O: Wisteria Vista  N: Resident Manager  E: 808-597-8963  It Type: Number of UNITS: RENT:  Studio: Bdrm: 91 805  Bdrm: 91 805  Bdrm: Wisteria Vista  Bodom: Wisteria Vista  RENT: Studio: Wisteria Vista  Bdrm: Wisteria Vista  RENT: Studio: Wisteria Vista  Bdrm: Wisteria Vista  RENT: Studio: Wisteria Vista  Bdrm: Wisteria Vista  RENT: Studio: Wisteria Vista  RENT: St	WISTERIA VISTA  1239 South King St.  1239 South King St.  R: Kayla Kedro, Resident Manager  O: Wisteria Vista  N: Resident Manager  E: 808-597-8963  Minimum INCOME Required:  Studio:  Bdrm:  Bdrm:  Bdrm:  Bdrm:  Bdrm:  Bdrm:  Burn:  Burn:	WISTERIA VISTA  1239 South King St.  Honolulu STATE: HI ZIP: 96814  R: Kayla Kedro, Resident Manager  APPLY ADI 1239 S King Honolulu, H  1239 S King Honolulu, H  N: Resident Manager  E: 808-597-8963  FAX: 808-735-197  It Type: of UNITS: RENT: NCOME Required: SQ FT:  Studio: Stu	WISTERIA VISTA  1239 South King St.  Honolulu  STATE: HI  ZIP: 96814  R: Kayla Kedro, Resident Manager  APPLY ADDRESS: 1239 S King St Honolulu, HI 96814  N: Resident Manager  E: 808-597-8963  FAX: 808-735-1978  EMAIL:  Type: of UNITS: RENT: Minimum INCOME Required: SQ FT: Propose Studio: Studi	WISTERIA VISTA  PROJECT TYPE: PHONE: 808-80 FAX: 735-19:  R: Kayla Kedro, Resident Manager  O: Wisteria Vista  N: Resident Manager  EMAIL: https://www.eahhor.wisteria-vista/  N: Resident Manager  FAX: 808-735-1978  EMAIL: https://www.eahhor.wisteria-vista/  Minimum INCOME Required: SQ FT: MINIMUM Number of People: People: Studio: Square and Studio Advance and Studio Advan

Printed: 9/10/2024 Page: 180

4366