| Last Com | plete Update: | | | AREA: | Makiki | |
|--|--|--------------------|---|--|---|--|
| PROJECT NAME: 1506 PI'IKOI | APARTMENTS | | | PROJECT TYPE: | Family | |
| ADDRESS: 1506 Piikoi St. | | | | PHONE: 536-1506 | | |
| CITY: Honolulu | STATE: Hi ZIP: | 96822 | | FAX: | | |
| MANAGER: Shanelle Lum APPLY TO: Contact Shanelle Lu | m for an application | APPLY AD | DRESS: | | OUT-OF-STATE APPLICATION | |
| APPLY ATTN: | | | | | ACCEPTED: | |
| APPLY PHONE: 536-1506 | | FAX: 973-0605 | EMAIL: | shanelle@hsiservic | es.net | |
| Unit Type: Number of UNITS: Studio: of UNITS: One Bdrm: | RENT: Minimur INCOME Required 750 850 1131 1306 1306 111 Yes | E SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: 2 3 5 7 7 TOTA MINIMUM W/ ESTIMATE | | |
| AGE CRITERIA: 18 and older | | TLIST FOR PARKING: | | MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| (Months): 9 | |
| | PARKING I | | PET INFO: | Р | ETS OK: | |
| ASSET LIMITS AN OWN RESIDENTIAL PROPERTY ASSET LIMIT INFO: | | | Call for ap office Two 3 & 2 All applica | INFO: The Request by email pointment to pick up story walk up buildi nts must be experient the provided of up the state of the st | o from manager's ngs. ncing | |
| INCOME CRITERIA: Must not exceed 50% of HUD Oahu AM \$40,850; 2 persons - \$46,050; 3 - \$52,5 \$58,300; 5 - \$63,000; 6 - 67,650; 7 - \$72 | 00; 4 - | D: | to residence conviction offender. citizen. Ma required fe | cy at the project. No two years prior; no Must show legal res ust be able to pay re ees. ONSE IN 2021. Las | o violent criminal registered sex idency if not a ent, deposit and | |
| I-PERSON MAXIMUM MONTHLY INCO 2-PERSONS MAXIMUM MONTHLY INCO | | | J | | | |

| | Last Compl | | 5/16/2023 | | | AREA: | Moiliili |
|--|---------------------|------------|---|-------------------------|--------------------------------|--|-----------------------------------|
| | | | A STREET | | | PROJECT TYPE: | , · |
| ADDRESS: 1727 S | . Beretania Stree | et | | | | PHONE: 944-502 | |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96826 | | FAX : 955-591 | 5 |
| MANAGER: Keala | Souza | | | APPLY AD By appointr | | | OUT-OF-STA |
| APPLY TO: Housing | ng Solutions, Inc | | | by appoint | | | APPLICATIO |
| APPLY ATTN: | | | | | | | |
| APPLY PHONE: 944-5 | 020 | | F | AX: 955-5915 | EMAIL: | Website: https://ww Email: keala@hsise | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 0 | 0 | | | | | |
| One Bdrm: | 18 | 942 | | 600 | 2 | 4 | |
| Two Bdrm: | 5 | 1131 | | 700 | 5 | 7 | |
| Three Bdrm: | 0 | | | | | | |
| Four Bdrm: | 0 | | | | | | |
| neless. Updates are re se on the waitlist. E CRITERIA: | quired every 6 m | ionths for | | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): |
| or older. | | | | | | CALL EVERY | |
| | | | PARKING INFO: | FOR PARKING: | PET INFO | : Р | ETS OK: NO |
| Δ | SSET LIMITS: | | Limited parking; No guest parking | | Limited to approval o | assistance animals only | with prior |
| AN OWN RESIDENTIA | | | | | GENERAL | . INFO: | |
| SET LIMIT INFO: | | | LEASE: | | Low-incor | me permanent housi wo-bedroom apartm | ng features 23 |
| | | | Month-to-month | | size of 2- risk of bei | 7. Applicants must b ing homeless. Amen rking and laundry fa | e homeless or at ities include |
| COME CRITERIA: | | | | | | | |
| | | | FURNISHED: Appliances limite refrigerator and s | | | | |
| ERSON MAXIMUM MO | NTHLY INCOME | | 0 | | <u> </u> | | |

| | Last Comp | lete Update: | 10/13/2021 | | | AREA: | Wahiawa | |
|--|---|--------------|--|---|--------------------------------|--|--|--|
| OJECT NAME: 22 |) California | | | | | PROJECT TYPE: | Elderly | |
| ADDRESS: 220 | California Ave. | | | | | PHONE: | | |
| CITY: Wah | iawa | STATE: HI | ZIP: | 96786 | | FAX: | | |
| MANAGER: Phi | llip Sena | | | APPLY AD | | | OUT-OF-STA | |
| APPLY TO: Loc | ations LLC | | | 220 California Avenue Mgr Box 301 Wahiawa, HI 96786 | | | APPLICATIO ACCEPTED | |
| APPLY ATTN: Pro | perty Managemen | t Division | | | | | UNKNOWN | |
| APPLY PHONE: 738 | -3100 | | F | AX: 735-1978 | EMAIL: | locationsrentals.cor rentals.aspx | n/affordable- | |
| Unit Type | : Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio | | | | | | | | |
| One Bdrm | | 850 | 1470 | 403 | 1 | 2 | | |
| Two Bdrm | | | | | | | | |
| Three Bdrm | | | | | | | | |
| Four Bdrm | : | | | | J | | YES | |
| xed rent of \$850; 50% tificate holders need in come requirement. confirmation letter is s ceived. Inform mana capplication changes GE CRITERIA: I residents must be 55 | not meet the minin ent after applicatic gement if contact i | on is | All utilities include phone (\$25 per month) | ed except cable & Cable T | V | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): 2 AIT LIST (Months): 6 /AITLIST | |
| | | | PARKING INFO: | NO | PET INFO | : F | PETS OK: YES | |
| | ASSET LIMITS: | | 1 stall for each u | nit | | | | |
| AN OWN RESIDENT | IAL PROPERTY: | | | | GENERAL | . INFO: | | |
| SET LIMIT INFO: | | | LEASE: | | | 007. Picnic Area, Coom, elevator, priva | | |
| | | | 1 year | | 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. | | |
| COME CRITERIA: | | | | | *Failure to | o respond to communent in a timely man | inication from | |
| % AMI: 1 person \$4 ood stamps accepted iteria. | | | FURNISHED: Partly furnished appliances; windo vinyl flooring, gar | ow coverings, | | being removed from the waitlist. | | |
| ERSON MAXIMUM N | IONTHLY INCOM | E: | 3675 | | J | | | |
| ERSONS MAXIMUM | | ME | 4200 | | | | | |

| | | Last Compl | ete Update: | 5/11/2023 | | | AREA | Waikiki |
|---|-----------------------|---------------------|-------------|----------------------------------|----------------------|---|--|---|
| PROJECT NAME: | <mark>436 E</mark> | |) | | | | PROJECT TYPE: | Family |
| ADDRESS: | 436 Ena | a Rd. | | | | | PHONE: 941-3436 | |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96815 | | FAX: | |
| MANAGER | : Keala | Souza | | | APPLY AD | DRESS: | | OUT-OF-STATE |
| APPLY TO | : Housin | ng Solutions, Inc | 2. | | | | | APPLICATION ACCEPTED: |
| | l: | | | | | | | |
| | : 941-34 | 36 | | | FAX: | | Vebsite: https://w Email: kealo@hsis | ww.hsiservices.net/ ervices.net |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | tudio: | 32 | 1000 | | | 1 | 2 | |
| One | Bdrm: | | | | | | | |
| Two | Bdrm: | | | | | | | |
| Three | Bdrm: | | | | | | | |
| Four | Bdrm: | | | ļ | | | ļ | |
| RENT INFO: RE \$1000/month; \$10 homeless. Update those on the waith | 00 depos es are re | sit. Applicants r | must be | UTILITIES INC Electric and wa | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 |
| AGE CRITERIA: | | | | | | | TO REMAIN ON V | 1 |
| Age 18+, singles of | or couple | s only; 2 persor | ns max. | WAITLI | ST FOR PARKING: | : | CALL EVERY | (Months): 6 |
| | | | | PARKING INFO | | PET INFO: | | PETS OK: NO |
| | A | SSET LIMITS: | | Parking not av | ailable | Doctor veri | fication required fo | or service animal. |
| AN OWN RESI | | PROPERTY: | | | | GENERAL | - | |
| ASSET LIMIT INF | 0: | | | LEASE: Month-to-mont | h | studios. Ap feature priv No residen | e permanent hous plicants must be l rate baths as well t parking available ar a bus stop, reta | nomeless. Units as kitchenettes. but conveniently |
| INCOME CRITER | IA: | | | | | | FING OUT UNITS | |
| | | | | FURNISHED: | I mini refrigerator. | | | |
| 1-PERSON MAXIN | IUM MOI | NTHLY INCOM | E: | 0 | | <u> </u> | | |
| 2-PERSONS MAXI | MUM MC | ONTHLY INCOM | ME: | 0 | | | | |

| | Last Comp | lete Update: | 5/5/2023 | | | AREA: | Waikiki | | |
|--|--|--------------------|--|-------------------------|--|---|------------------------|--|--|
| OJECT NAME: AIN | AHAU VIST | A | | | | PROJECT TYPE: | Elderly | | |
| ADDRESS: 2428 | Fusitala St. | | | | | PHONE: 926-670 | 00 | | |
| CITY: Honol | ulu | STATE: H | ZIP: | 96815 | | FAX: | | | |
| MANAGER: Resid | dent Manager, He | eather Davis | | APPLY AD P.O. Box 22 | | | OUT-OF-STA | | |
| APPLY TO: Loca | tions | | | Honolulu, H | - | | APPLICATIO ACCEPTED | | |
| APPLY ATTN: Prop | erty Managemen | t Division | | | | | YES | | |
| APPLY PHONE: 738-3 | 3100 | | F، | AX: 735-1978 | EMAIL | https://www.location able-rentals | nsrentals.com/affo | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | | |
| Studio: | | | | | | | | | |
| One Bdrm: | 99 | 1053 | 2xrent | 403 | | | | | |
| Two Bdrm: | 7 | 1195 | 2xrent | 607 | | | | | |
| Three Bdrm: | | | | | | | | | |
| Four Bdrm: | | | | | J | J | YES | | |
| Units - 30%AMI studio Units - 50% AMI 1 Ber Jnits - 50%AMI 2 Ber ection 8 certificate hold Certificate hold E CRITERIA: residents must be 62 | droom - \$1053.0 lroom - \$1195.0 ers need not mee | 0 | Electric, water, ar WAITLIST PARKING INFO: | FOR PARKING: | PET INFO | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY D: F | (Months): | | |
| | ASSET LIMITS: | NONE | 18 tenant/ 5 hand \$40/mo. Once all assigned, occupa | stalls | | | | | |
| AN OWN RESIDENTIA | | | restricted to tenar own a vehicle. | | GENERA | L INFO: | | | |
| SET LIMIT INFO: | | , | LEASE: 6 months | | time. 6 h with kitch | Opened 2007. Has Social Worker on site part time. 6 handicapped units. Community room with kitchen; picnic area, transportation, private park/Victory Garden | | | |
| COME CRITERIA: | | | 6 visito floor. I Credits | | | or parking stalls, coin laundry on ground Funding: Low Income Housing Tax s | | | |
| % of AMI: 1 person \$2 % of AMI: 1 person \$4 od stamps accepted to teria. Sect 8 certificate n. income requirement | 5,750; 2 persons help meet min. holders need no | \$52,250 income | FURNISHED: Partly furnished appliances only; H window blinds, dis flooring | nas A/C, | (50 % of AMI) 2023 UPDATE - INFO FROM WEBSITE | | | | |
| ERSON MAXIMUM MO | ONTHLY INCOM | E: | 3812 | | k | | | | |
| PERSONS MAXIMUM N | IONTHLY INCO | ME: | 4354 | | | | | | |

| | Last Compl | ete Update: | 5/5/2023 | | | AREA: | Waikiki |
|---|--------------------------------------|-----------------|---|----------------|--|---|--|
| | HAU VIST | A II | | | | PROJECT TYPE: | Elderly |
| ADDRESS: 2426 T | usitala Street | | | | | PHONE: (808)92 | 6-6700 |
| CITY: Honolu | lu | STATE: H | ZIP: | 96815 | | FAX: | |
| MANAGER: Heath | er Davis, Reside | ent Manager | | APPLY ADI | | | |
| APPLY TO: Conta | ct Randi Allmon | at (808) 926-6 | 6700 | | sta II anager's Office la Street,Honolu | ılu HI | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | | | | |
| APPLY PHONE: (808) | 738-3100 | | F# | X : | | ttps://www.locatior ble-rentals | nsrentals.com/afford |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 15 | 901 | 2x rent | 377 | | | |
| One Bdrm: | 47 | 966 | 2x rent | 420 | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | YES |
| 6 units - 30% AMI studio 9 units - 50% AMI studio 41 units - 50% AMI 1 bedr 6 units - 60% AMI 1 bedr | - \$1140 per moi rroom - \$1225 p | nth er month | Electricity, Water, | Sewer | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 0 |
| AGE CRITERIA: | | | la. | | г | ESTIMATE | |
| 55+ | | | WAITUST | FOR PARKING: | • | CALL EVERY | - |
| | | | PARKING INFO: | - | PET INFO: | F | ETS OK: NO |
| Ą | SSET LIMITS: | | 22 parking stalls, to 50% and 60% / month | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | | | | GENERAL I | | |
| ASSET LIMIT INFO: | | | LEASE: | | Coin operat Locked entr Community educational Visitor Park | ry door room for recreatic activities | nal and |
| INCOME CRITERIA: | | | | | 2023 Updat | e - Info from Webs | site |
| Maximum Income 1 Pers 30% AMI \$27,450/y 50% AMI \$45,750/y 60% AMI \$54,900/y | vr \$31,350/y vr \$52,250/y | r r | FURNISHED: Range/Oven, Gar Refrigerator/Freez floor covering, Wi | zer, Resilient | | | |
| -PERSON MAXIMUM MO | NTHLY INCOM | E: | 4575 | | ļ | | |
| P-PERSONS MAXIMUM M | ONTHLY INCOM | ME: | 5225 | | | | |

| | | | lete Update: | 11/2/2021 | | | AREA: | McCully |
|----------------------------------|------------------------------------|---|----------------------|--------------------------------|---|---------------------------------------|---|------------------------|
| | · · · · · · | <mark>ESIAN VIS</mark> | TA | | | | PROJECT TYPE: | Elderly |
| ADDRESS: | 1828 Y | oung St. | | | | | PHONE: 949-593 | |
| CITY: | Honolu | lu | STATE: H | ZIP: | 96826 | | FAX: 949-523 | 38 |
| MANAGER | : Rache | el, Resident Mar | lager | | APPLY ADI P.O. Box 22 | | | OUT-OF-STA |
| APPLY TO | : Locati | ons | | | Honolulu, H | - | | APPLICATIO ACCEPTED |
| APPLY ATTN | I: Prope | rty Managemen | t Division | | | EMAU - | http://www.locations | YES |
| APPLY PHONE | : 738-3 | 100 | | | FAX: 735-1978 | EMAIL. | ble-rentals.aspx | sientais.com/anon |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| SI | tudio: | | | | | | | |
| One E | Bdrm: | 53 | 1058 | 2xrent | 420 | | | |
| Two E | Bdrm: | | | | | | | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | J | | | YES |
| andicapped uni meet min incom | rea medi its; food ne requir | ian income rent stamp benefit c rement and Sector meet min. inco | an be used tion 8 | Electric, water, | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| E CRITERIA: | | | | | | | TO REMAIN ON W | |
| residents must | be 55 o | r older | | WAITLIS | ST FOR PARKING: | | CALL EVERY | (Months): |
| | | | | PARKING INFO | 1.10 | PET INFO | r: F | PETS OK: NO |
| | А | SSET LIMITS: | NONE | | 3, φ 1 0/ month |] | | |
| | | L PROPERTY: | YES | | | GENERAL | - | |
| SET LIMIT INFO | 0: | | | LEASE: | | is receive | | |
| | | | | 6 months; then | month-to-month | closet in b bars, no t on every | outer area and comr oathroom, walk in sh ub, has kitchen pant floor. ocial worker | ower with grab |
| COME CRITERI | | ,460; 2 persons | \$30,240 | FURNISHED: | | | | |
| % of AMI: 1 per | son \$44 ⁄6 units g | ,100; 2 persons given to lowest in | \$50,400 | major appliance | es, vinyl flooring, inds, a/c. garbage | | prox. 9/2006 LIHTC, RHTF, Secti | on 8 |
| | | | | | | NO RESP | PONSE IN 2020. LA | ST UPDATE 2019 |
| ERSON MAXIM | IUM MO | NTHLY INCOM | E: | 3675 | | | | |
| ERSONS MAXI | мим м | ONTHLY INCO | ME: | 4200 | | | | |

| | Last Compl | ete Update: | 5/5/2023 | | | AREA: | Palama | |
|--|-----------------------------------|-------------|--|---|--------------------------------|---|----------------------------|--|
| ROJECT NAME: BAN | YAN STRE | EET MAN | OR | | | PROJECT TYPE: | Family | |
| ADDRESS: 1122 B | anyan St. | | | | | PHONE: 843-002 | 1 | |
| CITY: Honolu | lu | STATE: H | I ZIP: | 96817 | | FAX: 376-004 | 2 | |
| MANAGER: Jodie APPLY TO: Banya | | | | APPLY ADD 1122 Banya Honolulu HI | n St. | | OUT-OF-STAT APPLICATION | |
| | | | | | | | ACCEPTED: YES | |
| APPLY ATTN: Jodie APPLY PHONE: 843-0 | | | F | AX: 376-0042 | EMAIL: | banyanstreetmanor | .com | |
| | | | | | | | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | | | | | | | | |
| One Bdrm: | 12 | | | | 1 | 3 | | |
| Two Bdrm: | 42 | | | | 2 | 6 | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | | | <u> </u> | | | |
| ENT INFO: RENT IS 3 0% of adjusted monthly flust respond to communi a timely manner or be r | gross income. ication from mar | agement | UTILITIES INCLU Hot and cold wate | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 24 | |
| GE CRITERIA: | | | 1- | | | ESTIMATE | | |
| lead of household must b | be 18 years or ol | der at the | | FOR PARKING: | | CALL EVERY | | |
| me of application. | | | PARKING INFO: | - | PET INFO |): P | ETS OK: NO | |
| А | SSET LIMITS: | NONE | | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | İ — — — | | | GENERAL | _ INFO: | | |
| SSET LIMIT INFO: | | | LEASE: | | | Application: Ask management to mail it or email it | | |
| | | | 1 Year | | envelope Pick up fr | uest with self-addres om manager's office BanyanStreetManor | • | |
| NCOME CRITERIA: | | | | | | Banyanon Ceninalioi | | |
| | | | FURNISHED: Partly furnishedr appliances only | major | | | | |
| PERSON MAXIMUM MC | NTHLY INCOM | E: | 3813 | | <u> </u> | | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | ME: | 4355 | | | | | |

| Last Complete Updat | 5/12/2023 | AREA: Ala Moana |
|--|--|---|
| OJECT NAME: BIRCH STREET APAP | TMENTS | PROJECT TYPE: Family |
| ADDRESS: 916 Birch St. | | PHONE: 597-8963 |
| CITY: Honolulu STATE: | HI ZIP: 96814 | FAX: 589-2897 |
| MANAGER: Luana Holi APPLY TO: Locations | APPLY AD P.O. Box 2 Honolulu, I | 22420 OUT-OF-STA ⁻ HI 96823 APPLICATIO |
| APPLY ATTN: Property Management Division | | ACCEPTED YES |
| APPLY PHONE: 738-3100 | FAX: 735-1978 | EMAIL: http://www.locationsrentals.com/afford ble-rentals.aspx |
| Unit Type: Number of UNITS: RENT | Minimum INCOME Required: SQ FT: | MINIMUM Number of People People: CAREGIVER Allowed: |
| Studio: One Bdrm: | | |
| Two Bdrm: 52 1458 | 2.5xrent 600 | YES |
| Three Bdrm: Four Bdrm: | | YES |
| nits are advertised in the newspaper when available ection 8 certificate holders need not meet the min oss income requirement. | Water, sewer & trash | MINIMUM WAIT LIST ESTIMATE (Months): |
| GE CRITERIA: | _ | ESTIMATE (Months): 60 |
| ead of household must be 18 years or older | WAITLIST FOR PARKING | |
| | PARKING INFO: NO | PET INFO: PETS OK: NO |
| ASSET LIMITS: NONE | Parking is severly limited; guest parking available | |
| AN OWN RESIDENTIAL PROPERTY: NO | | GENERAL INFO: |
| SET LIMIT INFO: | LEASE: | Funding: LIHTC, RHTF |
| | 1 year | Applications: Download from website Ask management to mail it Pick up from Locations ofifice |
| COME CRITERIA: | _ | |
| aximum Yearly Income person \$54,900 persons \$62,700 persons \$70,560 persons \$78,360 | FURNISHED: Partly furnishedmajor appliances only | - |
| ERSON MAXIMUM MONTHLY INCOME: | 4575 | <u> </u> |

| | | Last Comp | lete Update: | 5/5/2023 | | | AREA: | Chinatown |
|---|---|---|-----------------|--|-----------------------------------|--|--|--|
| OJECT NAME: | | ATOWN G | GATEWA ` | Y PLAZA | | I | PROJECT TYPE: | Family |
| ADDRESS: | 1031 Nu | iuanu Ave. | | | | | PHONE: 524-373 | 7 |
| CITY: | Honolulu | L | STATE: HI | ZIP: | 96817 | | FAX: 528-529 | 9 |
| | Randea | luang, Residen atte McEnroe P an Affordable P | Property Manag | ler | 1031 Nuu | DDRESS: n Gateway Plaza anu Avenue Hawaii 96817 | | OUT-OF-STAT APPLICATION ACCEPTED: |
| | I: Dolores | s Ma | | | | | | YES |
| APPLY PHONE | : 524-37 | 37 | | F | AX: 528-5299 | EMAIL: de | olores@hawaiiaffo | ordable.com |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | studio: | 1 | 1100 | 3700 | 500 | 1 | 2 | YES |
| One | Bdrm: | 199 | 1200 | 4000 | 555 | 1 | 3 | YES |
| Two | Bdrm: | | | | | | | |
| Three | Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | | |
| r | | | | | | ļ | | NO |
| ent posted is the Bedroom - \$120 ccept section 8 an apply, even if GE CRITERIA: ead of househol | e low rent 00 (LIHTC f residenti d must be | of a range. ;) ial history is not | t verifiable. | UTILITIES INCLU Water + Sewer | | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY | L UNITS: 200 AIT LIST (Months): 6 AIT LIST (Months): 36 |
| ent posted is the Bedroom - \$120 ccept section 8 an apply, even if GE CRITERIA: ead of househol | e low rent 00 (LIHTC f residenti d must be | of a range. ;) ial history is not | t verifiable. | Water + Sewer WAITLIST PARKING INFO: | FOR PARKING | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY | L UNITS: 200 AIT LIST (Months): 6 AIT LIST (Months): 36 'AITLIST |
| ENT INFO: RE Rent posted is the Bedroom - \$120 ccept section 8 Can apply, even if GE CRITERIA: lead of househol me of application AN OWN RESII | e low rent 20 (LIHTC f residenti d must be n. AS DENTIAL | of a range. ;) ial history is not e 18 years or ol SSET LIMITS: | t verifiable. | Water + Sewer | FOR PARKING NO \$40 mo. and | GENERAL II | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY P NFO: g in the City Housi stance Program. | L UNITS: 200 AIT LIST (Months): 6 AIT LIST (Months): 36 'AITLIST (Months): 12 PETS OK: NO |
| ent posted is the Bedroom - \$120 ccept section 8 an apply, even if GE CRITERIA: lead of househol me of application | e low rent 00 (LIHTC f residenti d must be n. AS DENTIAL CO: | of a range. ;) ial history is not e 18 years or ol SSET LIMITS: | t verifiable. | Water + Sewer WAITLIST PARKING INFO: Parking starts at depends on rent LEASE: | FOR PARKING NO \$40 mo. and | GENERAL II Participating Rental Assis | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY P NFO: g in the City Housi stance Program. | L UNITS: 200 AIT LIST (Months): 6 AIT LIST (Months): 36 'AITLIST (Months): 12 PETS OK: NO |

| | | Last Comp | lete Update: | 5/11/2023 | | | AREA | Chinatown |
|--|----------|---------------------|--------------|---|---------------------|--------------------------------|---------------------------------------|------------------------|
| ROJECT NAME: | | IATOWN I | MANOR | | | | PROJECT TYPE | Family |
| ADDRESS: | 175 Noi | rth Hotel St. | | | | | PHONE: 545-19 | 996 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 536-68 | 308 |
| MANAGER: | : Susan | Chen | | | APPLY AD On-Site | DRESS: | | OUT-OF-STAT |
| APPLY TO: | : Chinat | own Manor | | | | | | APPLICATIO ACCEPTED |
| APPLY ATTN: | : Winnie | e Louie | | | | | | YES |
| APPLY PHONE: | 545-19 | 996 | | F/ | X: 536-6808 | EMAIL: | winniel@hawaiiaff | ordable.com |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | udio: | 89 | 612 | 2.5x rent | 310 | 1 | 2 | YES |
| One B | | | | | | | | |
| Two B | | | | | | | | |
| Four B | | | | | | | | NO |
| ENT INFO: REN 0 sq ft \$612 10 sq ft \$636 10 sq ft \$646 10 sq ft \$646 10 sq ft \$646 | | | | UTILITIES INCLU | DED: | _ | MINIMUM V ESTIMATE | (Months): |
| a timely manner | to rema | ain on the waitlis | st. | | | | MAXIMUM V ESTIMATE | (Months): |
| GE CRITERIA: ead of household | l must h | e 18 vears or o | lder at the | | | | TO REMAIN ON CALL EVERY | - |
| ne of application. | | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO | | PETS OK: NO |
| | | | | No parking availal | | | | |
| | A | SSET LIMITS: | NONE | | | ļ | | |
| AN OWN RESID | | PROPERTY: | YES | | | GENERAL | | |
| SSET LIMIT INFO |): | | | LEASE: | | | open until decision | |
| | | | | 1 year | | | undry facility and c 2 adults only | ommunity room |
| COME CRITERI | A: | | | I | | | | |
| aximum Annual I persons - \$60,48 | | 1 person - 52, | 920 | FURNISHED: Partly furnishedr appliances only. | najor | | | |
| PERSON MAXIMI | UM MOI | NTHLY INCOM | E: | 4410 | | | | |
| PERSONS MAXIN | | ONTHLY INCO | ME: | 5040 | | | | |

| | Last Comple | ete Update: | 10/15/2021 | | | AREA: | Ewa |
|--|---|-------------|----------------------------------|--|---|--|--|
| PROJECT NAME: | D.E. THOMPSO | N VILLAG | E (EWA \ | /ILLAGE EL | DERL | PROJECT TYPE: | Elderly |
| ADDRESS: | 91-1295 Renton Rd. | | • | | | PHONE: 681-49 | 60 |
| CITY: | Ewa Beach | STATE: HI | ZIP: | 96706 | | FAX: 681-49 | 61 |
| • | | •••••• |] | 50700 | | | |
| | : Julie Morgan - Residen : Bob Tanaka Inc. | t Manager | | APPLY A 1055 Kalo Honolulu, | Pl., Ste 103 | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : Ext. 24 | | | | | | YES |
| APPLY PHONE | : 949-4111 | | | FAX: 949-7211 | EMAIL: | | |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: 84 | 0 | | 600 | 1 | 3 | YES |
| Two E | 3drm: | | | | | | |
| Three E | 3drm: | | | | | | |
| Four E | Bdrm: | | | | | | NO |
| | | | | | | | |
| - | NT IS 30% OF INCOME: aximum of \$1070 minus | | UTILITIES INC Water; \$69 uti | - | | | AL UNITS: 84 |
| allowance = \$1001 Deposit is based o | l on income. **Applicants a dating any change in info | re | | ce is subject to cha | inge | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 12 AIT LIST |
| AGE CRITERIA: | | | | | | TO REMAIN ON V | · · · 24 |
| | spouse, must be 62 year (section 515). If disabled | | WAITL | IST FOR PARKING | a : | CALL EVERY | |
| provide a doctor's | note (disability does not i opy of SSI/SSDI benefit le | need to | PARKING INF | | PET INFO | | PETS OK: YES |
| be disclosed) of co | | | Parking includ | led | With MD I | etter, max 30 lbs. | |
| | | | | | GENERAL | | |
| ASSET LIMIT INFO | | | LEASE: | | Acc units: | 7 total, 5 for wheel | |
| income from asset | ts cannot put applicant ov | ver income | 1 year | | given to 3 MD letter; tenant die must be i | nt, 2 for hearing imp 60% AMI. Caregivers can work outside h es, under age 62 spo ncome eligible. Serv | s are allowed with ome. If elderly ouse may rent unit, <i>v</i> ices: On-site |
| INCOME CRITERI | | into | FURNISHED: | | Home Ad | orker from CCH. Fui ministration. CCH S | hopping van |
| | Tenant must have adequ t to afford own basic livir lectric, etc.) | | Partly furnished appliances on | | communi | opened 1992. Mus cation from manage o remain on waitlist. | ment in a timely |
| I-PERSON MAXIM | UM MONTHLY INCOME | : | 4475 | | ļ | | |
| 2-PERSONS MAXI | MUM MONTHLY INCOM | E: | 5113 | | | | |

| | Last Comp | olete Update: | 1/4/2022 | | | AREA: | Ewa | |
|--|--|---------------|--|----------------------------------|--|--|--|--|
| PROJECT NAME: F | RANCISCAN | VISTAS EV | VA | | | PROJECT TYPE: | Elderly | |
| ADDRESS: 91 | -1471 Miula Street | | | | | PHONE: 681-40 | 00 | |
| | Decek | STATE: HI | ZIP: | 00700 | | FAX: 681-40 | 01 | |
| | va Beach | STATE. HI | | 96706 | | | | |
| | Community Director | | g | APPLY AD Waitlist is c | DRESS: currently open fo | r all units | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN: | | | | | | | YES | |
| APPLY PHONE: 6 | 81-4000 | | F | FAX: 681-4001 | | nanager@francisc ww.Franciscanvis | canvistasewa.com istasewa.com | |
| Unit Ty | of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Stud One Bdr | | 1250 | 1490 | 530 | | n/a | | |
| Two Bdi | | 1480 | 1770 | 750 | | n/a | | |
| Three Bdr | | | | | | | | |
| Four Bdi | rm: | | | | | | YES | |
| | | | UTILITIES INCLU | | | | | |
| 6 - 1 bedroom units v w/\$664 rent Min. income not need | ENT INFO: RENT IS 30% OF INCOME: NO - 1 bedroom units w/\$571 rent and 2 - 2 bedroom //\$664 rent Min. income not needed for Sec 8 certif. holders. Min ncome may include Food Stamp/Rent subsidy. | | | Trash | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 6 | |
| AGE CRITERIA: | | | | | ſ | | | |
| 62 years of age at the applicants. | e time of application | and for all | - | T FOR PARKING: | - | CALL EVERY | | |
| | | | PARKING INFO: One stall per uni No monthly fee f | t, if available. | PET INFO: PETS OK: NO Service animals ok | | | |
| | ASSET LIMITS: | | Limited guest pa | | ļ | | | |
| | NTIAL PROPERTY: | YES | | | GENERAL I | NFO: Community cente | ar that includes | |
| | ASSET LIMIT INFO: Assets are taken into consideration in determining income eligibility. | | | LEASE: ga | | | vity & learning d lap pool. On-site | |
| INCOME CRITERIA: | | | J | | | 0% AMGI, 1 unit 2 60% AMGI | @ 50% AMGI | |
| 30% AMI - 1 person - max - \$27,450 2 people max - \$31,350 60% AMI - 1 person - max - \$54,900 2 people max - \$62,700 | | | FURNISHED: Each unit has ele refrigerator, disp conditioner | • | Ask manag | scanvistasewa.co | om e; can email or fax | |
| -PERSON MAXIMUN | MONTHLY INCOM | ΛE: | 4575 | | ļ | | | |
| 2-PERSONS MAXIMU | IM MONTHLY INCC | ME: | 5225 | | | | | |

| ROJECT NAME: | HAL | | J | | | | AREA PROJECT TYPE | P | |
|--|--|---|---|---|---|--------------------------------|--|--|--|
| ADDRESS: | | | | | | | PHONE: 488-36 | 1 . | |
| CITY: | Aiea | | | STATE: HI ZIP: 96701 | | | FAX: 486-61 | | |
| MANAGEF APPLY TO | | y K. Lopez a View Apts. | | | APPLY AD 99-009 Kal Aiea HI 96 | aloa St. | | OUT-OF-STAT APPLICATIOI ACCEPTED | |
| | N. Manao | Inmant Office | | | | | | NO | |
| APPLY PHONE | - | | | F | AX : 486-6150 | EMAIL: | tammy@pacificdg | .com | |
| Uni | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| S | Studio: | | | | | | | | |
| | Bdrm: | | | | | | | | |
| | Bdrm: | 52 | 0 | | 630 840 | 1 | 5 | YES | |
| | Bdrm: Bdrm: | 56 | 0 | | 1080 | 4 | 9 | YES | |
| imited number o wo bdrm: \$948 - hree bdrm: \$105 our bdrm: \$1147 Jpdates not requi | - \$1500 m 53 - \$1850 7- \$2000- ired to rei | naximum. 0 maximum. maximum main on waitlist | unless | Gas, electricity ar | nd water | | MINIMUM V ESTIMATE MAXIMUM V ESTIMATE | (Months): 12 | |
| GE CRITERIA: | | | | | | | | | |
| lead of househol | ld must b | e 18 years or ol | der | WAITLIST FOR PARKING: PARKING INFO: NO PET INF | | | CALL EVERY | PETS OK: NO | |
| AN OWN RESI | | SSET LIMITS: | | Parking included; when asking for 2 | | GENERAL | INFO | | |
| SSET LIMIT INF | | | | LEASE: | | OPEN FC | FOR APPLICATIONS awaii.com | | |
| | | | | 1 year; then mon | th-to-month | - pick up | from manager's off | ïce | |
| NCOME CRITER | RIA: | | | μ | | | | | |
| | | ts: 2 persons: \$ ns: \$30,900 | 24,750; 3 | FURNISHED: Partly furnished | major | r I | | | |
| Aax Income for S ersons: \$27,850 | MGI 30%, 50%, and 60% 2014 HHFDC income mit for LIHTC | | Partly furnishedmajor appliances only. | | | | | | |

| | | lete Update: | 1/21/2022 | | | AREA: | Kalaeloa |
|--|-------------------------|-----------------|-----------------------------------|--------------------------------------|--------------------------------|--|--------------------------|
| OJECT NAME: HAL | <mark>E HA'I KA'</mark> | OPUA (B | uilding 37) | | | PROJECT TYPE: | Family |
| ADDRESS: Building | g 37, 91-1039 S | hangrila | | | | PHONE: 682-194 | |
| CITY: Kapole | i | STATE: Hi | ZIP: | 96707 | | FAX: 682-197 | 0 |
| | or@Cantwell-And | derson.com | - | APPLY AD 91-1078 Yo Kapolei HI | orktown St. | | OUT-OF-STA APPLICATIC |
| APPLY TO: 91-10 HI 967 | | | Kapolei | | | | ACCEPTEI YES |
| APPLY ATTN: Cloud APPLY PHONE: 682-1 | | LC / Attn: Leas | 0 | AX: 682-1970 | EMAIL: | CloudbreakCommu CloudbreadHawaii@ | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 39 | 650 | 1.5 x rent | 111-221 | 1 | 1 | |
| One Bdrm: | | | | | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | ļ | | YES |
| 50 deposit and first mor its are single room occu r independent single vet | upancy. Affordat | ole housing | Water, electric, se | ewer, trash | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| E CRITERIA: | | | | | | TO REMAIN ON W | |
| ngle, adult and/or vetera | ans | | | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: 1 stall per unit | NO | PET INFO | r: F | PETS OK: NO |
| А | SSET LIMITS: | | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | | | | GENERAL | | |
| SET LIMIT INFO: | | | LEASE: Month-to-month | | Communi Machines | | |
| COME CRITERIA: | | | 1 | | Cloudbrea | oy email to: akHawaii@Cantwell- | |
| oplicant must make 1.5 f sustain rental amount. | times the rent ar | nd be able | FURNISHED: Fully furnished, A | С | Ask mana applicatio | agement to email ov n. | er rental |
| ERSON MAXIMUM MO | NTHLY INCOM | E: | 0 | | J | | |
| ERSONS MAXIMUM M | ONTHLY INCO | ME: | 0 | | | | |

| ADDRESS: 45 CITY: Ho | 50 Piikoi Street | | TMENTS (Clo | sed for app | licati | PROJECT TYPE: PHONE: 589-184 | 1 |
|--|---|--------------------------------------|--------------------------------|---|--------------------------------|--|-----------------------|
| CITY: He | | | | | | PHONE: 589-184 | 5 ovt 15 |
| MANAGER: + | onolulu | STATE: | | | | | S EXL 15 |
| | | | Hi ZIP: | 96914 | | FAX: 589-184 | 1 |
| APPLY TO: | lawaii Affordat | ble Properties, Inc. | | APPLY AD | DRESS: | | OUT-OF-ST |
| APPLY TO: | | | | | | | APPLICATI ACCEPTE |
| APPLY ATTN: | | | | | | | |
| APPLY PHONE: 5 | 589-1845 x15 | | I | FAX: | EMAIL: | | |
| Unit Ty | rpe: Number of UNIT | | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stuc | | 0 | | | | | |
| One Bdi Two Bdi | | 1093 | | 530 689-712 | 2 | 2 | |
| Three Bdi | rm: 29 | 1819 | | 1071 | 5 | 7 | |
| Four Bd | rm: | 0 | | | | | |
| ENT INFO: RENT % AMI Bdrm \$656 (7 apts) %AMI Bdrm \$ 1,093 (20 a % AMI Bdrm \$ 1,575 (20 a) 6E CRITERIA: he person in the ho der |); 2 Bdrm \$787 apts); 2 Bdrm \$ apts): 3 Bdrm \$ | (6 apts) 1312 (45 apts) | Trash Collection | Heating, Sewer, , and water T FOR PARKING | PET INFO | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): |
| | | | | | fresh/trop | ical water fish in tank | |
| AN OWN RESIDENTIAL PROPERTY: | | | LEASE: | | Standford | Closed for application Clorr Development - Donolulu 96813 808-5 | - 1100 Alakea |
| COME CRITERIA: | | | <u> </u> | | | nus pay for utilities s , cable, and internet | |
| come Limit MI 30% person \$24,510 persons \$27,990 persons \$31,500 persons \$34,980 | \$52,500 \$ | 60% 555,980 563,000 569,960 | FURNISHED: | | | d Income are subject | |

| | Last Compl | | 1/21/2022 | | | AREA: | Waipahu |
|--|---|----------------|----------------------------------|-----------------------|---|--|--|
| ROJECT NAME: | HALE KUHA'O | Weinberg | | | F | PROJECT TYPE: | Family |
| ADDRESS: | 94-909 Kau'olu Pl. | | | | F | PHONE: 678-089 | 2 |
| CITY: | Waipahu | STATE: HI | ZIP: | 96797 | | FAX: 678-088 | 7 |
| | : Marisa Olmeda-Macia : 1-800-466-7722 - Trisl | ha Bauman, COS | 5; or Marisa Olme | St Paul M | ersity Ave. West, | #330 | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | Macias 702-259-1903 I: | | | | | | YES |
| APPLY PHONE | : 678-0892 | | F | AX: 651-209-66 | | ousing@accessibl | espace.org |
| 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: 18 | | | 520 | | 2 | YES |
| Two I | Bdrm: 6 | | | 773 | | 4 | YES |
| Three I | Bdrm: | | | | | | |
| ENT INFO: RE | NT IS 30% OF INCOME | E YES | UTILITIES INCLU Water | IDED: | | TOTA MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 12 |
| AGE CRITERIA: | | | | | Т | O REMAIN ON W | |
| Head of household | d must be 18 years or ol | der and | WAITLIST | FOR PARKING | | CALL EVERY | (Months): 6 |
| nave a qualitying (| aisability. | | PARKING INFO: Minimum parking | NO | PET INFO: | Р | ETS OK: YES |
| | ASSET LIMITS: DENTIAL PROPERTY: | NO | | | GENERAL IN | | |
| ASSET LIMIT INF | 0: | | LEASE: | | entertainmer units, height opened in 20 | ai w/ bbq, roll in sh nt center, ceiling f a-adjustable work s 000 JD Section 811/PF | an, window a/c stations |
| NCOME CRITERI | IA: | | | | | es Manager are of f = caretaker and s | |
| Maximum annual i 1 person \$36,650; \$47,100; 4 person | 2 persons \$41,850; 3 p | | FURNISHED: | | | NSE IN 2021 - La | |

| | Last Comple | ete Update: | 1/21/2022 | | | AREA: | Pearl City |
|---|--|----------------------|---|-------------------------|--------------------------------|--|---|
| ROJECT NAME: HAL | E LAULIMA | <mark>(HPHA-I</mark> | <mark>ee) - NOT A</mark> | | APP | PROJECT TYPE: | Family |
| ADDRESS: 1184 | Waimano Home R | d. | | | | PHONE: 483-255 | 0 |
| CITY: Pearl | City | STATE: HI | ZIP: | 96782 | | FAX: 483-255 | 2 |
| MANAGER: Marc | us Asami | | | APPLY AD 1002 North | | | OUT-OF-STAT |
| APPLY TO: HPH. NOT | A ACCEPTING APF | PLICATIONS | | Honolulu, H NOT ACCE | II 96817 PTING APPLIC | CATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN: Oahu NOT | applications office | | | | | | NO |
| APPLY PHONE: 832- | 5961 | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.oi | ſġ |
| 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: | 20 | | | 771 | 2 | 6 | YES |
| Three Bdrm: | 16 | | | 893 | 3 | 8 | YES |
| Four Bdrm: | | | | | | | |
| Minimum Rent: \$0. All H he waitlist are to go to: h hange or check their sta assword is needed to ad AGE CRITERIA: Head of household must | pha.myhousing.cc itus. A username ccess their accoun | om to and t. | | vance for electricity | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| (Months): 36 AIT LIST (Months): 60 AITLIST |
| lead of household must | be to years of old | | WAITLIS PARKING INFO | ST FOR PARKING: | PET INFO: | | ETS OK: YES |
| | | | Included | · <u> </u> | multiple ar | imals ok, but only c ries listed below: | ŀ |
| | ASSET LIMITS: | NONE | | | U U | inder 25 lbs) or cat | |
| AN OWN RESIDENTIA | AL PROPERTY: | NO | ļ | | GENERAL | INFO: NCES: Domestic V | iolonco victimo: |
| Cannot own a house on (| Dahu | | LEASE: 1 year | | homeless displaced. | Fed Low Inc Pub Hs | ers; involuntary |
| NCOME CRITERIA: | | | | | | ions must be 3 yrs a thamphetamine or s | |
| acome Eligibility = 80% c Maximum Annual Income 2 persons - \$60,900; 3 pe 4 persons - \$76,100; 5 pe 5 persons - \$88,300; 7 pe 8 persons - \$100,450 | e: 1 person - \$53,2 ersons - \$68,500; ersons - \$82,200; | 50; | FURNISHED: Partly furnished appliances only | | | utampnetamine of s | |
| PERSON MAXIMUM M | ONTHLY INCOME | : | 4570 | | μ | | |
| PERSONS MAXIMUM N | IONTHLY INCOM | E: | 5220 | | | | |

| | Last Comp | lete Update: | 2/7/2022 | | | AREA: | Nanakuli | |
|---|---|--------------|---------------------------------------|--------------------|--|---|---|--|
| OJECT NAME: | HALE MAKAN | A O'NANAI | KULI | | | PROJECT TYPE: | Family | |
| ADDRESS: | 89-201 Lepeka Ave. | | | | | PHONE: 620-903 | 7, 754-7559 (cell) | |
| | Waiʻanae | STATE: HI | ZIP: | 96792 | | FAX: 620-903 | 8 | |
| APPLY TO: | Annie Au Hoon, Resic Hale Makana O'Nanal Application Division | - | ark Development | Main Office | ka Ave., E101 | | OUT-OF-STA APPLICATIO ACCEPTED YES | |
| APPLY PHONE: | 735-9099, then 1 | | | FAX: 781-295-3427 | , a | www.mdihawaii.com Inniea@mdihawaii. | com | |
| Unit 1 | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One B | | 0 | | | 1 | 3 | | |
| Two B | | 0 | | | 2 | 5 | | |
| | IT IS 30% OF INCOME nately 30% of income. I are done. | | UTILITIES INCL Water; utility allo | - | | TOTA MINIMUM W/ ESTIMATE (MAXIMUM W/ | (Months): 2 | |
| | must be of adult age a i-family Complex includ s. | | PARKING INFO | ng for all tenants | PET INFO: | ESTIMATE (TO REMAIN ON W CALL EVERY (P ion considered for | AITLIST (Months): 1 ETS OK: NO | |
| AN OWN RESIDI SET LIMIT INFO | ASSET LIMITS: ENTIAL PROPERTY: | NO | license, current safety check an | 0 / | | NERAL INFO: Inding: RHTF, LIHTC, USDA RD rent assist | | |
| | | | LEASE: 1 year Recertification a | annually | Resident m Gated com | anager onsite munity por handicaped uni | | |
| ICOME CRITERIA: ncome Limit 30%AMI 40% AMI person \$21,120 \$28,160 persons \$24,120 \$32,160 persons \$27,150 \$36,200 persons \$30,150 \$40,200 persons \$32,580 \$43,440 | | | FURNISHED: Stove, Refrigera | ator | Application 4-3 bdrm u impaired ar | available at www.r nits are ADA for he nd these are on the DNSE in 2021. Las | aring/vision 2nd floor. | |
| ERSON MAXIMU | JM MONTHLY INCOM | E: | 2346 | | Į | | | |
| ERSONS MAXIM | IUM MONTHLY INCO | ME: | 2680 | | | | | |

| | Last Comp | lete Update: | 1/4/2022 | | | AREA: | Kapolei | |
|---|---|--------------|--|---|---|--|---|--|
| ROJECT NAME: | HALE MOENA | KUPUNA | | | - | PROJECT TYPE: | Elderly | |
| ADDRESS: | 1020 Wakea Street | | | | | PHONE: 466-080 |)1 | |
| CITY: | Kapolei | STATE: HI | ZIP: | 96707 | | FAX: 466-080 |)2 | |
| MANAGER APPLY TO | : : Manager's Office | | | APPLY AD 1020 Wake Kapolei, HI | a Street, Suite 1 | 10, | OUT-OF-STAT APPLICATION ACCEPTED: | |
| APPLY ATTN | : | | | | EMAIL: W | /ebsite: www.oah | useniorrentals.com | |
| APPLY PHONE | : 466-0801 | | | FAX: 466-0802 | | mail: HMK@tmo. | | |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | Bdrm: | 1417 | | | | | | |
| Two I | Bdrm: | 1701 | , | | | | | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | | | | |
| Non-refundable ap money order (no c \$500 Security Dep cash or credit card | ENT INFO: RENT IS 30% OF INCOME: NO Section 8 accepted. Ion-refundable application fee of \$30 in check or noney order (no cash). 500 Security Deposit in check or money order (no ash or credit cards). | | All utilities incl | uded. | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 | |
| AGE CRITERIA: Applicants must be | o EE or older | | | | Т | O REMAIN ON W CALL EVERY | | |
| Applicants must be | | | WAITL PARKING INF | IST FOR PARKING: | | | | |
| | ASSET LIMITS: | | Parking is incl come, first ser is ample stree | luded on a first rved basis. There et parking for | PET INFO: PETS OK: YES One pet per apartment with a \$350 one-time fee and a weight limit of 30lbs. | | | |
| | DENTIAL PROPERTY: | | visitors and ex | ktra resident cars. | GENERAL II | | | |
| ASSET LIMIT INFO | 0: | | LEASE: | | . Huge windo Undercabin Lobby, Tras Covered Pa Deck, No sr | h Chute,TV Loun Irking, 9,166 Sq. F moking allowed or | athtaking views; ge t. Recreation n the property | |
| INCOME CRITERI | | | FURNISHED: | | on-site mgm | elevators, walkab nt, community gar | le neighborhood; den, controlled | |
| Income Maximums: 30% AMI, 55% AMI, and 60% AMI | | | - | linds, garbage ceilings | laundry;24-h Trash room | ess meras in common nour emergency n s on every floor room with public | naintenance | |
| | IUM MONTHLY INCOM | | 0 | | <u> </u> | | | |

| | Last Comple | ete Update: | 2/7/2022 | | | AREA: | Pearl City |
|----------------------------------|---|-------------|--------------------------------|---|---|---|---|
| PROJECT NAME: | HALE MOHALU | J II Family | | | F | PROJECT TYPE: | Family |
| ADDRESS: | 781 + 779 Kamehameh | a Hwy | | | | PHONE: 456-942 | 0 |
| CITY: | Pearl City | STATE: HI | ZIP: | 96782 | | FAX: | |
| MANAGER APPLY TO | : : Locations | | | APPLY ADI 785 Kameha Hawaii 9678 | ameha Hwy., Pe | earl City, | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : | | | | | | |
| APPLY PHONE | : 456-9420 | | | FAX: 456-9406 | | tp://www.locations e-rentals.aspx | rentals.com/afforda |
| | Type: Number of UNITS: tudio: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: 126 Bdrm: 42 | 950 1325 | 2.5x rent 2.5x rent | 595 751 | | | |
| Four I | Bdrm: | | ļ | | ļ | | YES |
| 5 | | NO | UTILITIES INC Water & sewer | | T | MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE O REMAIN ON W | (Months): 24 AIT LIST (Months): 60 AITLIST |
| | | | | ST FOR PARKING: | | CALL EVERY | · • |
| | | | PARKING INF | 0: | PET INFO: | F | ETS OK: NO |
| AN OWN RESIE ASSET LIMIT INFO | ASSET LIMITS: DENTIAL PROPERTY: O: | | LEASE: | | GENERAL II Funding: LI 4 handicapp | HTC, RHTF, HOM | IE, HMMF Bond; |
| 50% of AMI: 1 Per | IA: rson \$25,320, 2 persons rson \$42,220, 2 persons rson \$50,640, 2 persons | \$48,200 | | osal, refrigerator, window coverings, | On-site man Landscaped 2 parking st Visitor parki Applications locationsren walk in (app office entrar 2020 Update | hager I community areas alls with 3 bdrm un ng ttals.com plication box outsin ce) e - Info from Webs NSE IN 2021. Las | hits de next to rental |
| 1-PERSON MAXIM | IUM MONTHLY INCOME | E: | 3517 | | | | |
| 2-PERSONS MAXI | MUM MONTHLY INCOM | 1E: | 4017 | | | | |

| | Last Comp | lete Update: | 5/11/2023 | | | AREA: | Pearl City |
|---|---|--------------|---------------------------------|---|--------------------------------|---|--|
| OJECT NAME: HAL | E MOHALI | U II SENIC | R | | | PROJECT TYPE: | Elderly |
| ADDRESS: 785 Ka | mehameha Higł | nway | | | | PHONE: 456-942 | :0 |
| CITY: Pearl C | ity | STATE: HI | ZIP: | 96782 | | FAX: 456-940 | 16 |
| MANAGER: Kainoa | a Aitaro | | | | DRESS: anagement Divis | aion 614 | OUT-OF-STA |
| APPLY TO: Locati | ons | | | | ve., Suite 102, | | APPLICATIO ACCEPTED |
| APPLY ATTN: | | | | | | | YES |
| APPLY PHONE: 456-94 | 420 | | | FAX: 456-9406 | | http://www.locations ble-rentals.aspx | srentals.com/afford |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 163 | 1470 | 1.5x rent | 432 | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | ļ | | | | YES |
| 9 Units - 30%AMI - \$73 0 Units - 60% AMI - \$14 od stamp &/or housing ed to meet min. income E CRITERIA: | I70 subsidy (Sect 8) |) may be | Electricity, wat | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 2 AIT LIST (Months): 6 |
| residents must be 55 a | | | | ST FOR PARKING: | | TO REMAIN ON W CALL EVERY | |
| plications accepted up t plicant reaching age 55 | | or to | PARKING INF | 0: | PET INFO: | F | PETS OK: NO |
| A | SSET LIMITS: | NONE | | |] | | |
| N OWN RESIDENTIA | PROPERTY: | YES | | | GENERAL | | |
| SET LIMIT INFO: | | | LEASE: | | purpose bu | us 8 handicap-acce ilding with activities | s and social |
| | | | 6 months - mo year - some ur | | laundry; tw convenient | ocked entry doors; o o elevators at both to bus and shoppin anager. Financed | buildings; ng; on site |
| COME CRITERIA: | | | | | | HTČ, RHTF, HMM | |
| aximum Income 1 Person % AMI \$26,460/yr % AMI \$52,920/yr | 2 Persons \$30,340/yr \$60,480/yr | | | arbage disposal, ezer, vinyl flooring, ir conditioner | Application | s: locationsrentals. box outside of rer | |
| ERSON MAXIMUM MO | NTHLY INCOM | E: | 4410 | | J | | |
| ERSONS MAXIMUM M | ONTHLY INCO | ME: | 5040 | | | | |

| | | Last Compl | ete Update: | 10/15/2021 | | | А | REA: | Pearl City | |
|---|------------------------|-------------------------------------|-------------------|---|--|--------------------------------|---|------------------|--|--|
| PROJECT NAME: | HALE | E MOHALI | J SENIOR | APARTME | NTS | | PROJECT T | YPE: | Elderly | |
| ADDRESS: | 800 Thi | rd St. | | | | | PHONE: 4 | 56-0368 | 3 | |
| CITY: | Pearl Ci | ity | STATE: HI | ZIP: | 96782 | | FAX: 45 | 56-0885 | 5 | |
| • | | ity | •••••• | | 30702 | | | | | |
| | | e Semana, Res Iohalu Office | ident Manager | | APPLY ADD 800 Third St Pearl City H | t. | | | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN | 1: | | | | | | | | YES | |
| APPLY PHONE | : 456-03 | 368 | | | FAX: 456-0885 | EMAIL: | halemohalu@ | cbmgr | oup.net | |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMU Number People | of | CAREGIVER Allowed: | |
| S | tudio: | 42 | 618 | 2x rent | 420 | 1 | 2 | | YES | |
| One I | Bdrm: | 30 | 723 | 2x rent | 526 | 1 | 3 | | YES | |
| Two I | Bdrm: | | | | | | | | | |
| Three I | Bdrm: | | | | | | | | | |
| Four | Bdrm: | | | | | | | | YES | |
| Project also has 1 people, \$698 mon Must respond in a from management | th, min. i timely m | ncome - \$1396 nanner to comm | mo.) unication | Water, sewer, g | jarbage | | ESTIN MAXIMI | /ATE (I JM WA | NT LIST Months): 8 NT LIST Months): 12 | |
| AGE CRITERIA: | | | | | | | TO REMAIN | ON W | Provide a second | |
| One member mus be any age | t be 55+ | ; The other men | nber can | WAITLIS | ST FOR PARKING: | | CALL EV | /ERY (| Months): 6 | |
| be any age | | | | PARKING INFO | | PET INFO | - | | ETS OK: YES | |
| J | | | | Parking include serve - NOt gua | ed; First come first aranteed | | s under 40 lbs license. \$100 | | red or spayed w/ posit. | |
| AN OWN RESI | | SSET LIMITS: | | | | J GENERAL | | | | |
| | | TROFERT. | | | | Funding: | RHTF | | | |
| If residential property owned, 2% of the value (minus mortgage owed) is added to the annual income. Income from assets is included w/income limit or .06% whichever is greater | | | come. | 6 months; then month-to-month 12 months for studios Caregi outside Must h person | | | Caregivers are allowed with MD letter; can work outside home. Must have 5 years landlord history and 2 versonal references or 5 personal references opened 1996 | | | |
| INCOME CRITER | | | | | | Communit Free shutt | ty room, launc tle service | dry, bbc | q area | |
| Min. income = 2x r Maximum Annual (studio) \$43,260 (¢ persons - \$49,440 | Income: efficiency | 1 person - \$38, //1bdrm) (60% / | | FURNISHED: Partly furnished appliances only | | >7 yrs for | ap accessible · criminal reco ·IOME subsidi | rd | | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | ≣: | 3355 | | μ. | | | | |
| 2-PERSONS MAXI | мим мо | ONTHLY INCOM | ИЕ: | 3835 | | | | | | |

| Last Complete Update: | 2/7/2022 | | | AREA: | Pearl City | |
|---|--|---|--|--|--------------------------|--|
| PROJECT NAME: HALE O' HAUOLI | | | | PROJECT TYPE: | Elderly | |
| ADDRESS: 950 Luehu St. | | | | PHONE: 455-474 | 4 | |
| CITY: Pearl City STATE: HI | ZIP: | 96782 | | FAX: 455-438 | 34 | |
| MANAGER: Collette Sanchez, Manager; Riyah, Assistant Manager | APPLY ADDRESS: On-Site; Manager's Of | | | | | |
| APPLY TO: | | | | | APPLICATION ACCEPTED: | |
| APPLY ATTN: | | | | | YES | |
| APPLY PHONE: 455-4744 | | FAX: 455-4384 | | nauoli@cmiweb.ne ww.haleohauoli.co | | |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One Bdrm: 99 0 | | 497 | 1 | 3 | YES | |
| Two Bdrm: | | | | | | |
| Four Bdrm: | | | | | | |
| J J | , | p | , | , | | |
| RENT INFO: RENT IS 30% OF INCOME: YES | UTILITIES INC | | _ | TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE | (Months): 36 | |
| AGE CRITERIA: | | | т | O REMAIN ON W | | |
| Head of household must be 62 years or older, or disabled, spouse can be 18 and older. | WAITL | IST FOR PARKING: | | CALL EVERY | (Months): 6 | |
| | PARKING INF | | PET INFO: | | PETS OK: YES | |
| ASSET LIMITS: YES | Parking includ | led if available | | ogs or cats, but n they need a pet. | eed a doctors | |
| AN OWN RESIDENTIAL PROPERTY: YES | | | GENERAL II | NFO: | | |
| ASSET LIMIT INFO: Assets cannot exceed maximum income | LEASE: 1 year; then m | nonth-to-month | busline, bea shopping, o Manager on tour. | | | |
| INCOME CRITERIA: | | | Section 8 | w Income Housing | - | |
| 60% of AMI: 1 person \$43,260; 2 persons \$49,440 | appliances, lin cabinet space | edenergy efficient ien closet,lots of , self-cleaning ady, blinds, carpets | Catholic Ch | arities Hawaii NSE IN 2021. La | | |
| P 1-PERSON MAXIMUM MONTHLY INCOME: | 3605 | | k | | | |
| 2-PERSONS MAXIMUM MONTHLY INCOME: | 4120 | | | | | |

| | | Last Compl | ete Update: | 5/11/2023 | | | AREA: | Chinatown |
|---|-------------------------------------|---|---------------|---|----------------------------------|----------------------------------|--|----------------------------|
| ROJECT NAME: | HALE | PAUAHI | TOWERS | | | | PROJECT TYPE: | Family |
| ADDRESS: | 155 Nor | th Beretania St | | | | | PHONE: 532-353 | 35 |
| CITY: | Honolulı | I | STATE: HI | ZIP: | 96817 | | FAX: 532-353 | 36 |
| MANAGER: | : Michae | l Johnson | | | APPLY AD On-Site | DRESS: | | OUT-OF-STAT |
| APPLY TO: | : | | | | | | | APPLICATIO ACCEPTED |
| APPLY ATTN: | : | | | | | | | NO |
| APPLY PHONE: | 532-35 | 35 | | | FAX: 532-3536 | EMAIL: | n/a | |
| | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| One B | udio: 8drm: | 110 | 1212 | 2.5xrent | 560 | 1 | 3 | YES |
| Two B | Bdrm: | 214 | 1455 | 2.5xrent | 729 - 745 | 2 | 5 | YES |
| Three B | Bdrm: | 72 | 1680 | 2.5xrent | 937 - 959 | 3 | 7 | YES |
| Four B | Bdrm: | | | | | | | NO |
| flust respond to co a timely manner | | | | Sewer Trash pick up | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 22 |
| GE CRITERIA: | | | | | | | TO REMAIN ON W | |
| lead of household me of application. | | e 18 years or o | lder at the | WAITLIS PARKING INFC | ST FOR PARKING: | PET INFC | CALL EVERY | (Months): 6 PETS OK: NO |
| | ۵۹ | SET LIMITS: | NONE | This is public pa ticket must be p from building; n | arking garage; baid upon exit | | | |
| AN OWN RESID | | | | available \$40 (1 \$60 (2nd car) | | GENERAI | _ INFO: | |
| SSET LIMIT INFO | D: | | | LEASE: | | Application | on: agement to mail it | |
| | | | | 1 year | | Send req envelope Send req | uest with self addres | sed stamped |
| NCOME CRITERIA | A: | | | | | Fully equ | ipped Laundry Room ooms, sprinkler/smo | |
| Maximum Annual II berson - \$73,150 2 \$94,050; 4 persons \$112,900; 6 persor \$129,600; 8 persor | persons s - \$104, ns - \$121 | s - \$83,600; 3 p 500; 5 persons ,250; 7 person | ersons - - | FURNISHED: Partly furnishec appliances only garbage dispos | . Carpet, drapes, | | garden area | |
| PERSON MAXIMI | UM MON | ITHLY INCOM | ≣: | 5642 | | ļ | | |
| PERSONS MAXIN | ИИМ МС | NTHLY INCOM | /IE: | 6446 | | | | |

| | Last Comp | lete Update: | 10/15/2021 | | | AREA: | Lanakila |
|---|--------------------------|--------------|---|-------------------------|--|--|-------------------------------------|
| OJECT NAME: HAL | <mark>e po'ai - i</mark> | | PTING APP | LICATIONS | 6 | PROJECT TYPE: | Elderly |
| ADDRESS: 1001 N | orth School St. | | | | | PHONE: 832-344 | 5 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96817 | | FAX: 832-179 | 5 |
| MANAGER: Josep | h Baxa | | | APPLY ADI Apply On-S | | | OUT-OF-STA |
| APPLY TO: Hawai | i Affordable Pro | perties Inc. | | | | | |
| APPLY ATTN: Joann | a Li | | | | | | NO |
| APPLY PHONE: 832-34 | 445 | | F | AX: 832-1795 | EMAIL: | http://hawaiiaffordat properties/ | ble.com/residentia |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 80 | 170 | NO | 390 | 1 | 1 | YES |
| One Bdrm: | 126 | 195 | NO | 544 | 2 | 2 | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | NO |
| drm \$195. All handicap or curity Deposit equal to ******WL CLOSED 8/2/2 | | i the linst | | | | | AIT LIST |
| E CRITERIA: | | 7 | | | | ESTIMATE (| · · · |
| ne member must be 62+ | ; spouse must b | oe 55+. | WAITUST | FOR PARKING: | | CALL EVERY | |
| aregivers must be 18+) | | | PARKING INFO: | | PET INFO | : Р | ETS OK: NO |
| A | SSET LIMITS: | | Parking included parking in back | Guest | | | |
| AN OWN RESIDENTIA | PROPERTY: | NO | | | GENERAL | INFO: | |
| SET LIMIT INFO: person: \$38,600 people: \$44,100 | | | LEASE: 1 year; renewable following recertifie | | tenant die move to a the 1st flo Yearly inc | s are allowed with M s, spouse may rema a studio unit. 18 han or. come recertification multi-purpose room | ain, but must dicap units all on |
| COME CRITERIA: | | | | | Transport | ation to Shopping av | vailable through |
| aximum Annual Income: bersons - \$39,200 | 1 person - \$34, | | FURNISHED: Partly furnished appliances only | major | Must resp | Charities Hawai'l bond to communicati bent iin a timely man | |
| ERSON MAXIMUM MO | NTHLY INCOM | E: | 2858 | | ļ | | |
| ERSONS MAXIMUM M | ONTHLY INCO | ME: | 3266 | | | | |

| | Last Complete Upd | ate: 1/6/2022 | | | AREA: | Barbers Point | |
|---|---|------------------------------------|--|--------------------------------|---|---------------------------------|--|
| OJECT NAME: HALI | <mark>E UHIWAI NALU</mark> | <mark>l (Buildings 3</mark> 4 | 4 and 35) | | PROJECT TYPE: | Single Veterans | |
| ADDRESS: 91-1078 | 3 Yorktown Street | | | | PHONE: 682-194 | .9 | |
| CITY: Kapolei | STAT | E: HI ZIP: | 96707 | | FAX: 682-197 | 0 | |
| | le Taylor, Director of Pro pr@Cantwell-Anderson.co | | APPLY AD 91-1078 Ye | DRESS: orktown St. | | OUT-OF-STAT | |
| APPLY TO: 91-107 Kapole | 78 Yorktown St. ei HI 96707 | | Kapolei HI | 96707 | | APPLICATION ACCEPTED: YES | |
| APPLY ATTN: Cloud | oreak Hawaii LLC / Leas | ing Team | | | | YES | |
| APPLY PHONE: 682-19 | 949 | | FAX: 682-1970 | (| CloudbreakCommu CloudbreakHawaii@ | | |
| Unit Type: | Number of UNITS: REM | IT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | 80 / 50 135 | 50 1.5 x rent | 208-374 | 1 | 1 | | |
| One Bdrm: | | | | | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | NO | |
| NT INFO: RENT IS 30 clean + sober environme 200 - \$1350 dg 34 - 80 units; Bldg.35 cept HUD VASH vouche osidies. All units are sir | ent for veterans. 5 - 50 units. er and other rent | | UTILITIES INCLUDED: Electric, water, sewer, trash | | TOTAL UNITS: 13 MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): | | |
| E CRITERIA: | | | | | TO REMAIN ON W | | |
| NGLE ADULT VETERAL | NS | | LIST FOR PARKING | | CALL EVERY | | |
| | | PARKING INF | | PET INFO: | P | ETS OK: NO | |
| | | 1 stall per un | | | | | |
| A AN OWN RESIDENTIAL | SSET LIMITS: | | | GENERAL | INFO: | | |
| SET LIMIT INFO: | | LEASE: | | | RHTF, Formerly US August 2001 | Vets | |
| | | 1 year | | 5 handicap Case Man | | Coin laundry, | |
| COME CRITERIA: | | , | | Application | n: udbreakHawaii@Ca | optuoll | |
| ordable housing 50 - \$84,600 per year (E | Depending on subsidy ty | FURNISHED: pe) Fully furnishe | | Anderson. | | an twen- | |
| ERSON MAXIMUM MO | | | | | | | |

| | | Last Comp | olete Update: | 10/18/2021 | | | ARI | EA: Waianae |
|--|--|---|---------------|--|-------------------------|--------------------------------|--|---|
| | HALE | EWAL VIS | STA II | | | | PROJECT TYP | PE: Family |
| ADDRESS: | 86-086 F | arrington Hwy | /. | | | | PHONE: 696- | 8258 |
| CITY: | Waianae | Э | STATE: HI | ZIP: | 96792 | | FAX: 696- | 8259 |
| MANAGER: | Barbara | a Ramos | | | APPLY AD | DRESS: rington Highway | , | OUT-OF-STA |
| APPLY TO: | Locatio | ons LLC | | | Waianae, H | | | APPLICATIO ACCEPTED |
| APPLY ATTN: | | | | | | | | YES |
| APPLY PHONE: | 696-82 | 58 | | | FAX: 696-8259 | | http://www.locat ble-rentals.aspx | ionsrentals.com/afford |
| Unit T | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | |
| Stu | udio: | | | | | | | |
| One B | drm: | | | | | | | |
| Two B | drm: | 99 | 1177 | 2.5 x rent | 595 | | | |
| Three B | | 33 | 1374 | 2.5 x rent | 751 | | | |
| Four B | drm: | | | | | ļ | J | YES |
| ENT INFO: REN Two Bdrm (30% 3 Two Bdrm (50% 0% AMI) end unit 3 3 Bdrm (60% AN AMI- see income | AMI*) = % AMI*) : ts -= \$12 MI*) = \$1 | \$677 = \$1177; 11 T 202; 33; 1374 | | UTILITIES INCI | | | MINIMUN ESTIMA MAXIMUN ESTIMA | OTAL UNITS: 132 1 WAIT LIST TE (Months): 1 WAIT LIST TE (Months): |
| GE CRITERIA: ead of household | must be | e 18 years or o | lder | | | | TO REMAIN OI CALL EVE | N WAITLIST RY (Months): |
| | | | | | ST FOR PARKING: | PET INFO: | | PETS OK: NO |
| | AS | SSET LIMITS: | NONE | 1st stall free, a \$50/month | | fish ok | | Ľ |
| AN OWN RESID | ENTIAL | PROPERTY: | YES | | | GENERAL | INFO: | |
| SSET LIMIT INFC |): | | | LEASE: 12 months | | Funding: Lo RHTF | ow Income Hou | Development Corp. Ising Tax Credits; - Five 2 bdrm & 3 3 |
| ICOME CRITERIA | ۹: | | | , | | Application | | |
| 0% of AMI: 1 pers 0% of AMI: 1 pers 0% AMI: 1 person | on \$26,4 on \$44,1 | 100; 2 persons | \$\$50,400; | FURNISHED: Stove, Oven, R disposal, blinds | Refrigerator only, S | Waitlist ap | m manager's of | tacted via mail when |
| PERSON MAXIMU | JM MON | NTHLY INCOM | 1E: | 4410 | | ļ | | |
| PERSONS MAXIN | | NTHLY INCO | ME | 5040 | | | | |

| Last Complete Up | date: 10/18/2021 | | | AREA: | Waianae |
|--|------------------------------------|--|-----------------------------------|--|--------------------------------------|
| OJECT NAME: HALE WAI VISTA I | | | | PROJECT TYPE: | Family |
| ADDRESS: 86-084 Farrington Hwy | | | | PHONE: 696-825 | 8 |
| CITY: Waianae STA | re: HI ZIP: | 96792 | | FAX: 696-825 | 8 |
| MANAGER: Barbara Ramos | | APPLY ADI 86-084 Farr | | | OUT-OF-STAT |
| APPLY TO: Locations LLC | | Waianae, H Attn: Office | | | APPLICATIO ACCEPTED |
| APPLY ATTN: | | | | | YES |
| APPLY PHONE: 696-8258 | | FAX: 696-8259 | EMAIL: | http://www.locations ble-rentals.aspx | |
| Unit Type: Number of UNITS: RE | NT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | |
| One Bdrm: | | | | | |
| | 2.5 x rent | 595 751 | | | |
| | 374 2.5 x rent | 751 | <u> </u> | | |
| Four Bdrm: | | ļ |] | ļ | YES |
| Two Bdrm (50% AMI*) = \$1177 (3 two bdrms indicap accessible) Two Bdrm, end unit (50% AMI*) = \$1202 3 Bdrm (50% AMI*) = \$1374 (1 three bdrm is indicap accessible) | are own electricity | ·. · · | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): AIT LIST (Months): |
| E CRITERIA: ead of household must be 18 years or older | | | | TO REMAIN ON W CALL EVERY | |
| | PARKING INF | IST FOR PARKING: O: NO | PET INFC |): P | ETS OK: NO |
| ASSET LIMITS: NONE | · · | urrent motor ation & insurance additional stalls | fish ok | | |
| AN OWN RESIDENTIAL PROPERTY: YES | \$50/month | | GENERAL | _ INFO: | |
| SET LIMIT INFO: | LEASE: | | | lawaiʻi Housing Deve Low Income Housing | |
| | 12 months | | RHTF Application pick up fr | on: locationsrental.co om manager's office | m |
| COME CRITERIA: | , | | renewing | pplicants are contact interest is needed. | |
| % of AMI: 1 person \$26,460; 2 persons \$30,24 % of AMI: 1 person \$44,100; 2 persons \$50,40 | 0 | | parking, c | bby doors, security o coin-op laundry facilit | cameras, visitor y on each floor. |
| 70 01 /101. 1 person 044, 100, 2 persons 000,40 | garbage dispo refrigerator, vi | | Onsite m | anager's office. | |
| ERSON MAXIMUM MONTHLY INCOME: | 3675 | | Į. | | |
| PERSONS MAXIMUM MONTHLY INCOME: | 4200 | | | | |

| Last Complete U | pdate: 2/7/2022 | | | AREA | A: Haleiwa | | |
|--|--|--|--------------------------------|--|---|--|--|
| ROJECT NAME: HALEIWA SENIOR | CITIZENS CENTE | ER | | PROJECT TYPE | Elderly | | |
| ADDRESS: 66-477 Paalaa Rd. | | | | PHONE: 637-6 | 455 | | |
| CITY: Haleiwa STA | ATE: HI ZIP: | H ZIP: 96712 | | | FAX: | | |
| MANAGER: Thomas Dulan, Resident Ma APPLY TO: Hawaiian Properties | anager | APPLY ADDRESS: 1165 Bethel St. 2nd Fl. Honolulu, Hi. 96813 | | OUT-OF-ST APPLICAT ACCEPT | | | |
| APPLY ATTN: Shirl Dunn | | | | | | | |
| APPLY PHONE: 539-9564 | F | AX: 637-7044 | EMAIL: | | | | |
| Unit Type: Number of UNITS: R | RENT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | | |
| Studio: | | | | | | | |
| One Bdrm: 63 | 0 | | | | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | 1 | ļ | J | | | |
| RENT INFO: RENT IS 30% OF INCOME: YE Deposit of market rent - \$885 AGE CRITERIA: | S UTILITIES INCLU Water, \$85 utility | | | MINIMUM ESTIMATI MAXIMUM ESTIMATI | E (Months): 12 WAIT LIST E (Months): 48 | | |
| Head of household OR spouse must be 62 year | s old | FOR PARKING | | TO REMAIN ON CALL EVER | | | |
| or mobility-disabled. Family members can be children. Roommate must be 18+, caregiver mu | | | PET INFO | : | PETS OK: NO | | |
| 18+ | Parking not inclu limited. | ded and is | | | | | |
| ASSET LIMITS: NON | E | | J | | | | |
| AN OWN RESIDENTIAL PROPERTY: | | | GENERAL | L INFO: : 100% Section 8 buiilding | | | |
| | LEASE: | | | pped units | amang | | |
| | | | NO RESP update 20 | PONSE in 2021; La | ast completed | | |
| NCOME CRITERIA: | , | | | | | | |
| 3/2015 - follows HUD guidelines. | FURNISHED: | | . | | | | |
| | Partly furnished appliances only | -major | | | | | |
| -PERSON MAXIMUM MONTHLY INCOME: | 2933 | | | | | | |

| | Last Compl | ete Update: | 10/13/2021 | | | AREA: | Kakaako |
|---|--|--|--|---------------------|--------------------------------|--|--|
| ROJECT NAME: HAL | EKAUWIL/ | | | rs 🛛 | F | PROJECT TYPE: | Family |
| ADDRESS: 665 Ha | lekauwila Street | | | | | PHONE: 808-537 | 7-9000 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96813 | | FAX: | |
| MANAGER: Danie APPLY TO: Indigo | Ū | rvices, Inc. | APPLY ADDRESS: Leasing Center, 665 H Street, Honolulu, Hi. 9 | | | uwila | OUT-OF-STATI APPLICATION ACCEPTED: |
| APPLY ATTN: Live@ | 2halekauwilaplac | eapts.com | | | FMAII · w | ww.halekauwilapla | aceants com |
| APPLY PHONE: 537-9 | 000 | | F | AX: 728-0985 | | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 26 | 1245 | 2 x Rent | 396 | 1 | 2 | |
| One Bdrm: | 72 | 1325 | 2 x Rent | 535 | 1 | 3 | |
| Two Bdrm: | 82 | 1571 | 2 x Rent | 684 | 2 | 5 | |
| Three Bdrm: | 18 | 1796 | 2 x Rent | 1511 | 4 | 7 | |
| Four Bdrm: | 0 | 0 | | | | ļ | YES |
| Call for availability; no wai Based on 60% AMI; Credi nay be approved with cos score of 774 & earns 4 x r score 625 - 900 have unco | it score between signer (who has r ent) or increased | 350 - 624 nin. credit d deposit; | \$60 - Internet/Wi- | Fi/TV/phone | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 AIT LIST |
| GE CRITERIA: | | | | | т | O REMAIN ON W CALL EVERY | |
| | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO: | | PETS OK: YES |
| | | | 1 free parking sta | | | | E10 OK. [1E5 |
| A | SSET LIMITS: | | | | ļ | | |
| AN OWN RESIDENTIAL | L PROPERTY: | | ļ | | GENERAL I | - | |
| SSET LIMIT INFO: | | | LEASE: 12 months | | Square foot | age range - Studio 35 - 597; 2 bdrm | |
| COME CRITERIA: | | | <u> </u> | | | uwilapalceapartm | |
| faximum annual income: peson: \$52,920 persons: \$60,480 persons: \$68,040 persons: \$75,540 | | | FURNISHED: ceiliing fans & A.0 bedrooms | C.; carpeting in | рюк ир поп | i manager s onice | |
| PERSON MAXIMUM MO | NTHLY INCOME | ≣: | 4410 | | Į | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | /IE: | 5040 | | | | |

| | Last Complete | Update: | 7/16/2020 | | | AREA: | Chinatown |
|------------------------------------|------------------------|---------|--------------------------------|--------------|--------------------------------|--|------------------------|
| OJECT NAME: HA | LEWAI'OLU S | ENIOR | RESIDENCE | S (Year: 20 |)23) | PROJECT TYPE: | Elderly |
| ADDRESS: | | | | | | PHONE: | |
| CITY: | S | | ZIP: | 0 | | FAX: | |
| MANAGER: | | | | APPLY AD | DRESS: | | OUT-OF-STA |
| APPLY TO: | | | | | | | APPLICATIC ACCEPTED |
| APPLY ATTN: | | | | | EMAIL: | | |
| APPLY PHONE: | | | F | AX: | | | |
| Unit Type | e: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio | | 0 | | | | | |
| One Bdrm | | 0 | | | | | |
| Three Bdrm | | 0 | | | | | |
| Four Bdrm | | 0 | | | | | |
| E CRITERIA: | | | | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): |
| | | | | FOR PARKING: | - | CALL EVERY | (Months): |
| | | | PARKING INFO: | | PET INFO: | . г | E13 UK. [|
| | ASSET LIMITS: | | | | | | |
| AN OWN RESIDENT SET LIMIT INFO: | TAL PROPERTY: | | <u> </u> | | GENERAL | INFO: ion could start late 2 | 2020 |
| | | | LEASE: | | | completion in 2022 | 2020 |
| | | | | | source: S | tar Advertiser Poste | ed 2/15/2019 |
| COME CRITERIA: | | | | | | | |
| | | | FURNISHED: | | , | | |
| ERSON MAXIMUM I | MONTHLY INCOME: | | 0 | | ļ | | |
| ERSONS MAXIMUM | I MONTHLY INCOME: | | 0 | | | | |

| | Last Compl | lete Update: | 7/15/2020 | | | AREA: | Lanakila |
|--|---------------------------|--------------|--|-------------|--------------------------------|--|------------------------|
| OJECT NAME: HAL | <mark>I'A HALE -</mark> | NOT AC | CEPTING AP | PLICATION | NS | PROJECT TYPE: | Elderly |
| ADDRESS: 851 No | orth School St. | | | | | PHONE: 586-759 | 95 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96817 | | FAX: 586-752 | 26 |
| MANAGER: Thom | as Ling | | | APPLY AD | | | OUT-OF-STA |
| APPLY TO: Hawa | ii Affordable Pro | perties Inc. | | | | | APPLICATIO ACCEPTED |
| APPLY ATTN: Joann | a Li | | | | | | NO |
| APPLY PHONE: 586-7 | 595 | | F | AX: | | http://hawaiiafforda properties/ | ble.com/residentia |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 31 | 170 | NO | 408 | 1 | 1 | YES |
| One Bdrm: | 10 | 195 | NO | 540 | 2 | 2 | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | YES |
| nt is 30% of income min 95. ecurity deposit equal to 4 ait time for 1 bdrm 72 n ait time for 2bdrm: 60 m | 1 month's rent. nonths | | Electricity and wa | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 7 |
| GE CRITERIA: | | | | | | TO REMAIN ON W | |
| ne member must be 62- | ; spouse must b | be 55+; | WAITLIST | FOR PARKING | | CALL EVERY | - |
| regivers must be 18+. | | | PARKING INFO: Parking included | | PET INFO: | F | PETS OK: NO |
| А | SSET LIMITS: | YES | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | NO | | | GENERAL | | |
| SET LIMIT INFO: set Limit: 1 person - \$3 | 8,600 | | LEASE: 1 year; renewable | e vearly | | s are allowed with N s, spouse must trar | |
| bersons - \$44,100 | | | following recertifie | cation | | 995 as Hale Po'ai ated laundry | |
| COME CRITERIA: | | | | | | om w/kitchen and | wheelchair |
| aximum Annual Income: bersons - \$39,200. | : 1 person - \$34, | 300; | FURNISHED: Partly furnished appliances only. | | Funding: U | Jnknown ONSE IN 2021. Las | st completed |
| ERSON MAXIMUM MO | | E: | 2858 | | ļ | | |
| ERSONS MAXIMUM M | ONTHLY INCOM | ME: | 3266 | | | | |

| | Last Comp | lete Update: | 2/7/2022 | | | AREA: | Chinatown |
|--|---|--------------|---|-------------------------|--------------------------------|--|---|
| ROJECT NAME: HAR | | AGE | | | | PROJECT TYPE: | Family |
| ADDRESS: 901 Ri | ver St. | | | | | PHONE: 528-275 | 3 |
| CITY: Honolu | ılu | STATE: HI | ZIP: | 96817 | | FAX: 566-091 | 4 |
| MANAGER: Shirle | ey Fludd | | | APPLY AD 901 River S | | | OUT-OF-STAT |
| APPLY TO: Locat | ions LLC | | | Honolulu, F | | | APPLICATIO |
| APPLY ATTN: Afford | dable Housing D | ept. | | | | | YES |
| APPLY PHONE: 625-9 | 9573 | | F | AX: 521-2714 | EMAIL: | locationsrentals.cor rentals.aspx | n/affordable- |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 60 | 1495 | | 575 | 1 | 3 | |
| Two Bdrm: | 30 | 1990 | | 750 | 2 | 5 | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | YES |
| 0% AMI: 1 Bdrm \$1,190 Bdrm \$1,270; 2 Bdrm \$ 20% AMI: 1 Bdrm \$1410 10% AMI: 1 Bdrm \$1495 GE CRITERIA: ead of household must | 1355;); 2 Bdrm \$1710 5; 2 Bdrm \$1990 | ; | | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): 0 AIT LIST (Months): 0 AITLIST |
| | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO | . P | ETS OK: NO |
| | | | Parking included | in rent | | · | in in into |
| , | ASSET LIMITS: | NONE | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | NO | | | GENERAL | . INFO: | |
| SSET LIMIT INFO: | | | LEASE: | | 2020 UPE | DATE - Info from wel | osite |
| | | | 1 year | | | PONSE in 2021. Las d - prior to 2020. | st update |
| COME CRITERIA: | 0 1 | | | | | | |
| 1 2 % \$49,020 \$55,980 \$6 % \$65,360 \$74,640 \$8 20%\$98,040 \$111,960 \$ 151,200 (5 persons) | 34,000 \$93,280 \$ | \$100,800 | FURNISHED: Partly furnished appliances only | major | | | |
| PERSON MAXIMUM MC | ONTHLY INCOM | IE: | 8170 | | Į | | |
| PERSONS MAXIMUM N | IONTHLY INCO | ME: | 9330 | | | | |

| Last Compl | lete Update: | 1/21/2022 | | | AREA: | Kalihi |
|--|-------------------------|--|---|--|--|---|
| DJECT NAME: HAUIKI HOME | <mark>S (HPHA-</mark> I | hon) - NOT / | ACCEPTING | APP | PROJECT TYPE: | Family |
| ADDRESS: 1564-1673 Meyers St. | | | | | PHONE: 832-333 | 36 |
| CITY: Honolulu | STATE: HI | ZIP: | 96819 | | FAX: 832-338 | 85 |
| MANAGER: Julie Wiggett , Acting | Manager | | | | | |
| APPLY TO: HPHA NOT ACCEPTING AP | PLICATIONS | | 1002 North S Honolulu, HI NOT ACCEF | | CATIONS | OUT-OF-STA APPLICATIO ACCEPTED |
| APPLY ATTN: Oahu applications offic NOT ACCEPTING AP | | | | | | NO |
| APPLY PHONE: 832-5961 | | I | F AX: 832-3461 | EMAIL: | hphaishereforyou.c | org |
| 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: 20 | 0 | | 786 | 2 | 6 | YES |
| Three Bdrm: 16 | 0 | | 1034 | 3 | 8 | YES |
| Four Bdrm: 10 | 0 | | 1110 | 4 | 10 | YES |
| ree Bdrm - \$152; Four Bdrm - \$180. Al plicants who are on the waitlist are to go ha.myhousing.com to change or check titus. A username and password is need to be charged by the ECRITERIA: ad of household must be 18 years or der ******* CLOSED 8/2/2016***** | o to: their | WAITLIS PARKING INFO: | T FOR PARKING: | PET INFO: | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V CALL EVERY | (Months): 6 |
| | | first come first s | | | | price |
| ASSET LIMITS: | | | | J | | |
| AN OWN RESIDENTIAL PROPERTY: SET LIMIT INFO: | NO | I | | GENERAL | INFO: DUSING PREFERE | |
| annot own a house on Oahu. Assets lim nes the applicable income for admission nes that limit for continued occupancy. | | LEASE: 1 year | | 1.)The Eld Veterans v Families o was deterr | erly 2.) The Displace w/ service connected f deceased veterar nined to be service erans 6.) Families r | ced 3.) Disabled ed disabilities 4.) as whose death e connected. 5.) |
| COME CRITERIA: | | | | | al Shelters 7.) All o | |
| 0% AMI: 1 person \$33,300; 2 persons \$38,050; 3 ersons \$42,800; 4 person \$47,550. Family income just be <50% area AMI unless displaced by overnment action, then <80% median is OK. | | FURNISHED: Partly furnished- appliances only | major | Funding: S All convict | | |
| ERSON MAXIMUM MONTHLY INCOM | E: | 3450 | | J | | |
| ERSONS MAXIMUM MONTHLY INCOM | ME: | 4895 | | | | |

| | Last Compl | ete Update: | 5/11/2023 | | | AREA: | Moiliili |
|---|---|-------------|---|--|--|--|--------------------------------------|
| OJECT NAME: H | AUSTEN GAR | RDENS | | | | PROJECT TYPE: | Elderly |
| ADDRESS: 80 | 8 Hausten St. | | | | | PHONE: 947-342 | 3 |
| | onolulu | | ZIP: | 96826 | | FAX: 955-610 | 5 |
| h | Geraldine D. Bareng, l ndigo Real Estate Se /lanager's Office | | iger | APPLY ADI 808 Hauster Honolulu HI | n St. | | OUT-OF-STA APPLICATIC ACCEPTEI |
| APPLY ATTN: E | Business Manager | | | | | | YES |
| APPLY PHONE: 9 | 47-3423 | | | FAX: 955-6105 | EMAIL: | manager@hausten www.indigorealesta | |
| Unit Ty | of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stuc One Bdr | | 0 | | 550 | 1 | 2 | YES |
| Two Bdi | | | | | | | |
| Four Bd | rm: | | | | | | NO |
| | IS 30% OF INCOME ncome. Contact infor pt current. | | UTILITIES INC \$47 allowance water, sewer an | for electricity and all | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| | nust be 62+. All other | | WAITLI | ST FOR PARKING: | | TO REMAIN ON W CALL EVERY | |
| oof of caregiving. | ver over 18 allowed. | Must snow | PARKING INFO | | | PET INFO: PETS OK: YES | |
| | | | to two stalls. | | | | |
| AN OWN RESIDENTIAL PROPERTY: NO | | | LEASE: 1 year | | GENERAL INFO: Common "lanai" area in front of units in centra courtyard area on each floor Funding: Section 8 100% Onsite laundry facilities Application: | | |
| COME CRITERIA: | | | , | | envelope | uest with self addres | |
| aximum Annual Inc % Income Limits person \$42,200 persons \$48,200 | ome: | | FURNISHED: Partly furnishe refrigerator, mi wood floors an | crowave. Vinyl | | | |
| ERSON MAXIMUN | MONTHLY INCOM | E: | 3517 | | I | | |
| ERSONS MAXIMU | IM MONTHLY INCOM | ME: | 4017 | | | | |

| Las | t Complete Update: | 2/7/2022 | | | AREA: | Hawaii Kai |
|---|--|---|----------------------------|---|--|---------------------------------------|
| OJECT NAME: HAWAII K | Al Retirement | and Assiste | ed Living Co | mmu | PROJECT TYPE: | Retirement |
| ADDRESS: 428 Kawaihae | St. | | | | PHONE: 395-959 | |
| CITY: Honolulu | STATE: HI | ZIP: | 96825 | | FAX: 396-082 | 0 |
| MANAGER: Meli Chung, A Michael Weid | ssisted Living Administ er, General Manager | rator | APPLY AD On-Site | DRESS: | | |
| APPLY TO: | | | On-Sile | | | OUT-OF-STAT APPLICATIO ACCEPTED |
| APPLY ATTN: | | | | | | YES |
| APPLY PHONE: 395-9599 | | I | FAX: 396-0820 | EMAIL: | michael.weider@ho | lidaytouch.com |
| Unit Type: Num of UN | | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 4500 | NO | ≤ 541 | | | YES |
| One Bdrm: | 6000 | NO | ≤ 810 | | | YES |
| Two Bdrm: | 7000 | NO | ≤ 1134 | | | YES |
| Three Bdrm: | 10000 | NO | ≤ 1950 | | | YES |
| Four Bdrm: | | | | | | NO |
| ENT INFO: RENT IS 30% OF I bedrm = large studio info; 2 bed edrm = cottage info; Rent include eekly housekeeping, linen servic ansportation, pool, jacuzzi, and c | rm = 1 bdrm info; 3 es 3 meals per day, e, scheduled | UTILITIES INCL All utilities includ Cable TV hook u | led except phone. | | TOTA MINIMUM W/ ESTIMATE MAXIMUM W/ ESTIMATE | Months): |
| GE CRITERIA: | | | | | TO REMAIN ON W | · . |
| ne tenant must be 55+; other co ge restriction | -tenants have no | - | T FOR PARKING: | | CALL EVERY | Months): |
| | | PARKING INFO | 1 | PET INFO: | Certificate & up to o | ETS OK: YES |
| | | | | | | |
| AN OWN RESIDENTIAL PROP SSET LIMIT INFO: | ERTY: YES | | | GENERAL 81 assiste | d living units. | |
| one | LEASE: Month-to-month | | STUDIO: \$ | 63,295 - \$4,020; 392 M: \$4,395 - \$5,120; M: \$5,495 - 6,220; | 527 - 810 Sq. Ft. | |
| COME CRITERIA: | | ļ | | Assisted li | ving fee: \$2,200/mc | and up |
| o maximum annual income. | | FURNISHED: Partly furnished appliances only | major | | ONSE IN 2021 leted update 9/7/20 | 17 |
| PERSON MAXIMUM MONTHLY | | | | | | |

| | Last Comp | lete Update: | 5/11/2023 | | | AREA: | Waipahu |
|-------------------------------|-----------------------------|----------------|-------------------------------------|---------------------------|--------------------------------------|--|------------------------|
| OJECT NAME: | HIBISCUS HIL | LS APART | MENTS | | | PROJECT TYPE: | Family |
| ADDRESS: | 94-1121 Ka Uka Blvd. | | | | | PHONE: 808-676 | -3533; |
| CITY: | l Waipahu | STATE: HI | ZIP: | 96797 | | FAX: 808-676 | -3533 |
| MANAGEI | R: Tashan Pacheco, Res | sident Manager | | | DRESS: | | OUT-OF-STA |
| | D: | | | | | | APPLICATIO ACCEPTED |
| | N: | | | | | | |
| APPLY PHON | E: 676-3533 | | | FAX: 676-3533 | EMAIL: | www.EAHHousing.o hi-management@e | |
| | t Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: | | | | | | |
| | Bdrm: 80 | 1650 | 2.5x rent | 588 | 1 | | |
| | Bdrm: | | | | | | YES |
| 1550 - \$1650 GE CRITERIA: | | | Water, sewer, | trash | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): |
| ead of Househo | ld 18+ | | WAITLI PARKING INF | ST FOR PARKING: O: YES | PET INFO | | (Months): |
| | ASSET LIMITS: | | 1st stall \$25/m stall \$75/mont | onth 2nd | | | |
| | DENTIAL PROPERTY: | YES | <u> </u> | | GENERAL | | |
| SSET LIMIT INF | -0: | | LEASE: 1 year | | On-site m On-site la Accepts S | undry facilities | |
| | | | ļ | | Call or en Pick up fr | nail to request applic om manager's office | ation |
| | | | | | | | |

0

| | Last Com | plete Update: | 10/13/2021 | | | AREA: | Kakaako |
|--------------------------------------|---|---------------|--|-----------------------------------|--|--|---------------------------------------|
| OJECT NAME: | IONUAKAHA | | | | | PROJECT TYPE: | Elderly |
| ADDRESS: 5 | 45 Queen St. | | | | | PHONE: 522-791 | 9 |
| | lonolulu | STATE: HI | ZIP: | 96813 | | FAX: 522-791 | 7 |
| | Tamara Young, Res Administrative Assis Locations | | eff Lau - Projects | | DRESS: Street, Honolulu Resident Mana | | OUT-OF-STAT APPLICATIO ACCEPTED |
| APPLY ATTN: | Affordable Housing I 808-522-7919 | Dept. | F | AX : 5227917 | EMAIL: C | RYSTAL.YEE@lo | YES cationshawaii.com |
| | | | | | | | |
| Unit T | ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stu | idio: 141 | 960 | 2x rent | 350 | 1 | 2 | YES |
| One Bo | drm: 9 | 1150 | 2x rent | 488 | 1 | 2 | YES |
| Two Bo | drm: | | | | | | |
| Three Bo | drm: | | | | | | |
| Four Bo | drm: | | | | | | YES |
| plicants must resp | d to remain on waitlis pond to communicati nt in a timely manne | on from | | | | ESTIMATE (MAXIMUM W/ ESTIMATE (| |
| GE CRITERIA: | | | | | т | O REMAIN ON W | - |
| persons in house | ehold must be 62 yea | rs or older. | WAITLIST | FOR PARKING: | | CALL EVERY (| |
| | | | PARKING INFO: Car stall is \$80 m | YES | PET INFO: Service anir | | ETS OK: NO |
| | ASSET LIMITS | NONE | motorcycle/scoot mo; requests are | er stall is \$50 accepted on a | | | |
| | ENTIAL PROPERTY: | YES | wait list, as all sta assigned. | alls have been | GENERAL I | | |
| SSET LIMIT INFO: | | | LEASE: 12 months | | conditioning Transportat Catholic Ch Social servi | are allowed with M l. ion to Shopping av arities Hawaii ces on site, part-tir arities Hawaii. | ailable through |
| COME CRITERIA | : | | | | opened 199 Funding: LI | 5 | |
| ust be below 60% person: \$52,920 | AMI 2persons: \$60,480 | | FURNISHED: Major appliances tiles. | , carpet or vinyl | handicap ur 3 for vision/ | nits-1 one bed, 7 st | |
| PERSON MAXIMU | IM MONTHLY INCO | ME: | 4410 | | J | | |
| 'ERSONS MAXIM | UM MONTHLY INCO | DME: | 5040 | | | | |

| JECT NAME: | HOO | | | PHA-wind) - | NOT ACC | EPTIN | PROJECT TYPE: | Family |
|--|------------|----------------------------------|-------------|---|---------------------|---|---|--|
| | | Ahuimanu Rd. | | | | | PHONE: 233-370 | 1 . |
| | <u> </u> | | | | | | FAX: 233-37 | |
| CITY: | Kaneohe | e | STATE: HI | ZIP: | 96744 | | 1-00 01 | |
| MANAGER | : Roberta | a Kahele | | | | | | |
| APPLY TO | | CCEPTING AF | PLICATIONS | | Honolulu, | n School St. HI 96817 EPTING APPLIC | ATIONS | OUT-OF-ST APPLICAT ACCEPTE |
| APPLY ATTN | | applications offi CCEPTING AF | | | | | | NO |
| APPLY PHONE | : 832-59 | 61 | | F | AX: 832-3461 | EMAIL: h | phaishereforyou.c | org |
| 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: | 8 | 0 | | 549 | 1 | 4 | YES |
| Two F | Bdrm: | 32 | 0 | | 697 | 2 | 6 | YES |
| Three E | Bdrm: | 16 | 0 | | 891 | 3 | 8 | YES |
| Four I | Bdrm: | | | | | | | |
| ange or check ti ssword is neede <u>E CRITERIA:</u> ad of household | ed to acce | ess their accou | int. | WAITLIST PARKING INFO: Included | FOR PARKING | PET INFO: | | AIT LIST (Months): VAITLIST (Months): PETS OK: YES |
| | AS | SSET LIMITS: | NONE | Included | | the categori | mals ok, but only es listed below: der 25 lbs) or _ca | |
| AN OWN RESID | DENTIAL | PROPERTY: | NO | ļ | | GENERAL II | NFO: | |
| SET LIMIT INF | | ahu | | LEASE: 1 year | LEASE: home | | | /iolence victims; ers; involuntary |
| | | | | <u> </u> | | Funding: Fe | ed Low Inc Pub H | sing 100% |
| | | | | | | | ons must be 3 yrs namphetamine or | |
| come Eligibility = 80% of AMI laximum Annual Income: 1 person - \$53,250; persons - \$60,900; 3 persons - \$68,500; persons - \$76,100; 5 persons - \$82,200; persons - \$88,300; 7 persons - \$94,350; persons - \$100,450 | | | • • • | FURNISHED: Partly furnished appliances only n | | NO RESPO | NSE IN 2019 eted update 10/05 | |
| | | | | 1 | | 1 II. | | |

| | | Last Comp | lete Update: | 5/5/2023 | | | AREA: | Kalihi |
|--|---|--|--------------------------|---|------------------------------|--------------------------------|--|---|
| ROJECT NAME: | ISLA | ND WEST | • | | | | PROJECT TYPE: | Family |
| ADDRESS: | 607 Nor | th King St. | | | | | PHONE: 847-846 | 5 |
| CITY: | Honoluli | J | | ZIP: | 96817 | | FAX: 808-442 | 2-0407 |
| MANAGER APPLY TO | Manag | er | ling Manager; I | inda West, Office | APPLY AD On-Site 9 | DRESS: am - 5pm M - F | | OUT-OF-STAT APPLICATION ACCEPTED: |
| APPLY ATTN | : Linda V | Vest | | | | | | NO |
| APPLY PHONE | : 847-84 | 65 | | F | AX: | EMAIL: L | inda@HSIservices | s.net |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| St | tudio: | 400 | 750 | 1400 | 144 | 1 | 2adlt,1kid | YES |
| One E | Bdrm: | 3 | 1565 | 2750 | 300 | 1 | 3adlt,1kid | |
| Two E | 3drm: | 1 | 1800 | 3050 | 400 | 2 | 4adlt,1kid | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | | | | NO |
| RENT INFO: REI Building A - rent is Building B - rent is [169 sq. ft] Win Income require Plus \$100 for extra imply manner to re | \$750 - M \$800 - M ement wa a person. | Ain income = \$ Ain income = \$ aived if have re Respond to m | 1400 1600 p payee; | UTILITIES INCLU Electricity and wa | | | TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE | (Months): 1 |
| GE CRITERIA: | | | | | | - | TO REMAIN ON W | |
| Head of household ime of application. | | e 18 years or ol | der at the | WAITLIST | FOR PARKING | | CALL EVERY | |
| | AS | SSET LIMITS: | NONE | PARKING INFO: Severly limited pa guest parking ava Assigned stall is | ailable. | PET INFO: | F | PETS OK: NO |
| AN OWN RESID | DENTIAL | PROPERTY: | NO | | | GENERAL I | NFO: | |
| SSET LIMIT INFO | D: | | - | LEASE: | | | ed access is from p Ill rooms with no ki | |
| | | | | Month-to-month; Section 8 vouche | | in own refri | gerator and hot pla e unfurnished. | |
| NCOME CRITERI | A: | | | r | | | | |
| No maximum annu | ual incom | ne. | | FURNISHED: No carpet. Not fu | urnished. | - | | |
| | | | | | | | | |

| | | Last Comp | lete Update: | 5/5/2023 | | | AREA: | Waipahu |
|---|--------------------------------------|--|---|--|--|---|--|--|
| PROJECT NAME: | JAC | <mark>K HALL W</mark> | aipahu | | | | PROJECT TYPE: | Family |
| ADDRESS: | 94-827 | Kuhaulua St. | | | | | PHONE: 808-671 | -2244 |
| CITY- |) Waipah | | STATE: HI | ZIP: | 06707 | | FAX: 808-501 | -0450 |
| CIT. | vvaipan | iu | | 21F. | 96797 | | | |
| MANAGER | R: Jesse | Johnasen | | | APPLY AD 94-827 Kul | | | OUT-OF-STATE |
| APPLY TO |): Indigo | Real Estate | | | Waipahu, I | HI 96797 | | APPLICATION ACCEPTED: |
| | 1: | | | | | | | YES |
| APPLY PHONE | E: 808-67 | 71-2244 | | F | AX: 808-501-04 | | Manager@jackhall | waipahu.com |
| | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | itudio: | | | | | | | YES |
| | Bdrm: | 104 | 0 | NO | 559 | | | YES |
| Three | Bdrm: | 40 | 0 | NO | 793 | | | |
| | | | | | | | | |
| Four | Bdrm: | | | | ļ | J | ļ | NO |
| 30% to a max of \$ (minus \$103 util. a for two bedrooms Maximum amount AGE CRITERIA: Head of househol | allowance (minus \$ ts are sul | e) 30% to a ma 3250 util. allowa bject to change | nce) | Water; utility allo bedrm; \$250 for 2 Utility Allowance WAITLIST PARKING INFO: Parking is severl \$15/month. Gues | 2bedrm is subject to char FOR PARKING YES y limited and is | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY D: F | (Months): 36 AIT LIST (Months): 48 /AITLIST |
| | | SSET LIMITS: | | depends on avai | lability | J | | |
| AN OWN RESI | | PROPERTY: | YES | ļ | | GENERAL Section 8 | INFO: Project Based Subs | sidy |
| Income from assets cannot make tenant go over income limit. | | | LEASE. 5 access 1 year; then month-to-month **Appli | | | ble 1 bdrm units. nts on waitlist MUST as change in phone | call to update | |
| INCOME CRITER | IA: | | | | | | | |
| max income: 1 be | droom \$ | 39,200; 2 bedrc | oom \$50,880 | FURNISHED: Partly furnished- appliances only. | | | | |
| 1-PERSON MAXIN | IUM MO | NTHLY INCOM | E: | ∎ 4475 | | μ | | |
| 2-PERSONS MAX | | ONTHLY INCO | ME: | 5113 | | | | |

| | Last Com | plete Update: | 1/21/2022 | | | AREA: | Chinatown | |
|---|--|---------------|---|----------------------|--------------------------------|---|--|--|
| OJECT NAME: | KAAHUMANU | HOMES (H | - IPHA-hon) | | PTIN | PROJECT TYPE: | Family | |
| | Nokele & Kaiwiula St | | | | | PHONE: 832-315 | 3 | |
| CITY: H | lonolulu | STATE: HI | ZIP: | 96817 | | FAX: 832-318 | 8 | |
| | | | | 90017 | | | | |
| MANAGER: | Cynthia Yoshida - M | anager | | APPLY ADI | | | OUT-OF-STAT | |
| APPLY TO: | HPHA NOT ACCEPTING A | PPLICATIONS | 1002 North School St. Honolulu, HI 96817 NOT ACCEPTING AP | | | CATIONS | APPLICATION ACCEPTED: | |
| | Oahu applications of NOT ACCEPTING A | | | | | | NO | |
| APPLY PHONE: | | | F | FAX: 832-3461 | EMAIL: | hphaishereforyou.o | ſġ | |
| Unit T | ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | idio: | | | | | | | |
| One Bo | | 0 | | 714 | 2 | 6 | YES | |
| Three Bo | | 0 | | 888 | 3 | 8 | YES | |
| Four Bo | drm: | | | | | | | |
| assword is needed | eir status. A usernar I to access their acco 2/2016****** must be 18 years or | bunt. | WAITLIS PARKING INFO: | T FOR PARKING: | PET INFO: | | AIT LIST (Months): 60 AITLIST (Months): 60 ETS OK: YES | |
| | ASSET LIMITS | | | | the catego | imals ok, but only c ries listed below: nder 25 lbs) or_cat | one from each of | |
| AN OWN RESIDE | ENTIAL PROPERTY | | | | GENERAL | INFO: | | |
| SSET LIMIT INFO: annot own a house on Oahu | | | LEASE: 1 year | | homeless displaced. | PREFERENCES: Domestic Violence victin homeless in transitional shelters; involunta | | |
| COME CRITERIA | .: | | J | | | ons must be 3 yrs a thamphetamine or s | | |
| persons - \$60,900 persons - \$76,100 | come: 1 person - \$5); 3 persons - \$68,50); 5 persons - \$82,20); 7 persons - \$94,35 | 0; 0; | FURNISHED: Partly furnished- appliances only | -major | oryotal me | | | |
| PERSON MAXIMU | M MONTHLY INCO | ME: | 4570 | | Į. | | | |
| PERSONS MAXIM | UM MONTHLY INCO | OME: | 5220 | | | | | |

| AHALA NUI 89 Malia St. molulu | STATE: HI | | | | PROJECT TYPE: PHONE: 218-720 | J |
|---|--|--|--|--|--|---|
| | STATE: UI | | | | PHONE: 218-720 | 00 |
| nolulu | STATE: | | | | | |
| | | ZIP: | 96821 | | FAX: 218-7150 | |
| | | | APPLY ADI On-Site | DRESS: | | OUT-OF-ST |
| | | | | | | APPLICATIO ACCEPTE |
| | | | | | | |
| 18-7200 | | | FAX: 218-7150 | EMAIL: | dmurai@kahalanui | .com |
| pe: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | | 5736 | 626 | | 2 | |
| | | | | | | |
| | | 11486 | 1522 | 1 | 2 | |
| | | | | | | NO |
| n \$603,103. Monthly except for phone, sta ld \$1881. | / service | WAITLI | ST FOR PARKING: | | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V CALL EVERY | (Months): |
| | | | | | | |
| | | | eu | | | |
| ITIAL PROPERTY: | YES | | | - | - | I health care in |
| | | | Plan Community | when trans necessary Resident \$ | sfer to the on-site c Services: Houseke | are center is eping, linen |
| | | | | service, se emergenc | ecurity, valet parkin y call system, interi | g, transportation, or and exterior |
| | | Appliances & F | Floor covering | | oce, central air-cono ONSE IN 2021 | ditioning. |
| | dio: dio: frm: 145 frm: 145 frm: 103 frm: 22 frm: 2 | /pe: Number of UNITS: RENT: dio: 145 rm: 103 rm: 22 rm: 22 rm: 22 rm: 0% refundable resident except for phone, start from dd \$1881. | (pe: Number of UNITS: RENT: Minimum INCOME Required: file: 145 5736 rm: 103 9064 rm: 22 11486 with a 90% refundable resident (b). Resident deposit based on m \$603,103. Monthly service except for phone, start from dd \$1881. UTILITIES INC AII Utilities; exc VAITLI PARKING INF Parking includ e 62 or older WAITLI PARKING INF Parking includ EASE: NTIAL PROPERTY: YES LEASE: No lease - Life FURNISHED: | Presentation Number of UNITS: RENT: Minimum NCOME Required: SQ FT: Inc: 145 5736 626 Ima: 103 9064 1224 Ima: 103 9064 1224 Ima: 103 9064 1224 Ima: 22 11486 1522 Ima: 103 9064 1224 Ima: 22 11486 1522 Ima: 103 9064 1224 Ima: 103 9064 1224 Ima: 103 9064 1522 Ima: 103 9064 1522 Ima: 103 9064 1522 Ima: 103 9064 1522 Ima: 11486 1522 Ima: Ima: 103 9064 1224 Ima: 103 9064 1224 Ima: No Ima: Ima: Ima: No Ima: Ima: Ima: No Ima: Ima: Ima: | EMAIL: EMAIL: TAX: 218-7150 Mumber of UNITS: RENT: Minimum INCOME Required: SQ FT: MINIMUM Number of People IIo: 145 5736 626 1 rm: 103 9064 1224 1 rm: 22 11486 1522 1 rm: 23 11486 1522 1 rm: 24 1 1 1 VIILITIES INCLUDED: All Utilities; except phone Except phone Except phone resident deposit based on m \$603,103. Monthly service except for phone, start from dd \$1881. WAITLIST FOR PARKING: PARKING INFO: NO PET INFO: Go throug ASSET LIMITS: NONE LEASE: Life care p assisted if when tran- necessary Resident deposit based on m service, se ervice, se FURNISHED: FURNISHED: | On-Site EMAIL: dmurai@kahalanui 18-7200 FAX: 218-7150 Peiloria Minimum MAXIMUM Internet Number MAXIMUM Internet SQ FT: MINIMUM MAXIMUM Internet SQ FT: MINIMUM MAXIMUM Internet SQ FT: MINIMUM MAXIMUM Internet 5736 626 1 2 Internet 9064 1224 1 2 Internet 9064 1522 1 2 Internet 9064 1522 1 2 Internet Internet MINIMUM MAXIMUM Internet Nomber MINIMUM MINIMUM Internet Internet MINIMUM MINIMUM Internet MINIMUM MINIMUM MINIMUM Internet MINIMUM MINIMUM MINIMUM MINIMUM Internet MINIMUM MINIMUM MINIMUM MINIMUM Internet MINIMUM MINIMUM MINIMUM MINIMUM MINIMUM |

| | | Last Comp | lete Update: | 12/9/2021 | | | AREA | Honolulu |
|---|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|------------------------------|--|--|--|
| PROJECT NAME: | KAH | <mark>AUIKI VIL</mark> | LAGE | | | | PROJECT TYPE | Family |
| ADDRESS: | 2325 N. | . Nimitz Hwy | | | | | PHONE: | r |
| CITY: | Honolul | u | STATE: H | ZIP: | 96819 | | FAX: | |
| MANAGER | t: Institut | te for Human S | ervices | | APPLY AD | DRESS: | | OUT-OF-STATE |
| APPLY TO | : Fax Re | eferrals to 425- | 5168 attention | to Family Program | | | | APPLICATION ACCEPTED: |
| APPLY ATTN | l: | | | | | | | |
| APPLY PHONE | : | | | F | AX: 808-425-516 | 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: | | 725 | | 324 | | | |
| | Bdrm: | | 900 | | 540 | | | |
| Three | Bdrm: Bdrm: | | | | | | | |
| RENT INFO: RE Rent is deducted a tenats choosing. I waitlist are not req manager will be co | automati Regular juired. A | cally through th updates to rem | e bank of ain on the case | UTILITIES INCLU Water, electricity | JDED: , internet, and cat | ble | TOT/ MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 |
| AGE CRITERIA: | | | | | | | TO REMAIN ON V | |
| Kupuna (62+ yrs) | | | | WAITLIST | FOR PARKING: | | CALL EVERY | |
| Families with cust | odiai mir | ior children | | PARKING INFO: | | PET INFO | : | PETS OK: NO |
| | | SSET LIMITS: | | 1 parking per ho | usehold | | | |
| AN OWN RESIE | | PROPERTY: | | | | GENERAL Families I | INFO: iving in Homeless I | Emergency Shelter |
| | | | | LEASE: 6 month | | or a Trans will have living in s of being h | sitional Shelter for h priority for housing. ubstandard housing nomeless may also | nomeless families Families who are g and are at a risk apply. |
| INCOME CRITER | IA: | | | μ | | under the | table jobs are acce | epted) |
| Maximum Income update." | Limit - 2 | 021 - "Area inc | ome HUD | FURNISHED: | | | are subject to a Cri cluding Sexual Offe | |
| -PERSON MAXIM | | NTHLY INCOM | IE: | J | | ļ | | |

| Last Complete Update | e: 12/9/2021 | | AREA | Kahuku |
|--|--|-------------------------------------|--|------------------------------|
| DJECT NAME: KAHUKU ELDERLY - | HAUOLI HALE | | PROJECT TYPE | Elderly |
| ADDRESS: 56-154 Puuluana Pl. | | | PHONE: 293-14 | 16 |
| CITY: Kahuku STATE: | HI ZIP : 96 | 731 | FAX: 293-14 | 16 |
| MANAGER: Amanda San Agustin | | PLY ADDRESS: 154 Puuluana Pl. | | OUT-OF-STA |
| APPLY TO: EAH Housing, Inc. | | it 100 huku, Hawaii 96731 | | APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | YES |
| APPLY PHONE: 293-1416 | FAX: | EMAI | L: eahhousing.org ks-management@ | eahhousing.org |
| Unit Type: Number of UNITS: RENT | : Minimum INCOME Required: SQ | FT: MINIMUM Number of People | Number of | CAREGIVER Allowed: |
| Studio: One Bdrm: 64 | 57 | 70 1 | 3 | YES |
| Two Bdrm: | | | | |
| Three Bdrm: Four Bdrm: | | | | YES |
| | , , , , , , , , , , , , , , , , , , , | , | , | 1 120 |
| ENT INFO: RENT IS 30% OF INCOME: YES nits come with patio and window boxes. Regular odates are not required to remain on the waitlist. opplicants must submit changes to their contact formation in writing and respond in a timely manner communication from management. | UTILITIES INCLUDED: Allowance for electricity an | id all water | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 4 |
| GE CRITERIA: | | | TO REMAIN ON V | |
| members of the household must be 62 years or ler at the time of application. | WAITLIST FOR PA | RKING: | CALL EVERY | |
| | PARKING INFO: N Parking included | NO PET INF Small p | -O: ets under 25 lbs. only | PETS OK: YES |
| ASSET LIMITS: NONE | - | | | |
| AN OWN RESIDENTIAL PROPERTY: NO | | | AL INFO: | |
| SSET LIMIT INFO: | LEASE: 1 year; then month-to-mor | nth Section Built 20 coordin | y spouse dies, undera in unit if can afford th a 8/HUD; 9% LIHTC 113; on-site manager, ator, laundry room. ortation to Shopping a | e rent. Funding: resource |
| COME CRITERIA: | _ | | c Charities Hawaii | |
| aximum Annual Income: 50% AMI or less person \$40,850 person \$46,650 person \$52,500 | FURNISHED: New appliances; ceiling fa solar water heaters, electri range, microwave, garbag disposal, granite counterto window coverings. | n, Ask ma ic Pick up e Reques | ete online or inagement to mail it from manager's offic st by email | e |
| ERSON MAXIMUM MONTHLY INCOME: | 3812 | 1 | | |
| ERSONS MAXIMUM MONTHLY INCOME: | 4354 | | | |

| | Last Comp | lete Update: | 1/21/2022 | | | AREA: | McCully |
|---|---|---------------|--|--------------------------------------|--|--|---|
| ROJECT NAME: KAL | AKAUA HO | OMES (HF | PHA-hon) - N | OT ACCEP | TING | PROJECT TYPE: | Family |
| ADDRESS: 1545 K | alakaua Ave. | | | | | PHONE: 973-019 | 93 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96826 | | FAX: 973-019 | 97 |
| MANAGER: loane | Ah Sam | | | | | | OUT-OF-STAT |
| APPLY TO: HPHA NOT A | ACCEPTING AF | PLICATIONS | | Honolulu, ł | i School St. HI 96817 EPTING APPLI | CATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN: Oahu NOT / | applications offi | | | | EM AU . | | NO |
| APPLY PHONE: 832-5 | 961 | | F | AX: 832-3461 | EMAL: | hphaishereforyou.o | ig |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 127 | 0 | | 559 | 1 | 4 | YES |
| Two Bdrm: | 58 | 0 | | 711 | 2 | 6 | YES |
| Three Bdrm: | 36 | 0 | | 901 | 3 | 8 | |
| Four Bdrm: | | | | | | | |
| he waitlist are to go to: hp change or check their stat bassword is needed to acc acception of the the top of the top AGE CRITERIA: Head of household must b | us. A username cess their accou | e and int. | WAITLIST PARKING INFO: | FOR PARKING | PET INFO: | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY Fimals ok, but only o | AIT LIST (Months): 60 /AITLIST (Months): PETS OK: YES |
| ٨ | SSET LIMITS: | NONE | | | the catego | ries listed below: Inder 25 lbs) or cat | |
| | | | | | GENERAL | | |
| ASSET LIMIT INFO: Cannot own a house on O | AN OWN RESIDENTIAL PROPERTY: NO SSET LIMIT INFO: Cannot own a house on Oahu | | | LEASE: 1 year PR hor dis | | | /iolence victims; ers; involuntary sing 100% |
| NCOME CRITERIA: ncome Eligibility = 80% of | A.M.I | | " FURNISHED: | | | ions must be 3 yrs a thamphetamine or | |
| Maximum Annual Income: 2 persons - \$60,900; 3 per 4 persons - \$76,100; 5 per 6 persons - \$88,300; 7 per 8 persons - \$100,450 | : 1 person - \$53, rsons - \$68,500; rsons - \$82,200; | | Partly furnished appliances only, r | | | | |
| -PERSON MAXIMUM MO | NTHLY INCOM | E: | 4570 | | Į. | | |
| -PERSONS MAXIMUM M | ONTHLY INCO | ME: | 5220 | | | | |

| | | Last Compl | lete Update: | 1/4/2022 | | | AREA: | Ala Moana |
|---|-----------------------------------|---------------------|--------------|---|----------------------------|--------------------------------|--|------------------------|
| OJECT NAME: | KAL | AKAUA VI | STA | | | | PROJECT TYPE: | Elderly |
| ADDRESS: | 1628 K | alakaua Ave. | | | | | PHONE: 946-59 | 36 |
| CITY: | Honolu | lu | STATE: H | ZIP: | 96826 | | FAX: 949-55 | 25 |
| MANAGER | : Kayla | Kedro, Residen | t Manager | | APPLY ADI P.O. Box 22 | | | OUT-OF-STAT |
| APPLY TO | : Locati | ons | | | Honolulu, H | 1 96823 | | APPLICATIO ACCEPTED |
| APPLY ATTN | I: Prope | rty Management | t Division | | | | | YES |
| APPLY PHONE | : 738-3 ⁻ | 100 | | | FAX: 735-1978 | | http://www.location ble-rentals.aspx | srentals.com/afford |
| Unit | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | | 4050 | | | | | YES |
| | Bdrm: | 80 | 1058 | 2xrent | 430 | | 2 | |
| Three I | Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | | YES |
| units at \$616; 72 ection 8 certifica oss income requ | 2 units a te holde uirement | rs need not mee | et the min | UTILITIES INC | LUDED: sewer, and trash | _ | MINIMUM W ESTIMATE MAXIMUM W | (Months): |
| E CRITERIA: | | | | Į. | | | ESTIMATE TO REMAIN ON V | |
| residents must | be 62 o | r olderat the tim | e of | WAITLI | ST FOR PARKING: | | CALL EVERY | |
| plication. | | | | PARKING INFO | D: NO | PET INFO: | | PETS OK: NO |
| | A | SSET LIMITS: | NONE | | | | | |
| AN OWN RESIE SET LIMIT INF | | PROPERTY: | YES | | | GENERAL | | |
| | 0. | | | LEASE: 1 year; then mo | onth-to-month | Air-Conditi | case manager 2 da | |
| | 14. | | | | | Funding: L | IHTC, RHTF, Sect | ion 8 |
| aximum income % of AMI: 1 per % of AMI: 1 per | requirer son \$26 | ,460; 2 persons | | FURNISHED: Partly furnished appliances only | | Pick up fro | n: from website im manager's office gement to mail it | 9 |
| ERSON MAXIM | IUM MO | NTHLY INCOM | E: | 3675 | | J | | |
| PERSONS MAXI | MUM M | ONTHLY INCOM | ME: | 4200 | | | | |

| | Last C | Complete Update: | 1/4/2022 | | | AREA | . Mililani | |
|--|--|--------------------------------------|---|------------------------------|--------------------------------|------------------------------------|---------------------------------|--|
| ROJECT NAME: | KALANI GA | ARDENS | | | | PROJECT TYPE | Family | |
| ADDRESS: | 95-081 Kipapa D | r. | | | | PHONE: 623-9811 | | |
| CITY | Mililani | STATE: - | II ZIP: | 96789 | | FAX: 623-72 | 212 | |
| MANAGE | R: Heather Weddle |) | | APPLY AD On-Site | DRESS: | | OUT-OF-STAT | |
| APPLY TO | D: | | | | | | APPLICATION ACCEPTED: YES | |
| APPLY ATT | N: Kalani Gardens | | | | | | TES | |
| APPLY PHON | E: 623-9811 | | F | F AX: 623-7212 | | website: www.eal kg-management@ | | |
| Uni | it Type: Numbe of UNIT | | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | Studio: | | | | | | | |
| | Bdrm: | | | | | | | |
| | Bdrm: 86 Bdrm: 31 | 1236 | YES | 750 900 | 2 | 5 | YES | |
| | Bdrm: 31 Bdrm: | 1374 | | | | | YES | |
| Rent cannot exce One person hous New rents as of 1 2BR \$1126 - \$12 3BR \$1253 - \$13 | | Applications | UTILITIES INCLI Gas, electricity a sewer | UDED: and water, trash ar | nd | MINIMUM V ESTIMATE MAXIMUM V | E (Months): | |
| AGE CRITERIA: | required to remain (| on the weither | | | | TO REMAIN ON | | |
| Head of househo time of applicatio | ld must be 18 years n. | s or older at the | WAITLIS PARKING INFO: | T FOR PARKING: | PET INFO | CALL EVERY | (Months): | |
| | | | Parking included | t t | | | L | |
| AN OWN RESI | ASSET LIN DENTIAL PROPER | NONE RTY: YES | | | GENERAL | . INFO: | | |
| ASSET LIMIT INF | =0: | | LEASE: | | Funding: S | Section 8 and LIHT | ſĊ | |
| | | | 1 year | | | | | |
| | RIA: ome: 2 persons - \$5 | 8 020: 2 | | | | | | |
| persons - \$65,28 \$78,300; 6 perso | one. 2 persons - 53 0; 4 persons - \$72, ns - \$84,120; 7 per ry due to different c | 480; 5 persons - sons - \$89,880; | FURNISHED: Partly furnishedmajor appliances only. No carpet | | | | | |

| | La | ast Comple | ete Update: | 1/21/2022 | | | AREA: | Chinatown |
|---|--|--|---------------------|--|------------------------|---|--|---|
| ROJECT NAME: | KALANI | HUIA (H | IPHA-ho | n) <mark>- NOT ACC</mark> | EPTING A | PPLI | PROJECT TYPE: | Elderly |
| ADDRESS: | 1220 Aala St | | | | | | PHONE: 586-972 | 4 |
| CITY: | Honolulu | | STATE: HI | ZIP: | 96817 | | FAX: 586-972 | 8 |
| MANAGER | : Sol Sentous | 3 | | | APPLY AD 1002 North | | | OUT-OF-STAT |
| APPLY TO | | PTING APF | PLICATIONS | | Honolulu, H | | ICATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN | | | e PLICATIONS | | | | | NO |
| APPLY PHONE | : 832-5961 | | | F | AX: 832-3461 | EMAIL | hphaishereforyou.or | 9 |
| Unit | | mber JNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | tudio: | 60 | 0 | | 420 | 1 | 2 | YES |
| One I | Bdrm: | 90 | 0 | | 492 | 1 | 4 | YES |
| Two E | Bdrm: | | | | | | | YES |
| Three B | Bdrm: | 1 | | | | | | |
| Four I | Bdrm: | | | | | | | |
| Minimum Rent: \$0 the waitlist are to g change or check th password is neede AGE CRITERIA: Head of household | go to: hpha.my heir status. A ed to access the | yhousing.cc username heir accour | om to and ht. | WAITLIST | FOR PARKING: | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| Months): 24 AIT LIST Months): 60 AITLIST |
| older, or disabled | | | | PARKING INFO: | - | PET INFC |): P | ETS OK: YES |
| | ASSET | LIMITS: | NONE | Included | | Small pet | s under 25 lbs. only | |
| AN OWN RESID | DENTIAL PRO | PERTY: | NO | | | GENERA | L INFO: | |
| ASSET LIMIT INF(Cannot own a hou | | | | LEASE: 1 year | | victims; h Displaced of income If elder di | ENCES:(A) domesti nomeless in transition d. (B) substandard h e. (C) others = indefir les, under age 62 spo ding: Fed Low Inc Pu | al shelter; invol. sing; rent >50% ite wait. ouse may rent |
| NCOME CRITERI | | | | | | Income E | ligibility=80% of AMI | |
| ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4 | Income: 1 per 00; 3 persons 00; 5 persons 00; 7 persons | - \$68,500; - \$82,200; | 250; | FURNISHED: Partly furnished appliances only, r | | All convic crystal m | ctions must be 3 yrs a ethamphetamine or s pleted update 10/05/ | ago, unless it's sex offender |
| -PERSON MAXIM | IUM MONTHL | Y INCOME | :: | 4570 | | ļ. | | |
| -PERSONS MAXI | MUM MONTH | ILY INCOM | IE: | 5220 | | | | |

| | Last Comple | ete Update: | 1/21/2022 | | | AREA: | Kalihi |
|---|--|-------------|---------------------------------------|---------------------------|--------------------------------|---|--------------------------|
| ROJECT NAME: KAL | . <mark>IHI VALLE</mark> ` | Y HOMES | (HPHA-hor | <mark>n) - NOT AC(</mark> | CEPT | PROJECT TYPE: | Family |
| ADDRESS: 2250 H | Kalena Dr. | | | | | PHONE: 832-333 | 36 |
| CITY: Honolu | ulu | STATE: HI | ZIP: | 96819 | | FAX: 832-338 | 35 |
| MANAGER: Julie | Wiggett | | | APPLY ADI | | | OUT-OF-STAT |
| APPLY TO: HPH/ NOT | A ACCEPTING AP | PLICATIONS | | Honolulu, H | | CATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN: Oahu NOT | applications offic | | | | | | NO |
| APPLY PHONE: 832-5 | | | F | FAX: 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: |
| Studio: One Bdrm: | 52 | 0 | | 494 | | 4 | YES |
| Two Bdrm: | 60 | 0 | | 674 | 2 | 6 | YES |
| Three Bdrm: | 123 | 0 | | 834 | 3 | 8 | YES |
| Four Bdrm: | 112 | 0 | | 1115 | 4 | 10 | YES |
| Ain. Rent: \$0; 26 5 Bdr pplicants who are on the pha.myhousing.com to o tatus. A username and ccess their account. | e waitlist are to go change or check t | to: heir | vvater and allow | ance for electricity | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 36 |
| GE CRITERIA: lead of household must | be 18 years or old | der | | T FOR PARKING: | | TO REMAIN ON W CALL EVERY | - |
| | | | PARKING INFO: | | PET INFO: | F | PETS OK: YES |
| | ASSET LIMITS: | NONE | one space per u | nit | the catego | nimals ok, but only o ries listed below: Inder 25 lbs) or cat | |
| AN OWN RESIDENTIA | | | | | GENERAL | INFO: | |
| SSET LIMIT INFO: annot own a house on C | Dahu | | LEASE: 1 year | | | NCES: Domestic V in transitional shelt | |
| | | | | | Funding: F | Fed Low Inc Pub Hs | sing 100% |
| COME CRITERIA: come Eligibility = 80% o | £ 0.041 | | FURNISHED: | | | ions must be 3 yrs thamphetamine or | |
| aximum Annual Income persons - \$60,900; 3 pe persons - \$76,100; 5 pe persons - \$88,300; 7 pe persons - \$100,450 | e: 1 person - \$53,2 ersons - \$68,500; ersons - \$82,200; | 250; | Partly furnished- appliances only, | | | | |
| PERSON MAXIMUM MC | ONTHLY INCOME | : | 4570 | | jr. | | |
| PERSONS MAXIMUM M | IONTHLY INCOM | 1E: | 5220 | | | | |

| | Last Compl | lete Update: | 2/7/2022 | | | AREA: | Hawaii Kai |
|---|---------------------|-------------------------|--|-----------------------------|--|---|---------------------------------------|
| OJECT NAME: KAL | UANUI SE | NIOR AP | ARTMENTS | | | PROJECT TYPE: | Elderly |
| ADDRESS: 6950 H | awaii Kai Drive | | | | | PHONE: | |
| CITY: Honolu | lu | STATE: H | ZIP: | 96825 | | FAX: | |
| MANAGER: Mike I | Klein, Compliand | ce Manager | | APPLY AD 394-6688 | DRESS: | | OUT-OF-STA |
| APPLY TO: call fo | r viewing and ap | plication | | | | | APPLICATIC |
| APPLY ATTN: | | | | | | | YES |
| APPLY PHONE: 394-6 | 688 | | F | AX: | EMAIL: | halealiigroup@yaho | oo.com |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 10 | 981 | | 525 | | | |
| Two Bdrm: | 21 | 1190 | | 600 | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | NO |
| NT INFO: RENT IS 3 wer rent units for people 1bdrm 3 2bdrm ther rent units for people 1bdrm 18 2bdrm ct 8 accepted | e at <30%AMI | | UTILITIES INCLU All utilities | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 1 AIT LIST |
| E CRITERIA: | | | | | | TO REMAIN ON W CALL EVERY | |
| ne member must be 62- | -; spouse can be | e 18+ | | FOR PARKING | | | · · · |
| | | | PARKING INFO: Parking \$40 mon | | PET INFO | : • | PETS OK: NO |
| ۵ | SSET LIMITS: | NONE | J. J | | | | |
| AN OWN RESIDENTIA | | | | | GENERAL | . INFO: | |
| SSET LIMIT INFO: | | | LEASE: | | | pened 11/15/2003 all units have large lanais nd ceiling fans in bdrms and living room, cross | |
| | | | 1 year | | ventilatior have tub, Communi Inc Hsing | h, lever handles on o 2bdrm have showed ty Lounge with TV, a Tax Credit 100% | doors. 1bdrm units r with low lip. |
| | 050.0 | A0 (75 0 | | | Funding: | RHTF | |
| % of AMI: 1 person \$21 % of AMI: 1 person \$36 | | | FURNISHED: Partly furnished appliances only, | | 5 I. | PONSE IN 2021 bleted update 10/20 | /17 |
| ERSON MAXIMUM MO | | E: | 3004 | | <u> </u> | | |
| ERSONS MAXIMUM M | ONTHLY INCOM | ME: | 3433 | | | | |

| | | Last Comp | lete Update: | 2/7/2022 | | | AREA: | Kakaako |
|--|------------------------------|---------------------|--------------|---|----------------------|--------------------------------|--|--------------------------|
| ROJECT NAME: | KAM | AKEE VIS | ТА | | | | PROJECT TYPE: | Family |
| ADDRESS: | 1065 K | awaiahao St. | | | | | PHONE: 594-012 | 21 |
| CITY: | Honolu | lu | STATE: HI | ZIP: | 96814 | | FAX: 594-012 | 23 |
| MANAGER | R: Toshi | Hines | | | APPLY AD | | | OUT-OF-STAT |
| APPLY TO |): Hawai | i Affordable Pro | perties Inc. | | | | | APPLICATION ACCEPTED: |
| | I: Kamal | kee Vista | | | | | | YES |
| APPLY PHONE | :: 594-0 [,] | 121 | | | FAX: 594-0123 | EMAIL: | kkamakeevista@ha http://hawaiiafforda | |
| | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | studio: | | | | | | | YES |
| | Bdrm: | 90 | 1510 | 3338 | 570 | 1 | | YES |
| | Bdrm: | 136 | 1821 | 4115 | 720 | 2 | | |
| Three | | | | | | | | |
| Four | Bdrm: | | | ļ | | J | J | YES |
| Rental Assistance \$175 deducted fro Deposit = 1 month | om marke | | nits (max of | Water | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 1 AIT LIST |
| AGE CRITERIA: | | | | le. | | | TO REMAIN ON W | · · · · |
| Head of househol | d must b | e 18 years or o | lder | | ST FOR PARKING: | | CALL EVERY | - |
| | | | | PARKING INF | | PET INFC |): F | PETS OK: NO |
| | ٨ | SSET LIMITS: | NONE | \$40/month; \$7 stall | 5 each additional | | | |
| AN OWN RESI | | | | | | GENERAL | _ INFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | | can be converted to rs are allowed with N | |
| Cannot own other | nousing | unit in this cou | nty. | 1 year | | Applicatio Ask mana | | |
| NCOME CRITER | IA: | | | | | envelope | | |
| No maximum ann Min Income for ma | arket 1 b | | | FURNISHED: Partly furnishe appliances onl | | Request | by email or fax PONSE 2021. Last C | |
| -PERSON MAXIM | IUM MO | NTHLY INCOM | E: | 3700 | | ļ | | |
| -PERSONS MAXI | | ONTHLY INCO | ME: | 4463 | | | | |

| | Last Comple | te Update: | 2/7/2022 | | | AREA: | Waipahu |
|--|---------------------------|----------------------|--|-------------------------------|--------------------------------------|---|------------------------|
| OJECT NAME: KAN | I <mark>ALU - HOʻ(</mark> | <mark>OLULU E</mark> | LDERLY - N | OT ACCEP | TING | PROJECT TYPE: | Elderly |
| ADDRESS: 94-941 | Kauolu Pl. | | | | | PHONE: 675-009 | 9 |
| CITY: Waipal | าน | | ZIP: | 96797 | | FAX: 675-009 | 8 |
| MANAGER: Venus | s R. Katano | | | APPLY AD On-Site Ap | | | OUT-OF-STA |
| APPLY TO: Hawa | ii Affordable Prope | erties Inc. | | | | | APPLICATIC ACCEPTEI |
| APPLY ATTN: Venus | s R. Katano | | | | | | NO |
| APPLY PHONE: 675-0 | 099 | | F | AX: 675-0098 | | http://hawaiiaffordal properties/ | ole.com/residentia |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 171 | 170 | | 443 | 1 | 1 | YES |
| One Bdrm: | 50 | 195 | | 599 | 2 | 2 | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | ļ | YES |
| 95 or 30% of income, w ******Waitlist CLOSED E CRITERIA: ad of household must the of application, spous | since 8/2/2016*** | erat the | - | FOR PARKING: | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): |
| l. | | | PARKING INFO: Parking included | | PET INFO: | P | ETS OK: NO |
| | | | | | | | |
| AN OWN RESIDENTIA SET LIMIT INFO: | | /ES | | | GENERAL Caregivers | are allowed with N | ID letter. |
| nnot own property in sa nit: 1 person - \$38,600, persons - \$44,100 | ame county. | Asset | LEASE: Month-to-month | | opened 19 Large gard Meeting/D | nce for veterans an 93-Kamalu 1994-H len ining room with kitcl ation to Shopping av | loʻolulu hen |
| COME CRITERIA: | | | | | Catholic C | harities Hawai'i only in designated a | |
| iximum Annual Income person - \$34,300 persons - \$39,200 | | | FURNISHED: Partly furnished appliances only. Central heat; em system | | unit) | ONSE in 2021. Las | |
| ERSON MAXIMUM MC | NTHLY INCOME | | 2858 | | ų | | |
| ERSONS MAXIMUM M | ONTHLY INCOM | E: | 3267 | | | | |

| | Last Compl | ete Update: | 1/21/2022 | | | AREA: | Kalihi |
|--|---|--------------------|---|---------------------|--|--|--|
| | /IEHAMEH/ | A HOMES | (HPHA-hon |) - NOT AC | CEPTI | PROJECT TYPE: | Family |
| ADDRESS: 1541 | Haka Dr. | | | | | PHONE: 832-315 | 3 |
| CITY: Honol | ulu | STATE: HI | ZIP: | 96817 | | FAX: 832-318 | 8 |
| MANAGER: Cyntl | hia Yoshida - Mai | nager | | APPLY AD | | | |
| APPLY TO: HPH NOT | A ACCEPTING AP | PLICATIONS | | Honolulu, H | School St. HI 96817 EPTING APPLI | CATIONS | OUT-OF-STAT APPLICATION ACCEPTED |
| APPLY ATTN: Oahu NOT | applications office | | | | EMAII - | hphaishereforyou.o | NO |
| APPLY PHONE: 832- | 5961 | | F | AX: 832-3461 | | nphalshereforyou.o | 19 |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 62 | 0 | | 540 | 1 | 4 | YES |
| Two Bdrm: | 123 | 0 | | 800 | 2 | 6 | YES |
| Three Bdrm: | 36 | 0 | | 980 | 3 | 8 | YES |
| Four Bdrm: | | | | | | | |
| II HPHA applicants who : hpha.myhousing.com atus. A username and ccess their account. GE CRITERIA: ead of household must | to change or che password is need | ck their ded to | | | | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | AIT LIST (Months): 60 |
| | | | PARKING INFO: | T FOR PARKING: | PET INFO | : F | ETS OK: YES |
| | ASSET LIMITS: | NONE | Included | , | the catego | nimals ok, but only o ories listed below: under 25 lbs) or cat | |
| AN OWN RESIDENTIA | | | | | GENERAL | | |
| SSET LIMIT INFO: annot own a house on (| Dahu | | LEASE: | | homeless displaced | ENCES: Domestic V in transitional shelt Fed Low Inc Pub Hs | ers; involuntary |
| ICOME CRITERIA: | | | ļ | | All convic | tions must be 3 yrs | ago, unless it's |
| come Eligibility = 80% c laximum Annual Income persons - \$60,900; 3 pe persons - \$76,100; 5 pe persons - \$88,300; 7 pe persons - \$100,450 | e: 1 person - \$53, ersons - \$68,500; ersons - \$82,200; | | FURNISHED: Partly furnished- appliances only, | | crystal me | ethamphetamine or | sex offender |
| PERSON MAXIMUM M | | E: | 4570 | | μ | | |
| PERSONS MAXIMUM N | IONTHLY INCOM | ME: | 5220 | | | | |

| | Last Compl | lete Update: | 1/21/2022 | | | AREA: | Kaneohe |
|--|--|---------------------|--|---------------------------------------|-------------------------------------|--|---|
| OJECT NAME: KAN | E'OHE AP | ARTMENT | <mark>S (HPHA-w</mark> | vind) - NOT / | ACCE | PROJECT TYPE: | Family |
| ADDRESS: 45-507 | & 45-513 Pahia | Rd. | | | | PHONE: 233-376 | |
| CITY: Kaneor | ıe | STATE: HI | ZIP: | 96744 | | FAX: 233-376 | 9 |
| MANAGER: Rober | ta Kahele | | | | | | |
| APPLY TO: HPHA NOT A | ACCEPTING AP | PLICATIONS | | 1002 North Honolulu, H NOT ACCE | | ATIONS | OUT-OF-STA APPLICATIO ACCEPTED |
| APPLY ATTN: Oahu NOT A | applications offic | ce PLICATIONS | | | EMAUL | | NO |
| APPLY PHONE: 832-59 | 961 | | F | FAX: 832-3461 | EMAIL: r | nphaishereforyou.oi | rg |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: One Bdrm: | 5 | 0 | | 429 | | 4 | YES |
| Two Bdrm: | 19 | 0 | | 600 | 2 | 6 | YES |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | ļ | | J | |
| II HPHA applicants who a hpha.myhousing.com t atus. A username and p ccess their account. GE CRITERIA: ead of household must b | o change or che bassword is need | eck their ded to | | | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| (Months): 36 AIT LIST (Months): 60 AITLIST |
| | - | | PARKING INFO: | T FOR PARKING: | PET INFO: | P | ETS OK: YES |
| | 0055111150 | | Included | | the categor | imals ok, but only c ies listed below: | one from each of |
| A AN OWN RESIDENTIAI | SSET LIMITS: | | | | GENERAL | nder 25 lbs) or cat | |
| annot own a house on O | | | LEASE: 1 year | | PREFERE homeless i displaced. | NCES: Domestic V n transitional shelte | ers; involuntary |
| COME CRITERIA: | | | <u> </u> | | All convicti | ed Low Inc Pub Hs ons must be 3 yrs a | ago, unless it's |
| come Eligibility = 80% of aximum Annual Income: persons - \$60,900; 3 per persons - \$76,100; 5 per persons - \$88,300; 7 per persons - \$100,450 | : 1 person - \$53, rsons - \$68,500; rsons - \$82,200; | | FURNISHED: Partly furnished- appliances only | -major | crystal met | hamphetamine or s | sex offender |
| PERSON MAXIMUM MO | NTHLY INCOM | E: | 4570 | | k | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | ME: | 5220 | | | | |

| Last Complete Upo | date: 11/2/2021 | AREA: Kaneohe |
|--|--|---|
| ROJECT NAME: KANEOHE ELDERL | Y. | PROJECT TYPE: Elderly |
| ADDRESS: 45-457 Meli Pl. | | PHONE: 235-4399 |
| CITY: Kaneohe STAT | TE: HI ZIP: 96744 | FAX: 235-0033 |
| MANAGER: Community Manager being hi Richard Char (rchar@cmiweb | | e OUT-OF-STAT |
| APPLY TO: Cambridge Management Inc. | | APPLICATION ACCEPTED: YES |
| APPLY ATTN: | | |
| APPLY PHONE: 235-4399 | FAX: 235-0033 | EMAIL: kaneohe@cmiweb.net |
| Unit Type: Number of UNITS: RE | NT: Minimum INCOME Required: SQ FT: | MINIMUM Number of People People: CAREGIVER Allowed: |
| Studio: One Bdrm: 44 | 0 564 | 1 3 YES |
| Two Bdrm: | | |
| Three Bdrm: | | |
| Four Bdrm: | | NO |
| RENT INFO: RENT IS 30% OF INCOME: YES | UTILITIES INCLUDED: Water and \$52 mo. utility allowance taken off the rent. | TOTAL UNITS: 44 MINIMUM WAIT LIST ESTIMATE (Months): 36 MAXIMUM WAIT LIST ESTIMATE (Months): 36 |
| GE CRITERIA: Head of household must be 62 years or older, or | | TO REMAIN ON WAITLIST CALL EVERY (Months): |
| lisabled. Other family members, roommates, and aregivers allowed at any age. | d WAITLIST FOR PARKING: PARKING INFO: YES | PET INFO: PETS OK: YES |
| | Parking included if available | Subject to house rules and approval |
| ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES | | GENERAL INFO: |
| SSET LIMIT INFO: | | Security enhanced complex |
| | LEASE: 1 year | Funding: Low Income Housing Tax Credit 100% Section 8 100% |
| NCOME CRITERIA: | | Application: Ask management to mail it |
| Maximum annual income: 1 person \$40,850 2 persons \$46,650, 3 persons \$52,500 | FURNISHED: Partly furnishedmajor appliances only. Carpet | Send request with self-addressed stamped envelope |
| -PERSON MAXIMUM MONTHLY INCOME: | 3404 |] |
| PERSONS MAXIMUM MONTHLY INCOME: | 3887 | |

| | | | AREA: Lanakila | | | | | | | |
|---|---|---------------------|-----------------|-----------------------------------|---|--------------------------------|---|--|--|--|
| PROJECT NAME: | KAPL | JNA I - N | OT ACCEI | PTING APP | LICATIONS | | PROJECT TYPE | Elderly | | |
| ADDRESS: | 1015 No | orth School St | | | | | | PHONE: 845-2130 | | |
| CITY: | Honolulı | J | STATE: HI | ZIP: | 96817 | | FAX: 845-66 | 84 | | |
| | J | | | ļ | | | | | | |
| MANAGER | R: Sherry | Prevo | | | APPLY AD | | | | | |
| APPLY TO |): Sage A | Apartment Cor | nmunities, Inc. | | 1015 North School St. Honolulu, HI 96817 | | | OUT-OF-STATE APPLICATION ACCEPTED: | | |
| APPLY ATTN | l: | | | | | | | YES | | |
| | : 845-21 | 30 | | | FAX: 845-6684 | EMAIL: | kapunaonesage.co | om | | |
| 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: | 162 | 0 | | 530 | | | YES | | |
| Two | Bdrm: | | | | | | | | | |
| Three | Bdrm: | | | | | | | | | |
| Four | Bdrm: | | | | | | ļ | NO | | |
| RENT INFO: RE minimum rent \$25 Annual update bas application. Must in a timely manne | 5 sed on ar respond | nniversary dat | e of | UTILITIES INC Electricity and | | _ | MINIMUM W ESTIMATE MAXIMUM W | (Months): 1 | | |
| *\/\aitlist anonad 1 | 10/10/01 | 10/10/01 for | a lattany | Į. | | | ESTIMATE | | | |
| AGE CRITERIA: At the time of app | lication. H | lead of house | hold must | | | | TO REMAIN ON V CALL EVERY | - | | |
| be 62 years or old must be 19+. Far | ler, or 18- | + w/ disability. | Spouse | WAITLI PARKING INF | ST FOR PARKING: D: YES | PET INFO | : | PETS OK: YES | | |
| caregivers allowed | d with mg | mt approval. | | Parking include | 1.20 | With appro | oved reasonable ac questing pet | | | |
| AN OWN RESI | | SSET LIMITS: | | | | J GENERAL | INFO: | | | |
| ASSET LIMIT INF | | | 120 | LEASE: | | office mus | st be notified if appl | | | |
| | | | | | onth-to-month. | | Section 8 and Low | down \$200 or more. Income Housing | | |
| INCOME CRITER | IA: | | | | | | ation to Shopping a | | | |
| Maximum annual \$67,700: 2 person | | | | FURNISHED: | | . | Charities Hawaiʻi up | | | |
| | 37,700; 2 persons - \$77,350, 3 persons - \$87,000 REF: VERY LOW INCOME (<30% OF MEDIAN) | | | Partly furnishe appliances onl | | | e in personally to u with form sent to a | pdate applications pplicant. | | |
| 1-PERSON MAXIM | | | ИЕ: | 5642 | | | | | | |

| | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Waianae |
|---|---|--------------|--|---------------|------------------------------------|---|--|
| PROJECT NAME: | KAU'IOKALAN | II (HPHA-le | <mark>e) - CLOS</mark> | ED | | PROJECT TYPE: | Family |
| | 85-658 Farrington Hwy | • | | | | PHONE: 697-717 | 1 |
| | | 07475 | | | | FAX: 697-717 | 4 |
| CITY: | Waianae | STATE: HI | ZIP: | 96792 | | , | |
| MANAGER APPLY TO | : Lui Faleafine : HPHA | | APPLY ADDRESS: 1002 North School St. Honolulu, HI 96817 | | | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : Oahu applications off | ice | | | | | NO |
| APPLY PHONE | | | | FAX: 832-3461 | EMAIL: | | |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| St One E | Sdrm: | | | | | | |
| Two E | Bdrm: | | | | | | |
| Three E | Bdrm: 50 | 0 | | 987 | 3 | 8 | YES |
| Four E | Bdrm: | | | | | | |
| Projects NOT ACCEPTING ************************************ | | lder | PARKING INF | 1 | PET INFC | | (Months): 36 AIT LIST (Months): 60 AITLIST (Months): 50 ETS OK: YES |
| | ASSET LIMITS: | NONE | Parking one st | all | the categ | nimals ok, but only c ories listed below: under 25 lbs) or cat | one from each of |
| AN OWN RESID | DENTIAL PROPERTY: | NO | | | GENERAL | _ INFO: | |
| ASSET LIMIT INFO | | | LEASE: 1 year | | homeless displaced *Applican | ts must respond in a | ers; involuntary timely manner to |
| INCOME CRITERI | A: | | - | | updates r | spondence from HPI needed, however, ap | plicants must |
| 2 persons - \$60,90 4 persons - \$76,10 | Income: 1 person - \$53)0; 3 persons - \$68,500)0; 5 persons - \$82,200)0; 7 persons - \$94,350 | , , | FURNISHED: Partly furnishedmajor appliances only, no carpet Funding | | | ny contact informatio ion info, and check w housing.com (will nee e/password to do so) Fed Low Inc Pub Hs ttions must be 3 yrs a | vaitlist status via ed ing 100% |
| 1-PERSON MAXIM | UM MONTHLY INCOM | IE: | 4570 | | | | |
| 2-PERSONS MAXII | MUM MONTHLY INCO | ME: | 5220 | | | | |

| | | Last Compl | lete Update: | 2/28/2022 | | | AREA: | Kakaako | |
|---|------------------|---------------------------|--------------|--|-------------------------------------|-------------------|--|---------------------------|--|
| PROJECT NAME: | KAU | HALE KAP | KAAKO | | | | PROJECT TYPE: | Family | |
| ADDRESS: | , 860 Hale | ekauwila St. | | | | | PHONE: 593-903 | 35 | |
| CITY | Honolulu | | STATE: HI | ZIP: | 96813 | | FAX: 591-02 | 50 | |
| 0111 | | u | | | 90013 | | | | |
| MANAGER | R: Melanio | e Hopeau | | | APPLY AD | | | OUT-OF-STAT | |
| APPLY TO |): Hawaii | Affordable Pro | perties Inc. | | | | | APPLICATION ACCEPTED: | |
| | I: Kauhal | le Kakaako | | | | | | YES | |
| | E: 593-90 | 35 | | | FAX: 591-0250 | | kauhalekakaako.cc http://hawaiiafforda | m ble.com/residential- | |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME | SQ FT: | MINIMUM Number | MAXIMUM Number of | CAREGIVER Allowed: | |
| | studio: | | | Required: | | of People | People: | Allowed. | |
| | Bdrm: | 116 | 1732 | 4200 | 578 | 1 | 4 | YES | |
| Two | Bdrm: | 152 | 2242 | 5400 | 728 | 2 | 5 | YES | |
| Three | Bdrm: | | | | | | | | |
| Four | Bdrm: | | | | J | | | YES | |
| RENT INFO: RE | | | | UTILITIES INCL | - | | τοτρ | L UNITS: 268 | |
| 1 Bd Full Rent \$16 or \$1,732 (with sta 2 Bd Full Rent \$2 | ainless ap | opliances). | . , | Water, Sewer, 0 | Garbage | | MINIMUM W ESTIMATE | - | |
| or \$2,242 (with sta | | | . , | | | | MAXIMUM W ESTIMATE | | |
| AGE CRITERIA: Head of househole | d must be | e 18 vears or ol | der at the | | | | TO REMAIN ON W CALL EVERY | | |
| time of application | | | | WAITLIS PARKING INFO | ST FOR PARKING: | PET INFO: | . r | PETS OK: YES | |
| | | | | \$60/month + Ta \$90/month + Ta | ax (1st car); ax (2nd car); both | | itted with a \$200 re | 1. | |
| AN OWN RESI | | SSET LIMITS: PROPERTY: | NONE | also include a s parking pass. | 20 deposit for a | J GENERAL | INFO: | | |
| ASSET LIMIT INF | 0: | | | LEASE: | | | h completing regula | | |
| | | | | 1 year | | well as res | must keep all cont spond to communic ent in a timely man | ation from housing | |
| INCOME CRITER | IA: | | | ļ | | refrigerato | include a range wit or, double kitchen si | nks, blinds, ceiling | |
| Minimum Income | for Marke | et 1 bdrm - \$4,2 | 200; 2 | FURNISHED: | | are air-cor | | is a landscaped | |
| bdrm - \$5,400 Maximum Income | e depends | s on number of | occupants | Partly furnishedmajor recreat appliances & carpets baske playg | | | e air-conditioned and there is a landscaped creational deck on property that includes a sketball/pickleball court, barbecue areas, ayground, and convenience store. A fitness nter is currently being installed. | | |
| and size of unit. | | | | | | center is c | surrently being insta | lied. | |

| | Last Co | omplete Update: | 1/24/2022 | | | AREA: | Wahiawa |
|---|---|-------------------------|---|---------------------------------------|---|---|--|
| ROJECT NAME: | KAUHALE N | IANI (HPHA- | cen) - NOT | | APP | PROJECT TYPE: | Family |
| ADDRESS: | 310 North Cane St | | | | | PHONE: 622-636 | 0 |
| CITY: | Wahiawa | STATE: HI | ZIP: | 96786 | | FAX: 622-636 | 2 |
| MANAGER | : Jimary Quinones | | | APPLY AD | DRESS: | | |
| APPLY TO | | G APPLICATIONS | | 1002 North Honolulu, H NOT ACCE | | ATIONS | OUT-OF-STAT APPLICATION ACCEPTED: |
| APPLY ATTN | I: Oahu applications NOT ACCEPTING | office GAPPLICATIONS | | | | | NO |
| APPLY PHONE | : 832-5961 | | | FAX: 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: |
| | tudio: Bdrm: 14 | 0 | | 564 | 1 | 4 | YES |
| Two I Three I | Bdrm: 16 Bdrm: 20 | 0 | | 727 958 | 2 3 | 6 8 | YES YES |
| Four I | Bdrm: | | | | | | |
| *******CLOSED | 8/2/2016***** | | and gas | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 36 AIT LIST (Months): 60 |
| GE CRITERIA: ead of household | d must be 18 years | or older | WAITLIS | T FOR PARKING: | | TO REMAIN ON W CALL EVERY | - |
| | | | PARKING INFO | | PET INFO: | F mals ok, but only c | ETS OK: YES |
| | ASSET LIMI | TS: NONE | | u | the categor | ies listed below: nder 25 lbs) or cat | |
| | DENTIAL PROPER | ΓY: NO | | | GENERAL | | |
| SSET LIMIT INF annot own a hou | - | | LEASE: 1 year | | | NCES: Domestic V n transitional shelte | |
| | | | | | correspond | must respond to a lence from HPHA, i b waitlist updates n | in a timely |
| COME CRITER | | | FURNISHED: | | applicants | must update any co | ontact |
| Aaximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 5 persons - \$88,300; 7 persons - \$94,350; 3 persons - \$100,450 | | 500; 200; | Partly furnishedmajor appliances only, no carpet | | info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so). Funding: Fed Low Inc Pub Hsing 100% | | |
| , | | | | | All conviction | ons must be 3 yrs a | ago, unless it's |
| PERSON MAXIM | IUM MONTHLY INC | OME: | 4570 | | | | |
| PERSONS MAXI | MUM MONTHLY IN | ICOME: | 5220 | | | | |

| | | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Waimanalo | |
|--|-----------------|---------------------|--------------|--|-------------------------|---|---|--------------------------------|--|
| ROJECT NAME: | KAU | HALE OʻH | ANA (HPH | <mark>IA-wind) - N</mark> | IOT ACCEP | TING | PROJECT TYPE: | Family | |
| ADDRESS: | 41-126 | 0 Kalanianaole I | Hwy. | | | | PHONE: 233-376 | 6 | |
| CITY: | Waima | nalo | STATE: HI | ZIP: | 96795 | | FAX: 233-376 | 9 | |
| MANAGER | : Rober | ta Kahele | | | APPLY ADI 1002 North | | | OUT-OF-STATI | |
| APPLY TO | | ACCEPTING AF | PLICATIONS | | Honolulu, H NOT ACCE | II 96817 PTING APPLI | CATIONS | APPLICATION ACCEPTED: | |
| APPLY ATTN | | applications offi | | | | | | NO | |
| APPLY PHONE | : 832-59 | 961 | | I | FAX: 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: | |
| | tudio: Bdrm: | | | | | | | | |
| Two I | Bdrm: | | | | | | | | |
| Three I | Bdrm: Bdrm: | 25 | 0 | | 1003 | 3 | 8 | YES | |
| , , , , , , , , , , , , , , , , , , , | | | | | , | , | , | | |
| Minimum Rent: \$0 | | | e projects | Water and allow and gas | ance for electricity | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 36 | |
| GE CRITERIA: | d must b | o 19 vooro or ol | Idor | | | | TO REMAIN ON W CALL EVERY | - | |
| | u must b | e to years of or | luei | WAITLIS PARKING INFO | T FOR PARKING: | PET INFO | | ETS OK: YES | |
| | | | | | μιο | the catego | nimals ok, but only c pries listed below: | ne from each of | |
| | | SSET LIMITS: | | | | , | under 25 lbs) or cat | | |
| AN OWN RESIE ASSET LIMIT INFO Cannot own a hou | 0: | | NO | LEASE: PREF | | | ENERAL INFO: REFERENCES: Domestic Violence victims; omeless in transitional shelters; involuntary isplaced. | | |
| | IA: | | | | | correspon manner. N | ts must respond to a idence from HPHA, i No waitlist updates n | in a timely eeded, however, | |
| NCOME CRITERIA: 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; 5 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450 | | | | FURNISHED: Partly furnished appliances only, | | info/house waitlist sta need user Funding: f | applicants must update any contact info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so). Funding: Fed Low Inc Pub Hsing 100% All convictions must be 3 yrs ago, unless it's | | |
| -PERSON MAXIM | IUM MO | NTHLY INCOM | E: | 4570 | | μ | | | |
| -PERSONS MAXI | | ONTHLY INCO | ME: | 5220 | | | | | |

| | Last Com | olete Update: | 2/28/2022 | | | AREA: | Wahiawa |
|----------------|--|---------------|--|--|---|--|---|
| OJECT NAME: | KAWAHI MAL | UWAI APA | RTMENTS | | | PROJECT TYPE: | Family |
| ADDRESS: | 730 Wilikina Dr. | | | | | PHONE: 888-528 | 7 |
| CITY: | Wahiawa | STATE: HI | ZIP: | 96786 | | FAX: 888-532 | 9 |
| MANAGER | R: Laukisha Walker, Ma | anager | | APPLY AD On-Site | DRESS: | | OUT-OF-STA |
| APPLY TO |): | | | | | | APPLICATIC ACCEPTEI |
| APPLY ATTN | I: Kawahi Maluwai Apa | rtments | | | | | YES |
| APPLY PHONE | E: 888-5287 | | | FAX: 888-5329 | EMAIL: | kawahi@cmiweb.ne www.KawahiMaluwa | |
| | t Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: 79 | 0 | NO | | 1 | 3 | YES |
| Two | Bdrm: 39 | 0 | NO | | 2 | 5 | YES |
| Three | Bdrm: | | | | | | |
| Four | Bdrm: | | | | | | |
| | tion 8 building with priv bridge Management, Ir | | Water, sewer, | garbage | | MINIMUM WA ESTIMATE MAXIMUM WA ESTIMATE | (Months): |
| E CRITERIA: | | | - | | | TO REMAIN ON W | |
| ad of househol | d must be 18 years or o | older at the | WAITLI | ST FOR PARKING: | | CALL EVERY | |
| | | | | O: NO ntiful and included, enant must have | PET INFC Only serv | e: P ice animals with doc | ETS OK: NO |
| | ASSET LIMITS: | | car and stalls | are assigned. | | | |
| SET LIMIT INF | | | LEASE: | | GENERAL *Along wi | th completing regula | r waitlist updates |
| gibility. 401K | ed when determining ind - current interest rate (ed toward income . | | | month-to-month | well as re | s must keep all conta spond to communica nent in a timely manr | ation from housing |
| COME CRITER | IA: | | 1 | | 9 handica | Section 8 100% + LI apped accessible uni | |
| ximum Monthly | / Income: 5 persons - \$ | 6510.00 | FURNISHED: Partly furnishe appliances & r carpet. | d with-major nicrowave. No | 2 Elevato secured k site mana rennovate Transport | / known as Wilikina / rs, Community Roon ey-card entry, 24 hr. agement and Laundr | n, Playground, maintenance, Or y Facilities. Newl |
| ERSON MAXIM | IUM MONTHLY INCOM | ΛE: | 4220 | | jr. | | |
| ERSONS MAXI | IMUM MONTHLY INCO | DME: | 4820 | | | | |

| | Last Compl | ete Update: | 2/1/2022 | | | AREA: | Chinatown | |
|--|---------------------|----------------------|---------------------------------------|---------------------|--------------------------------|---|-----------------------|--|
| OJECT NAME: KEK | AULIKE C | <mark>OURTYAR</mark> | DS | | | PROJECT TYPE: | Family | |
| ADDRESS: 1016 M | aunakea St. | | | | | PHONE: 545-299 | 3 | |
| CITY: Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 545-365 | 4 | |
| MANAGER: Eric W | ong, Property N | lanager | | APPLY AD | DRESS: | | OUT-OF-STA | |
| APPLY TO: Kekau | like Courtyards | Corp. | | | | | | |
| APPLY ATTN: | | | | | | | NO | |
| APPLY PHONE: 545-29 | 93 | | F | AX: 545-3654 | EMAIL: | http://www.mutual- housing.org/kekauli | ke-courtyards/ | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | 12 | 738 | 2x rent | 300 | 1 | 2 | YES | |
| One Bdrm: | 63 | 926 | 2x rent | 500 | 1 | 4 | YES | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | | | | | YES | |
| o://www.mutual-housing | | | | | | ESTIMATE (MAXIMUM W/ ESTIMATE (| AIT LIST | |
| E CRITERIA: ad of household must be | e 21 vears or ol | der at the | | | | TO REMAIN ON W CALL EVERY | | |
| ne of application; spouse regiver must be 18+. Ch | partner, roomn | nates, | WAITLIST PARKING INFO: | FOR PARKING | PET INFO | | ETS OK: YES | |
| egiver must be tor. Ci | illuren alloweu | | \$40/month | | | ls (2 max) and fish o | P | |
| A | SSET LIMITS: | NONE | | | | | | |
| N OWN RESIDENTIAL | PROPERTY: | NO | | | GENERAL | INFO: | | |
| SET LIMIT INFO: | | | LEASE: | | | o waitlist updates necessary; Applicants ust keep contact info current, as well as | | |
| | | | 1 year; then mon | nth-to-month | | o communication fro / manner.* | m management | |
| COME CRITERIA: | | | 1 | | building - | oom on every floor (has only 1 laundry ro | | |
| 2,300 for 1 person, \$48, 4,400 for 3 persons, \$60 | | | FURNISHED: | | | s, secure building. | | |
| 4,400 IOI O persons, 400 | ,400 101 4 pers | | Partly furnished- appliances only. | | http://www | n available at: v.mutual-housing.org s/ (only during times | | |
| ERSON MAXIMUM MOI | NTHLY INCOM | E: | 3525 | | J | | | |
| ERSONS MAXIMUM MO | | ME: | 4029 | | | | | |

Oahu Housing Guide

| ROJECT NAME: KEKUILANI CO | OURTS | | | | PROJECT TYPE: | Family |
|---|------------------|---|------------------|--|---|---|
| ADDRESS: 91-1083 Kekuilani Lp. | | | | | PHONE: 674-040 | 5 |
| CITY: Kapolei | STATE: H | ZIP: | 96707 | | FAX: 674-042 | 6 |
| MANAGER: Nua Vaovasa Site Manager: Amand | la I. Kaleikula- | Velleses | APPLY AD | DRESS: | | OUT-OF-STAT |
| APPLY TO: Affordable Properties | Inc. | | | | | APPLICATIO ACCEPTED YES |
| APPLY ATTN: Kekuilani Courts LLC | | | | EMAIL: | kekuilanicourt@hav | - |
| APPLY PHONE: 674-0405 | | | FAX: 674-0426 | , u | http://hawaiiaffordal | |
| 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: 80 | 1800 | | 790 | 1 | | YES |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | ļ | J | ļ | YES |
| ection 8 holders do not need to meet the come requirement. ust have verifiable residential history. | mmmum | Water | | | MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE | (Months): AIT LIST (Months): 1 |
| ead of household must be 18 years or o | Iderat the | | | | TO REMAIN ON W CALL EVERY | - |
| ne of application. | | PARKING INFO | T FOR PARKING: | PET INFO | : F | ETS OK: NO |
| ASSET LIMITS: | YES | 1-Parking includ stall - \$15/mo. | ded, additional | | | |
| AN OWN RESIDENTIAL PROPERTY: | NO | | | GENERAL | - | |
| SSET LIMIT INFO: roperty is counted when determining inc igibility. | ome | LEASE: 1 year | | applicants well as re | th completing regula s must keep all conta spond to communica nent in a timely man | act info current, as ation from housing |
| COME CRITERIA: | | ļ | | office, cer | as resident manager ntral laundry facility, | recreation hall, |
| come is not to exceed 80% AMI. Minim quirement was omitted. | um income | FURNISHED: Partly furnished appliances; gas small patio with | range; disposal, | parking, c Members to the rec Bus stops Must upd | nachine, barbecue a car wash area. hip in Kapolei Assoc facility and swimmir across street and n ate application every to the waiting list. | iation with access ng pool. ext door. |
| ERSON MAXIMUM MONTHLY INCOM | E: | 5640 | | μ | | |
| ERSONS MAXIMUM MONTHLY INCO | ME | 6446 | | | | |

| | <mark>(EKUILANI G</mark> A | ARDENS | | | | PROJECT TYPE: | Family |
|--------------------------------------|----------------------------------|----------|--------------------------------|--------------------------|--------------------------------|--|--------------------------------------|
| ADDRESS: 9 | 1-1045 Kekuilani Lp. | | | | | PHONE: 674-664 | 17 |
| | apolei | STATE: H | ZIP: | 96707 | | FAX: 674-417 | 70 |
| MANAGER: | Mark Development, In | с. | | APPLY AD | | | |
| APPLY TO: | Kekuilani Gardens | | | 91-1045 Ke Hawaii 967 | ekuilani Lp., Kapo 07 | olei, | OUT-OF-STA APPLICATIC ACCEPTEI |
| APPLY ATTN: | | | | | | | YES |
| APPLY PHONE: | 735-9099 ext 1 | | F | AX: 674-4170 | | ttp://www.mdihawa ens | aii.com/kekuilanig |
| Unit T | ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stu One Bd | dio: | | | | | | |
| Two Bd | | 0 | | 790 | 2 | 5 | YES |
| Three Bd | | | | | | | |
| Four Bo | Irm: | | |] |] | | YES |
| | ent \$925 | | UTILITIES INCLU Water | IDED: | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| E CRITERIA: | | | | | Т | O REMAIN ON W | AITLIST |
| ad of household r | nust be 18 years or ol | der | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO: | CALL EVERY | (Months): |
| | | | Parking included | | Must have N | A.D. letter | Ę. |
| | ASSET LIMITS: NTIAL PROPERTY: | YES | | | J GENERAL I | NFO: | |
| AN OWN RESIDE | | | | | | dates not required | ; Applicants must |
| SET LIMIT INFO: | | | LEASE: | | | | |
| SET LIMIT INFO: | when determining inco | ome | LEASE: 1 year | | keep all cor | tact info current, a cation from housing | as well as respond |
| SET LIMIT INFO: operty is counted | when determining inco | ome | | | keep all cor to communi | ntact info current, a ication from housin nner.* HTF opment Inc. | as well as respond |

| | | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Waianae |
|---|-----------------|--------------------------------|------------------|----------------------------------|---|--------------------------------------|--|-----------------------------|
| PROJECT NAME: | KEOL | | ALU | | | | PROJECT TYPE: | Elderly |
| ADDRESS: | 85-259 F | Plantation Road | d | | | | PHONE: 524-27 | 31 |
| CITY: | Waianae | 9 | STATE: HI | ZIP: | 96792 | | FAX: 545-52 | 14 |
| | | Lee, COS. Ja Real Estate Co | y Okada, Off-Sit | e Manager | APPLY AD 50 S. Beret Honolulu, H | ania St., Suite | C101 | OUT-OF-STATE APPLICATION |
| | | g Management | | | | | | ACCEPTED: YES |
| APPLY PHONE | | | | | FAX: 545-5214 | EMAIL: | | |
| | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | 35 | 0 | J | | | 2 | YES |
| Two E | Bdrm: | | | | | | | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | | | | |
| RENT INFO: REI Market \$1,100.00 | NT IS 30' | % OF INCOME | E: YES | UTILITIES INC Electricity and | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 12 |
| AGE CRITERIA: | | | | ,e | | | ESTIMATE TO REMAIN ON V | |
| Head of Household union partner 18+; | | | | WAITLI | ST FOR PARKING: | | CALL EVERY | (Months): 6 |
| household must be | | | | PARKING INF | | PET INFO: | | PETS OK: YES |
| Į | AS | SSET LIMITS: | NONE | Parking includ | ea | Subject to | Management Appr | oval |
| AN OWN RESID | | | | | | GENERAL | INFO: | |
| ASSET LIMIT INFO | D: | | | LEASE: | | Funding: S | Section 8 100% | |
| | | | | 1 year; then m | onth-to-month | | er residing on site. nits not available f | |
| INCOME CRITERI | | 0; 2 persons \$4 | 46,650 | FURNISHED: Partly furnishe | dmajor | Applicatior Send requ envelope | n: est with self-addre | ssed stamped |
| | | | | appliances onl | | | ONSE IN 2021. LA DCCURRED ON 0 | ST COMPLETED 3/19/2019. |
| I 1-PERSON MAXIM | | ITHLY INCOM | E: | 3404 | | J | | |
| 2-PERSONS MAXII | мим мс | NTHLY INCO | ME: | 3888 | | | | |

| | Last Comple | te Update: | 2/22/2022 | | | AREA | Vineyard |
|---|--|--------------------------------|---|-------------------------|--|---|--|
| ROJECT NAME: | KEOLA HOONA | NEA | | | | PROJECT TYPE | Elderly |
| ADDRESS: 1 | 1465 Aala St. | | | | | PHONE: 533-45 | i82 |
| | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: | |
| | Beverley Febenito - Pro Specialist; Sterling Ros Hawaiiana Managemen | a - On-site Mg | | - | ni Blvd. Ste. 70 | 00 | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN: APPLY PHONE: | Housing Management [593-9100 | Department | FA | X: 593-6333 | EMAIL: | www.hmcmgt.com | |
| Unit T | Type: Number of UNITS: | RENT: | Minimum INCOME | SQ FT: | MINIMUM Number | MAXIMUM Number of | CAREGIVER Allowed: |
| Stu | Jdio: | | Required: | | of People | People: | Allowed. |
| One B | drm: 175 | 862 | 2.5x Rent | 500 | 1 | 2 | YES |
| Two B | | | | | | | |
| Three Bo | | | | | | | |
| | | | | ļ | J | ļ | |
| 70 units are Sectior by 30% of income a not apply. Rest of u \$862, based on 30% | IT IS 30% OF INCOME: and the minimum income units have rent range of % household of income. requirement range \$1832 | alculated e need \$733 - | UTILITIES INCLUI | | | TOT MINIMUM V ESTIMATE MAXIMUM V ESTIMATE | (Months): 9 |
| AGE CRITERIA: | | | | | | TO REMAIN ON \ | NAITLIST |
| disabled. All other | must be 62 years or old members of household r | nust be | | FOR PARKING: | | CALL EVERY | |
| 62+ or disabled. Ca | aregivers over 18 yrs old | allowed. | PARKING INFO: 50 stalls; no parkin avg. one year; | YES ng fee; waitlist | PET INFO: Subject to | | PETS OK: YES |
| | ASSET LIMITS: | | avg. one year, | | | | opoon |
| AN OWN RESIDE ASSET LIMIT INFO | , L | /ES | LEASE: | | GENERAL Transporta | INFO: ation to Shopping a | available through |
| | | | 1 year; then month | h to month | Federal Pr Applicatior Send requ envelope | h: Ask managemen est with self-addre | essed stamped |
| NCOME CRITERIA | A: :: 1 person \$67,700; 2 pe | eople | FURNISHED: | | | om manager's offic Section 236 & Sec | |
| \$77,350 for Section | i 236 unit. Max annual ir erson - \$25,400; 2 perso | ncome for | Partly furnishedr appliances only | najor | | ONSE IN 2021. LA DCCURRED ON C | AST COMPLETED 93/19/2019. |
| -PERSON MAXIMU | JM MONTHLY INCOME | | 5642 | |] | | |
| -PERSONS MAXIN | IUM MONTHLY INCOM | E: | 6446 | | | | |

| | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Makiki |
|--|--|--------------|--|---------------------|-----------------------------------|--|---|
| ROJECT NAME: | KEWALO APA | RTMENTS | - Waitlist is | open | F | PROJECT TYPE: | Family |
| ADDRESS: | 1407 Kewalo St. | | | | | PHONE: 531-323 | 3 |
| CITY: | Honolulu | STATE: HI | ZIP: | 96822 | | FAX: 529-051 | 6 |
| MANAGER | 2: Kelli Lopez | | | | | | |
| APPLY TO | : Kewalo Apartments | | | | nagement office, www.mdihawaii | | OUT-OF-STAT APPLICATION ACCEPTED: |
| APPLY ATTN | l: | | | | | | YES |
| APPLY PHONE | :: 531-3233 | | F | AX: 529-0516 | W | ellil@mdihawaii.co ww.mdihawaii.com | n (online application |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | tudio: | | | | | | |
| | Bdrm: | | | | | | |
| | Bdrm: 37 | 0 | NO | 610 | 2 | 5 | YES |
| Three I Four I | | | | | | | YES |
| Project-based Sec | NT IS 30% OF INCOME ction 8 - 32 units only LIHTC at \$822/mo. | E: YES | UTILITIES INCLU Gas, water, and e | | | TOTA MINIMUM W/ ESTIMATE MAXIMUM W/ ESTIMATE | (Months): 48 |
| GE CRITERIA: | | | | | Т | O REMAIN ON W | |
| Head of household ime of application | d must be 18 years or o n. | lder at the | WAITLIST | FOR PARKING: | | CALL EVERY | Months): 12 |
| | | | PARKING INFO: Assigned parking | for residents | PET INFO: | Р | ETS OK: NO |
| AN OWN RESI | ASSET LIMITS: DENTIAL PROPERTY: | | with one vehicle | | GENERAL IN | NFO: | |
| SSET LIMIT INF | 0: | · | LEASE: | | *Applicants well as resp | must keep contac ond to communica | t info current, as ation from |
| | | | 1 year; then mon | th-to-month | | nt in a timely manr | |
| NCOME CRITER | IA: | | , | | Units were r | enovated as of 20 | 14. |
| Must qualify for LI and/or Section 8 li | HTC income limits set b imits set by HUD. | y HHFDC | FURNISHED: Partly furnished appliances only. | major | Application: | mmon areas also .mdihawaii.com | renovated. |

| | Last Compl | lete Update: | 2/22/2022 | | | AREA | Kaneohe |
|--|--|--------------|---|---------------------------------------|--------------------------------|--|--|
| PROJECT NAME: KILC | HANA AP | | <mark>rs - Not Ac</mark> | | APPLI | PROJECT TYPE | Family |
| ADDRESS: 45-265 | William Henry F | ۲d. | | | | PHONE: 235-18 | 44 |
| CITY: Kaneo | he | STATE: HI | ZIP: | 96744 | | FAX: 234-70 | 58 |
| MANAGER: Terrily | /n Ahakuelo-Kah | nanu | | APPLY AD | DRESS: | | |
| | APPLY TO: Qualpac Management Corporation | | | On-Site Ste ******CLOS APPLICAT | e. #J-06 ED FOR | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN: Kiloha | ana Apartments | | | | | | YES |
| APPLY PHONE: 235-1 | 844 | | F | AX: 234-7058 | EMAIL: | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 17 | 485 | | 479 | 1 | 4 | YES |
| Two Bdrm: | 90 | 610 | | 634 | 2 | 6 | YES |
| Three Bdrm: | 42 | 760 | | 821 | 4 | 8 | YES |
| Four Bdrm: | | | | | | | |
| ******CLOSED FOR APF | PLICATIONS***** | ***** | Gas, electricity a | nd water | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 120 |
| AGE CRITERIA: | | | | | | | |
| Head of household must I | be 18 years or ol | der | - | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: Parking included | | PET INFO | | PETS OK: NO |
| / | ASSET LIMITS: | NONE | | | | | |
| AN OWN RESIDENTIA | | NO | | | GENERAL | INFO: | |
| ASSET LIMIT INFO: | | | LEASE: | | Funding: | Section 221(d) 100 | % |
| | | | Month-to-month | | | PONSE IN 2021. LA OCCURRED ON 1 | |
| INCOME CRITERIA: | | | | | | | |
| Maximum Annual Income 2 persons - \$73,000; 3 pe 4 persons - \$91,200; 5 pe 6 persons - \$108,800; 7 p persons - \$120,400 | rsons - \$82,100; rsons - \$98,500; | | FURNISHED: Partly furnished appliances only r | | | | |
| I I-PERSON MAXIMUM MC | ONTHLY INCOM | E: | 5320 | | J | | |
| 2-PERSONS MAXIMUM M | IONTHLY INCOM | ME: | 6083 | | | | |

| Last Complete Upda | ate: 2/22/2022 | AREA: Makiki |
|--|---|--|
| ROJECT NAME: KINAU VISTA | | PROJECT TYPE: Elderly |
| ADDRESS: 1150 Kinau Street | | PHONE: 521-7111 |
| CITY: Honolulu STATE | : HI ZIP: 96 | 6814 FAX: 521-6897 |
| MANAGER: Peggy Zayasu | P.C | PPLY ADDRESS: .O. Box 22420 OUT-OF-STAT |
| APPLY TO: Locations LLC | Hor | onolulu, HI 96823 APPLICATION ACCEPTED: |
| APPLY ATTN: Property Management Division | | YES |
| APPLY PHONE : 738-3100 | FAX : 735- | 5-1978 EMAIL: http://www.locationsrentals.com/afford ble-rentals.aspx |
| Unit Type: Number of UNITS: REN | T: Minimum INCOME Required: SQ I | FT: MINIMUM Number of People People: CAREGIVER Allowed: |
| Studio: | | |
| One Bdrm: 62 127 | 2 2xrent 43 | 30 |
| Two Bdrm: | | |
| Three Bdrm: | | |
| Four Bdrm: | | YES |
| 7 units (for 30 % AMI seniors) - \$616 24 units (for 50% AMI seniors) - \$1,058 31 units (for 60% AMI seniors) - \$1,272 Section 8 certificate holders need not meet the min gross income requirement. | Electric, water, and sewer | MINIMUM WAIT LIST ESTIMATE (Months): |
| AGE CRITERIA: | je | ESTIMATE (Months): |
| All residents must be 55 or older. | WAITLIST FOR PA | CALL EVERY (Months): |
| Applicants can apply without verifiable residential history. | | NO PET INFO: PETS OK: NO |
| ASSET LIMITS: NONE | 18 stalls, 5 handicap stalls fee for parking | ls; \$40 Pets not allowed. |
| AN OWN RESIDENTIAL PROPERTY: YES | - | GENERAL INFO: |
| ASSET LIMIT INFO: All income from assets is counted to determine eligibility. | LEASE: | *Waitlist updates not required; Applicants must keep all contact info current, as well as respond to communication from housing management in a timely manner.* |
| NCOME CRITERIA: 30% of AMI: 1 person \$25,320; 2 persons \$25,380 | FURNISHED: | Opened 3/05. Has social worker on site for services (PT). Has courtyard with BBQ area, victory garden. |
| 50% of AMI: 1 person \$42,200; 2 persons \$42,300 50% of AMI: 1 person \$50,640; 2 persons \$50,760 | Partly furnishedmajor appliances only | Has guest parking. Funding: Low Income Housing Tax Credits- 60% AMI max; RHTF + grants, etc. Funding: LIHTC Funding: RHTF |
| -PERSON MAXIMUM MONTHLY INCOME: | 3525 | Application: |
| | | |
| PERSONS MAXIMUM MONTHLY INCOME: | 4230 | |

| | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Kaneohe | |
|--|----------------------|--------------|---|---------------------------------------|---|---|--|--|
| DJECT NAME: KO | 'OLAU VILI | _AGE (HPH | HA-wind) - N | NOT ACCEP | TING | PROJECT TYPE: | Family | |
| ADDRESS: 45-10 | 027 Kamau Pl. | | | | | PHONE: 233-376 | 6 | |
| CITY: Kane | ohe | STATE: HI | ZIP: | 96744 | | FAX: 233-376 | 9 | |
| <u> </u> | | ļ | | | | | | |
| MANAGER: Rob | erta Kahele | | | APPLY AD | | | | |
| APPLY TO: HPF NOT | HA T ACCEPTING AF | PPI ICATIONS | | 1002 North Honolulu, H NOT ACCE | ATIONS | OUT-OF-STA APPLICATIO ACCEPTEI | | |
| APPLY ATTN: Oah | | ice | | | | | NO | |
| APPLY PHONE: 832 | | PLICATIONS | I | F AX: 832-3461 | EMAIL: h | phaishereforyou.or | ·9 | |
| Unit Type: | | DENT | Minimum INCOME | | MINIMUM Number | MAXIMUM Number of | CAREGIVER | |
| Studio | of UNITS: | RENT: | Required: | SQ FT: | of People | People: | Allowed: | |
| One Bdrm: | | 0 | | 526 | | 4 | YES | |
| Two Bdrm: | 24 | 0 | | 662 | 2 | 6 | YES | |
| Three Bdrm: | 36 | 0 | | 915 | 3 | 8 | YES | |
| Four Bdrm: | 12 | 0 | | 996 | 4 | 10 | YES | |
| ******CLOSED 8/2/20 E CRITERIA: ad of household mus | | lder | PARKING INFO | T FOR PARKING: | PET INFO: | | Months): AITLIST Months): ETS OK: YES | |
| | ASSET LIMITS: | NONE | Included | | the categori | mals ok, but only o es listed below: der 25 lbs) or_cat | ne nom each or | |
| N OWN RESIDENTI | IAL PROPERTY: | NO | | | GENERAL II | NFO: | | |
| SET LIMIT INFO: nnot own a house on | Oahu | | LEASE: 1 year | | | PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. | | |
| | | | | | corresponde | must respond to a ence from HPHA, i | n a timely | |
| COME CRITERIA: | of AMI | | FURNISHED: | | applicants n | waitlist updates not update any co | ontact | |
| come Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; persons - \$60,900; 3 persons - \$68,500; persons - \$76,100; 5 persons - \$82,200; persons - \$88,300; 7 persons - \$94,350; persons - \$100,450 | | , , | FURNISHED: Partly furnishedmajor appliances only, no carpet | | info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so). Funding: Fed Low Inc Pub Hsing 100% | | | |
| | | | <u> </u> | | All convictio | ns must be 3 yrs a | ago, unless it's | |
| ERSON MAXIMUM N | IONTHLY INCOM | IE: | 4570 | | | | | |
| ERSONS MAXIMUM | | ME | 5220 | | | | | |
| | | | | | | | | |

| OJECT NAME: KO'O | | | D for onno | | | AREA: PROJECT TYPE: | - |
|---|---------------------------|--------------|--------------------------------|---|--|---|-----------------------------------|
| ADDRESS: 91-1159 | | | | | | PHONE: 550-380 | |
| | | intway | | | | FAX: 356-333 | |
| CITY: Ewa Bea | ach | STATE: HI | ZIP: | 96706 | | 1784 [000 000 | |
| MANAGER: Laurie | Burgess - Prop | erty Manager | | APPLY AD 91-1159 Ke | DRESS: eahumoa Pkwy | r, #801 | OUT-OF-STA |
| APPLY TO: | | | | Ewa Beach | n, HI 96706 | | APPLICATIO ACCEPTED |
| APPLY ATTN: | | | | | | | YES |
| APPLY PHONE: 550-38 | 00 | | | FAX: 356-3330 | EMAIL: | www.mutual-housir | ng.org |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 25 | 1000 | >2x rent | | | | |
| Two Bdrm: | 59 | 1155 | >2x rent | | | | |
| Three Bdrm: | 20 | 1495 | >2x rent | | | | |
| Four Bdrm: | 15 | 1650 | >2x rent | | | | YES |
| 3); 3-bd (16); 4-bd (12). % AMGI: 1-bd (4) - \$865 - \$1,210; 4-bd (2) \$1,34 | | 950; 3-bd | | | | ESTIMATE MAXIMUM W ESTIMATE | |
| E CRITERIA: | | | | | | TO REMAIN ON W CALL EVERY | - |
| and older | | | | | PET INFO | | PETS OK: NO |
| | | | one bedroom | D: NO Ill is included per unit ; two stalls I other sized units. | Pets not a | | LIS OK. NO |
| AS AN OWN RESIDENTIAL | SSET LIMITS: PROPERTY: | | Included for all | other sized units. | J GENERAL | INFO: | |
| SET LIMIT INFO: | | | LEASE: | | *Waitlist u | updates not required | |
| | | | 1 year | | | ontact info current, a inication from housi nanner.* | |
| COME CRITERIA: | | | ļ | | | ing in City's Ready t Hula Mae Multi Fam | |
| oss income must be great. | ater than two tir | mes the | FURNISHED: | | Landscap | ed grounds with pla | |
| | | | | | laundry ro communit www.mutu Applicants | aths and bbq pavilio oom, resident servic y room, on-site mar ual-housing.org s must have satisfac inal background che | es office and nagement office. |
| ERSON MAXIMUM MON | NTHLY INCOM | E: | 3520 | | p. | | |
| ERSONS MAXIMUM MC | ONTHLY INCOM | ME: | 4020 | | | | |

| | | | | | | PROJECT TYPE: | |
|---|---|-----------|--|---------------------|--|--|---|
| ADDRESS: Ahonu | i St. | | | | | PHONE: 832-60 | |
| CITY: Honolu | ılu | STATE: HI | ZIP: | 96819 | | FAX: 832-34 | 38 |
| MANAGER: Nua | /aovasa | | | | DDRESS: | | |
| APPLY TO: HPH/ NOT | A ACCEPTING AF | | | Honolulu, I | n School St. HI 96817 EPTING APPLIC/ | ATIONS | OUT-OF-ST APPLICATI ACCEPTE |
| APPLY ATTN: Oahu | | се | | | | | NO |
| APPLY PHONE: 832-5 | | | F | AX: 832-3461 | EMAIL ։ հյ | phaishereforyou.c | org |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 20 | 0 | | 490 | 1 | 4 | YES |
| Two Bdrm: | 32 | 0 | | 688 | 2 | 6 | YES |
| Three Bdrm: | 37 | 0 | | 877 | 3 | 8 | YES |
| Four Bdrm: | 37 | 0 | | 1042 | 4 | 10 | YES |
| ******CLOSED 8/2/201 E CRITERIA: ad of household must | | der | WAITLIST PARKING INFO: Included | FOR PARKING | : PET INFO: | ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON V CALL EVERY I nals ok, but only | /AIT LIST (Months): VAITLIST (Months): PETS OK: YES |
| 1 | ASSET LIMITS: | NONE | | | the categori | es listed below: der 25 lbs) or ca | |
| AN OWN RESIDENTIA | L PROPERTY: | NO | | | GENERAL I | NFO: | |
| SSET LIMIT INFO: annot own a house on C | Dahu | | LEASE: 1 year | | homeless in displaced. | ICES: Domestic \ transitional shelt must respond to | ers; involuntary |
| COME CRITERIA: | | | Į | | corresponde manner. No | ence from HPHA, waitlist updates r | in a timely needed, however |
| ome Eligibility = 80% o aximum Annual Income persons - \$60,900; 3 pe persons - \$76,100; 5 pe persons - \$88,300; 7 pe | e: 1 person - \$53, ersons - \$68,500; ersons - \$82,200; | | FURNISHED: Partly furnished appliances only, | | info/househ waitlist statu need userna | nust update any c old composition ir is via hpha.myho ame/password to d Low Inc Pub He | nfo and check using.com (will do so). |

| | | Last Comp | lete Update: | 10/18/2021 | | | AREA: | Liliha |
|---|--|--|--------------|---|--|--------------------------------|--|--|
| ROJECT NAME: | KUK | UI GARDE | INS | | | | PROJECT TYPE: | Family |
| ADDRESS: | 1103 Li | liha St. | | | | | PHONE: 532-003 | 3 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 762-233 | 3 |
| MANAGER | : Sandie | e Ishimie, Prope | erty Manager | | | St., Ste. 102 | | OUT-OF-STAT |
| APPLY TO | EAH H | lousing | | | Honolulu, H | HI 96817 | | APPLICATION ACCEPTED: |
| APPLY ATTN | l: Kukui | Gardens | | | | | | YES |
| APPLY PHONE | : 532-00 | 033 | | | FAX: 762-2333 | 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: |
| S | tudio: | | | | | | | |
| One I | Bdrm: | 115 | 1239 | 3110 | | 1 | 2 | YES |
| Two I | Bdrm: | 106 | 1472 | 3695 | | 2 | 5 | YES |
| Three I | Bdrm: | 122 | 1685 | 4235 | | 3 | 7 | YES |
| Four | Bdrm: | 46 | 1864 | 4687 | | 4 | 9 | YES |
| RENT INFO: RE Deposit plus first r *Updates not requ updating contact in respond to commu- menangement in a AGE CRITERIA: | nonth re ired to re nfo), hov unication | nt emain on waitlis vever, applicant i from housing | st (unless | UTILITIES INC Water & Sewe | | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 4 AIT LIST (Months): 6 |
| Head of household | d must b | e 18 years or o | lder | | | | TO REMAIN ON W CALL EVERY (| |
| | | | | PARKING INF | ST FOR PARKING: O: d, waitlist for 2nd | PET INFC | р <u>.</u> Р | ETS OK: NO |
| AN OWN RESI | | SSET LIMITS: | | stall | | GENERAI | INFO: | |
| ASSET LIMIT INF | | | | LEASE: | | Funding: | | |
| | | | | - | ed 12-month lease. th thereafter. | Accepting | g applications for ALL | - bedroom sizes. |
| NCOME CRITER | IA: | | | | | | | |
| | | | | FURNISHED: Partly furnishe appliances onl | | | | |
| -PERSON MAXIM | IUM MO | NTHLY INCOM | E: | 4085 | | ļ | | |
| -PERSONS MAXI | | ONTHLY INCO | ME: | 4665 | | | | |

| | | plete Update: | 2/1/2022 | | | AREA: | Downtown |
|--|--|--|--|---|---|--|---|
| | | R - CLOSE | D FOR appl | lications | | PROJECT TYPE: | · · |
| ADDRESS: | 35 North Kukui St. | | | | | PHONE: 537-493 | |
| CITY: | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: 537-968 | 32 |
| MANAGEF | R: Martha Malloe, Prop Celeste Russell, Ass | | anager | APPLY ADI On-Site | DRESS: | | OUT-OF-STAT |
| APPLY TO |): Ms. Connie Chan, Le | easing Agent | | | | | APPLICATIO ACCEPTED |
| | ۷: | | | | | | YES |
| APPLY PHONE | E: 537-4935 | | F | FAX: 537-9682 | EMAIL: | KT-Management@ | eahhousing.org |
| Unit | t Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Studio: | | | | | | YES |
| | Bdrm: 126 Bdrm: 254 | 778 846 | 1695 | 560 | 2 | 3 | YES |
| Three | | | | | | | |
| Four | Bdrm: | | | | | | |
| alculated by usin come, the minin | ENT IS 30% OF INCOM ng 30% of the househo num and maximum ren \$737 - \$846 2 bdrm. 30 at or above the maxim | ld's adjusted ts are \$678 - 0% of | UTILITIES INCLU Water, sewer, ga | - | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 24 |
| GE CRITERIA: | | | | | | TO REMAIN ON W | |
| GE CRITERIA: | | | - | T FOR PARKING: | | TO REMAIN ON W CALL EVERY | (Months): |
| GE CRITERIA: | | older | PARKING INFO: Parking 1st stall stalls range from \$175/month, dep | YES \$25; additional \$105 to | PET INFO | TO REMAIN ON W CALL EVERY | AITLIST (Months): 1; PETS OK: NO |
| GE CRITERIA: ead of househol AN OWN RESI | ADDI ICATIONS***** Id must be 18 years or ASSET LIMITS DENTIAL PROPERTY: | older | PARKING INFO: Parking 1st stall stalls range from | YES \$25; additional \$105 to | GENERAL | TO REMAIN ON W CALL EVERY : F e accommodations t | AITLIST (Months): 12 PETS OK: NO for disability |
| GE CRITERIA: | ADDI ICATIONS***** Id must be 18 years or ASSET LIMITS DENTIAL PROPERTY: | older | PARKING INFO: Parking 1st stall stalls range from \$175/month, dep | YES \$25; additional \$105 to bending on | reasonabl GENERAL *Waitlist u | TO REMAIN ON W CALL EVERY : F e accommodations f . INFO: updates must be con ach year, via submis | AITLIST (Months): 12 PETS OK: NO for disability |
| AN OWN RESI | ADDI ICATIONS***** Id must be 18 years or ASSET LIMITS DENTIAL PROPERTY: O: | older | PARKING INFO: Parking 1st stall stalls range from \$175/month, dep availability. LEASE: | YES \$25; additional \$105 to bending on | GENERAL *Waitlist u June of ea "update ca Funding:S Complete | TO REMAIN ON W CALL EVERY : F e accommodations f . INFO: updates must be con ach year, via submis ard".* Section 8, Section 23 | AITLIST (Months): 1 PETS OK: NO for disability npleted every ssion of an |

| | Last Comple | ete Update: | 1/24/2022 | | | AREA: | Makiki |
|---|---|------------------|---|----------------------------------|-------------------------------------|---|--------------------------|
| ROJECT NAME: KI | JLA O'KAHU/ | A APTS. | | | | PROJECT TYPE: | Emergency/Trans |
| ADDRESS: 131 | 1 Ward Ave. | | | | | PHONE: 599-5759 |) |
| CITY: Hor | nolulu | STATE: HI | ZIP: | 96814 | | FAX: 545-8623 | |
| MANAGER: Ta | ni Kalahiki and Keala | a Souza | | APPLY AD CES referra | | | OUT-OF-STAT |
| APPLY TO: Ho | ousing Solutions, Inc. | | | | , | | APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | | | | NO |
| APPLY PHONE: 59 | 9-5759 | | | FAX: 545-8623 | EMAIL: | tani@hsiservices.net keala@hsiservices.n | |
| Unit Typ | e: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studi | o: 24 | | | 255 | 1 | 2 | YES |
| One Bdrr | n: 5 | | | 410 | 1 | 2 | YES |
| Two Bdrr | n: | | | | | | |
| Three Bdrr | n: | | | | | | |
| Four Bdrr | n: | | | | | | NO |
| Rent is 30% of income Fransitional Housing, v permanent housing is nust be following serv program. Depost = \$0 | where the goal of find initially 3 months. Re- rice plan to remain in | ling esidents | | | | MINIMUM WA ESTIMATE (I MAXIMUM WA ESTIMATE (I | Months): 1 |
| AGE CRITERIA: | | | | | | TO REMAIN ON WA | . 1 |
| Head of household mu spouse/partner must b | | | WAITLI | ST FOR PARKING: | | CALL EVERY (| Months): 1 |
| physician's note indica Applicants must have | ating the NEED for a | caregiver. | PARKING INFO |): NO | PET INFO | | TS OK: NO |
| | ASSET LIMITS: | | \$40/month | | Service A | nimal - Doctor Verific | ation Required |
| AN OWN RESIDEN | TIAL PROPERTY: | | | | GENERAL | INFO: | |
| ASSET LIMIT INFO: | J | | LEASE: | | Must be h | | |
| | | | Must accept of housing. | fer for permanent | Documen verificatio Must part | errals Only tation of homeless sta n. icipate in social servio Homeless Stipend | |
| NCOME CRITERIA: | | | | | Applicatio | | |
| | | | FURNISHED: Partly furnished refrigerator, sto | dmicrowave, ivetop (no oven). | | agement to email | |
| -PERSON MAXIMUM | MONTHLY INCOME | : | 3520 | | J | | |
| -PERSONS MAXIMUN | M MONTHLY INCOM | IE: | 4020 | | | | |

| | | lete Update: | 2/1/2022 | | | AREA: | |
|---|----------------------|--------------|---|---------------------|--------------------------------|--|-----------------------|
| DJECT NAME: KUL | | | | | | PROJECT TYPE: | ļ · |
| ADDRESS: 1551 \$ | South Beretania S | St. | | | | PHONE: 983-15 | |
| CITY: Honol | ulu | STATE: H | ZIP: | 96826 | | FAX: 983-155 | 53 |
| MANAGER: Tany | a Metzker (Gene | ral Mgr.) | | APPLY AD On-Site | DRESS: | | OUT-OF-STA |
| APPLY TO: Kular | na Hale LLP | | | | lanagement O | fice | APPLICATIO |
| APPLY ATTN: Tany | a Metzker, GM | | | | EMAIL - | tanya@kulanahale. | YES |
| APPLY PHONE: 983-7 | 1551 | | F | AX: 983-1553 | | www.kulanahale.co | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 122 | 1295 | | 400 | 1 | 2 | YES |
| One Bdrm: | 42 | 1495 | | 520 | 1 | 3 | YES |
| Two Bdrm: | 11 | 1855 | | 594 | 2 | 4 | YES |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | NO |
| | | | | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 1 |
| E CRITERIA: | | | | | | TO REMAIN ON W | |
| residents must be 55 | or older | | WAITLIST | FOR PARKING: | | CALL EVERY | (Months): |
| | | | PARKING INFO: | | PET INFO: | | PETS OK: NO |
| | | | Parking: \$60/mor | hth | Service Pe | ets Allowed | |
| N OWN RESIDENTIA | ASSET LIMITS: | | | | GENERAL | INFO: | |
| SET LIMIT INFO: | ated towards total | | LEASE: | | | pdates not required | |
| come from Assets cour come. Assets over \$5k | | | 6 months (Initial I | ease term) | communic manner.* | ation from manage | ment in a timely |
| COME CRITERIA: | | | ļ | | | s are allowed with N | ID letter; cannot |
| person - \$70,560 annua nually. | ally; 2 person - \$8 | 30,640 | FURNISHED: | | work outsi | | |
| laany. | | | Partly furnished appliances only. (ceiling fan, over the microwave | Carpet, blinds, | Application | ection 8 Certificate | |
| | | | | | Online low | -income-senior-hou | using.com |
| ERSON MAXIMUM MO | ONTHLY INCOM | E: | 5880 | | | | |
| ERSONS MAXIMUM N | NONTHLY INCOM | ME: | 6720 | | | | |

| | - | Last Comp | lete Update: | 2/1/2022 | | | AREA: | Kaneohe |
|--|------------------------------------|--|-----------------------------|--|------------------------|--|--|--|
| OJECT NAME: | | <mark>ANA NAN</mark> I | | IENTS | | | PROJECT TYPE: | Family |
| ADDRESS: | 46-229 | Kahuhipa St. | | | | | PHONE: 247-060 |)2 |
| CITY: | Kaneoh | е | STATE: H | ZIP: | 96744 | | FAX: 247-060 |)2 |
| MANAGER | : Farod | Jackson | | | APPLY AD On-Site Ur | | | OUT-OF-STA |
| APPLY TO | : Hawaii | an Properties | | | | | | APPLICATIO ACCEPTED |
| APPLY ATTN | I: Kulana | a Nani | | | | | | YES |
| APPLY PHONE | : 247-06 | 602 | | F | AX: 247-0602 | EMAIL: | kn-management@ | eanhousing.org |
| 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: | | | | | | | |
| Two I | Bdrm: | 40 | 1575 | | 745 | 2 | 5 | YES |
| Three I | Bdrm: | 80 | 1765 | | 862 | 3 | 7 | YES |
| Four I | Bdrm: | 40 | 1810 | | 980 | 4 | 9 | YES |
| /ait List for 2 bed /ait List for 3 bed /ait List for 4 bed GE CRITERIA: ead of household pplicants can ap istory. | Irooms is Irooms is d must b | 3 months - 6 6 months - 12 e 18 years or o | months 2 months Ider. | Electricity, water WAITLIST PARKING INFO: | FOR PARKING | : PET INFO: | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months):1 AIT LIST (Months):8 /AITLIST |
| inimum composi | ition for 2 | 2 bedroom units | s is 3 | \$30/month | | | tive animals | P |
| AN OWN RESIE | | | | \$50 for 2nd stall | (if available) | GENERAL | INFO | |
| SSET LIMIT INF | | | 120 | LEASE: | | *Applicant | s must keep contac | |
| | | | | 1 year | | managem | spond to communic ent in a timely man urs: 8am - 4pm uru Friday | |
| PERSONS MAX | | | OME: | FURNISHED: | | Basketball | courts, picnic/bbq | area |
| 5,510.00 | | | SIVIE. | Partly furnished appliances only (range/oven), viny | gas | 10 handica Application Send requ envelope | | ssed stamped |

| | | Last Compl | ete Update: | 1/24/2022 | | | AREA: | Waimanalo |
|---|------------------------------------|--|-----------------|--|------------------------------|---|--|--|
| PROJECT NAME: | KUL/ | | ALE MAL | UHIA O NA | KŪPUNA | | PROJECT TYPE: | Elderly |
| ADDRESS: | 41-209 I | lauhole St. | | | | | PHONE: 426-140 | 0 |
| CITY: | Waiman | alo | STATE: HI | ZIP: | 96795 | | FAX: 426-140 | 1 |
| | , v ainai | | ["" | | 00100 | | | |
| MANAGER | : Noheal | ani Hoopii | | | APPLY ADI 41-209 Ilaul | | | OUT-OF-STATE |
| APPLY TO | : Locatio | ns | | | Waimanalo | , HI 96795 | | APPLICATION ACCEPTED: |
| APPLY ATTN | : Proper | ty Management | Division | | | | | YES |
| APPLY PHONE | : 426-14 | 00 | | | FAX: 738-8981 | EMAIL: | locationsrentals.con rentals.aspx (click o | |
| Unit | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: | | | | | | | |
| | Bdrm: | 85 | 1000 | 2xrent | 528 | 1 | 2-3 | YES |
| Two E | | | | | | | | |
| Four E | | | | | | | | YES |
| | Surm. | | | ļ | J | | 1 | YES |
| RENT INFO: REI Various rent amou \$825, \$960, and \$ *No waitlist update must keep contact | ints are a 1000 per es neede | is follows: \$560 month. d, however, app | , \$800, | UTILITIES INC Water and sew \$144/mo for ele | er. Utility allowance | of | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 24 |
| AGE CRITERIA: | | | Line Nine Const | | | | TO REMAIN ON W CALL EVERY (| |
| All residents must Hawaiian | DE 55 OF | older and HOF | De Native | WAITLIS PARKING INFO | ST FOR PARKING: | | | |
| | | | | Parking include tenant stalls, in | ed, 103 visitor & acluding 9 | PET INFO | <u> </u> | ETS OK: NO |
| AN OWN RESID | | SSET LIMITS: | VES | accessible. | ssible and 2 van | J GENERAL | INFO: | |
| ASSET LIMIT INFO | | | | LEASE: | | Tenants r | nust be native Hawa | |
| | | | | 1 year; then mo | onth-to-month | Hawaiian Househol processin holders ne | ants must be a minin Blood Quantum to a d). Verification can b g. Section 8 accepte eed not meet the min | pply (Head of be done at time of ed, and voucher |
| INCOME CRITERI Maximum income: | | | | FURNISHED: | | requireme | | |
| 1 person 2 | 2 people | 1 person 2 80% 65,360 | | Partly furnished | dmajor y. Carpet & vinyl | | ts must apply to Dep ds, prior to applying t | |
| 50% 40,850 4 60% 49,020 5 | | | | floors, curtains | | *Confirma received | tion letter mailed on | ce application is |
| | | | | | | *Commur | nity room, community | / garden plots; |
| 1-PERSON MAXIM | | NTHLY INCOM | ≣: | 4828 | | | | |
| 2-PERSONS MAXII | мим мо | ONTHLY INCOM | ΛE: | 5513 | | | | |

| | Last Compl | ete Update: | 2/22/2022 | | | AREA: | Waianae |
|--------------------|--|-------------|--|--------------------------|--|---|--|
| PROJECT NAME: | <mark>KULIA I KA NU</mark> | U (Kahiko | olu Ohana H | ale O'Wai'a | anae) | PROJECT TYPE: | Family |
| ADDRESS: | 85-296 Ala Hema St. | | | | | PHONE: 697-730 | 00 753-308 |
| CITY: | Waianae | STATE: HI | ZIP: | 96792 | | FAX: 697-730 |)2 |
| MANAGER | : Leslie Young, Site Ma | nager | | APPLY AD | DRESS: | | |
| APPLY TO: | : Kulia I Ka Nuu | | | 85-235 Ala Waianae, I | Akau St., Unit HI 96792 | 712 | OUT-OF-STATE APPLICATION ACCEPTED: |
| | : | | | | | | |
| | : 697-7300 | | F | AX: | EMAIL: | www.hawaiiaffordal | ble.com |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | udio: 24 | 944 | | | | | |
| One E | | 1418 | | | | | |
| Three E | | | | | | | |
| Four E | 3drm: | | | | | | YES |
| 24 Studios @ \$551 | NT IS 30% OF INCOME I - \$944; based on 30% @ \$1260 (24 units) - \$1 0% of income. | of income. | UTILITIES INCLU Electric, water, an | | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 6 |
| AGE CRITERIA: | | | | | | TO REMAIN ON W | |
| | I must be 18 years or ole ave verifiable residential | | WAITLIST | FOR PARKING | | CALL EVERY | (Months): 6 |
| | | inotory: | PARKING INFO: Parking available (car registration, | e. All paperwork | PET INFO: | : F | PETS OK: NO |
| AN OWN RESID | ASSET LIMITS: ENTIAL PROPERTY: | | and insurance) m | | GENERAL | INFO: | |
| ASSET LIMIT INFO | | | LEASE: | | *Along wit | h completing regula | r waitlist updates, |
| | | | | | well as res | must keep all cont spond to communic ent in a timely man | ation from housing |
| | A: | | J | | Formerly I O'Waiana | knowns as Kahikolu e. | Ohana Hale |
| | olulu Median Income | | FURNISHED: | | Funding: | RHTF | |
| | | | | | 2. 6 mont 3. Birth ce | hs of pay stubs hs bank statements ertificates Security Card | 3 |

1-PERSON MAXIMUM MONTHLY INCOME:

| | Last Comple | ete Update: | 2/22/2022 | | | AREA: | Barber's Point |
|--|--|-------------|--------------------------------------|---|--------------------------------|---|--|
| PROJECT NAME: | KUMUHONUA (| Building 3 | 6) | | | PROJECT TYPE: | Transitional |
| ADDRESS: | 91-1096 Yorktown St. | | | | | PHONE: 682-549 | 4 |
| | Kapolei | STATE: HI | ZIP: | 96707 | | FAX: 682-549 | 5 |
| MANAGER: | Davilyn J. N. Chang, P Carla Kahala, Assistan HCAP | | | APPLY AD P.O. Box 75 Kapolei, HI | 5547 | | OUT-OF-STATE APPLICATION ACCEPTED: |
| | | | | | | | NO |
| APPLY ATTN: APPLY PHONE: | | | | FAX: By CES | | Website: www.hcapweb.org/k | |
| J | | | | | | transitional living as | ntar/ |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stu | udio: 65 | 0 | | 340 | 1 | 3 | |
| One B | drm: | | | | | | |
| Two B | drm: | | | | | | |
| Three B | drm: | | | | | | |
| Four B | drm: | | | | | | |
| Charges a "Prograr TB clearance requir *No waitlist; Entry c | | | JTILITIES INCL | UDED: | | MINIMUM WA ESTIMATE (MAXIMUM WA | Months): 0 |
| AGE CRITERIA: | 990000 | P. | | | | ESTIMATE (TO REMAIN ON W | |
| | vrs); *Maximum 3 ppl pe | r unit | W/AITLIS | T FOR PARKING: | | CALL EVERY (| - |
| | | | PARKING INFO: Parking included | NO | PET INFO: | <u>.</u> Р | ETS OK: NO |
| | ASSET LIMITS: | | | | | | |
| AN OWN RESID | ENTIAL PROPERTY: | | | | GENERAL | INFO: | |
| ASSET LIMIT INFC |): | | _EASE: 120 Days | | keep all co | pdates not required; ontact info current, a nication from housin anner.* | s well as respond |
| | | | | | Opened 0 | | one for tonent's |
| INCOME CRITERIA | A: le requirement, as fee is | | URNISHED: | | use. Resi | rooms and two kitch dents are responsib | |
| calculated by 30% | of gross income; maxim ed on last update (2021) | um | Small refrigerato bathroom, micro | | classes ar | provides case managed nd workshops related ermanent housing al ence . | d to personal |

1-PERSON MAXIMUM MONTHLY INCOME:

| | Last Comp | lete Update: | 1/24/2022 | | | AREA | Moiliili |
|---|---------------------|--------------|--------------------------------------|----------------------------|--|---|--|
| OJECT NAME: KUN | IUWAI AP | | S | | | PROJECT TYPE: | Elderly |
| ADDRESS: 1902 Y | oung Street | | | | | PHONE: 762-09 | 02 |
| CITY: Honolu | ılu | STATE: HI | ZIP: | 96826 | | FAX: | |
| MANAGER: Maret | ta Espiritu | | | APPLY AD | DRESS: | | OUT-OF-STA |
| APPLY TO: Housi | ng Solutions, In | с. | | | | | APPLICATIO ACCEPTEI |
| APPLY ATTN: Maret | ta Espiritu | | | | | | NO |
| APPLY PHONE: 762-0 | 902 | | F | AX: | | Website: https://ww Email: Maretta@hs | |
| 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: | | 0 | | | | | |
| Two Bdrm: | | 0 | | | | | |
| Three Bdrm: | | 0 | | | | | |
| Four Bdrm: | | 0 | | ļ |] | ļ | |
| ecurity Deposit: \$900 action 8 and other housi GE CRITERIA: I applicants must be 62 | - | cepted. | | ed. - - For Parking: | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): |
| | | | PARKING INFO: | | PET INFO | : | PETS OK: |
| ŀ | ASSET LIMITS: | | Parking included waitlist for parkin | | | | |
| AN OWN RESIDENTIA SET LIMIT INFO: | L PROPERTY: | NO | | | GENERAL | | · (00 / " |
| | | | LEASE: | | for homele Features i Amenities facilities, a | ne permanent hous ass persons at leas nclude kitchens an include resident pa and common area l ear a bus stop. | t 62 years old. d private baths. arking, laundry |
| COME CRITERIA: | | | | | | · | |
| | | | FURNISHED: | | | | |
| ERSON MAXIMUM MC | ONTHLY INCOM | IE: | 3675 | | | | |
| ERSONS MAXIMUM N | IONTHLY INCO | ME: | 4200 | | | | |

| | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Kunia |
|--|---------------------------------------|---------------------------|--|---|--|---|----------------------------------|
| DJECT NAME: KUN | NIA VILLAG |) E | | | | PROJECT TYPE: | Family |
| ADDRESS: 92-17 | 70 Kunia Road | | | | | PHONE: 808-439 | -6375 |
| CITY: Kunia | | STATE: HI | ZIP: | 96759 | | FAX: 808-439 | -6375 |
| MANAGER: Not p | provided on last u | ıpdate (2021). | | APPLY ADI P.O. Box 16 | | | OUT-OF-STA |
| APPLY TO: Kunia | a Village, EAH H | ousing | | Kunia, HI 96 | 6759 | | APPLICATIO ACCEPTED |
| APPLY ATTN: Mana | ager's Office | | | | | | |
| APPLY PHONE: 439-6 | 6375 | | F | AX: 439-6375 | EMAIL: | KU-management@ | eahhousing.org |
| 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: | | 0 | | 630 | 2 | 5 | |
| Three Bdrm: | | 0 | | 960-1200 | 3 | 7 | |
| Four Bdrm: | | 0 | | 1300 | 4 | 9 | YES |
| NT INFO: RENT IS : fordable housing devel agricultural industry. combined household | opment serving p Rent will not exc | persons in seed 30% of | UTILITIES INCLU | JDED: | | MINIMUM W ESTIMATE MAXIMUM W | (Months): |
| E CRITERIA: | | | k | | | ESTIMATE TO REMAIN ON W | · · · · |
| + | | | WAITLIST | FOR PARKING: | | CALL EVERY | (Months): |
| | | | PARKING INFO: 1 covered carpor | NO | PET INFO | P specific policy requ | ETS OK: YES |
| | ASSET LIMITS: | | | | | | ionono. |
| N OWN RESIDENTIA | AL PROPERTY: | | | | GENERAL | INFO: | |
| SET LIMIT INFO: | | | LEASE: | | keep all c | pdates not required ontact info current, a nication from housir nanner.* | is well as respond |
| COME CRITERIA: | | | J | | United Sta | ber of the household | Agriculture |
| come Maximums Person: \$52,920 Persons: \$60,480 Persons: \$68,040 Persons: \$75,540 Persons: \$81,600 Persons: \$87,660 | | | FURNISHED: Enclosed storage carport, washe/du energy efficient a conserving fixture and bathroom, so heaters | ryer hook ups/ appliances/water es in kitchen | farm labor On Site M On Site U Kunia Far Communi | efinition of farm labc income as defined anager .S. Post Office mers Market ty gym, Community sketballl/volleyball co | by the USDA room with kitchen |
| ERSON MAXIMUM M | ONTHLY INCOM | IE: | 4410 | | p. | | |
| ERSONS MAXIMUM N | MONTHLY INCO | ME: | 5040 | | | | |

| Last Compl | ete Update: | 1/24/2022 | | | AREA: | Waialua |
|--|-----------------------|---|---------------------------|---|--|--|
| DJECT NAME: KUPUNA HOM | <mark>E O'WAIA</mark> | LUA (HPHA | <mark>-cen) - NO</mark> T | | PROJECT TYPE: | Elderly |
| ADDRESS: 67-088 Goodale Ave. | | | | | PHONE: 637-824 | |
| CITY: Waialua | STATE: HI | ZIP: | 96791 | | FAX: 622-636 | 2 |
| MANAGER: Jimary Quinones | | | APPLY AD | DRESS: | la l | OUT-OF-STA |
| APPLY TO: HPHA NOT ACCEPTING AP | PLICATIONS | | PO Box 17 | 907 Honolulu, H EPTING APPLIC | II 96817 | APPLICATIO ACCEPTED |
| APPLY ATTN: NOT ACCEPTING AP | PLICATIONS | | | | | NO |
| APPLY PHONE: 832-5961 | | F | AX: 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: |
| Studio: 24 | 0 | | 390 | 1 | | YES |
| One Bdrm: 16 | 0 | | 520 | 1 | | YES |
| Two Bdrm: | | | | | | |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | J | | ļ | |
| himum Rent: \$0 for Federal Low Income | e projects | Water and electri | city | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| E CRITERIA: | | | | | | |
| ad of household must be 62 years or ol abled | der, or | - | FOR PARKING | | CALL EVERY | |
| | | PARKING INFO: Parking included | | PET INFO: Small pets | under 25 lbs. only | ETS OK: YES |
| ASSET LIMITS: | NONE | | | | | |
| AN OWN RESIDENTIAL PROPERTY: | NO | | | GENERAL | - | |
| SET LIMIT INFO: nnot own a house on Oahu | | LEASE: 1 year | | | NCES: Domestic V in transitional shelte | |
| COME CRITERIA: | | | | correspon | s must respond to a dence from HPHA, o waitlist updates n | in a timely |
| % AMI: 1 person \$53,250; 2 persons \$6 sons \$68,500; 4 person \$76,100. | 60,900; 3 | FURNISHED: Partly furnished appliances only n | | info/house waitlist sta need user | must update any c hold composition in tus via hpha.myhou name/password to c | fo and check ising.com (will do so). |
| ERSON MAXIMUM MONTHLY INCOMI | E: | 4570 | | lf elder die unit. | s, under age 62 sp | ouse may rent |
| ERSONS MAXIMUM MONTHLY INCOM | ME: | 5220 | | | | |

| | Last Comp | lete Update: | 2/1/2022 | | | AREA: | Wahiawa |
|--|----------------------------------|-----------------------|---|--|--------------------------------|---|-----------------------|
| ROJECT NAME: LA'I | <mark>OLA ELDE</mark> | <mark>RLY - NO</mark> | T ACCEPTI | NG APPLIC | | PROJECT TYPE: | Elderly |
| ADDRESS: 1 Iho II | no Pl. | | | | | PHONE: 622-635 | 0 |
| CITY: Wahia | wa | STATE: HI | ZIP: | 96786 | | FAX: 622-635 | 1 |
| MANAGER: Jay D Lyn - | omanguera, Res Admin (675-009 | | | APPLY AD Manageme 1 Iho Iho P | ent Office | | OUT-OF-STAT |
| APPLY TO: Hawa | ii Affordable Pro | perties Inc. | | Wahiawa, I | | | ACCEPTED: |
| APPLY ATTN: Lyn | | | | | | | No |
| APPLY PHONE: 622-6 | 350 | | | FAX: 622-6351 | EMAIL: | 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: |
| Studio: | 60 | 170 | YES | 384 | 1 | 2 | YES |
| One Bdrm: | 48 | 195 | YES | 506 | 2 | 2 | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | YES |
| Deposit same as rent. Mi tudio; \$195 for 1 bdrm. ********WL CLOSED 8/2/ | | | Electricity and v | | | MINIMUM WA ESTIMATE MAXIMUM WA ESTIMATE | (Months): 24 |
| GE CRITERIA: | ha 60 vaara ar a | ldor | | | | TO REMAIN ON W CALL EVERY | |
| lead of Household must pouse must be 55+. Car | regiver 18+. Oth | | WAITLIS PARKING INFC | ST FOR PARKING:): YES | PET INFO | | ETS OK: NO |
| nembers of the househol Applicants must have ver | | l history. | Parking include | | | ote required | |
| A | ASSET LIMITS: | YES | | | | | |
| AN OWN RESIDENTIA | | YES | | | GENERAL | INFO: | |
| SSET LIMIT INFO: Cannot own property in sa imit: 1person - \$38,600; | | Asset 100 | LEASE: 1 year | | well as re | ts must keep contac spond to communica tient in a timely manr | ation from |
| | | | | | Opened 1 | 991 | |
| NCOME CRITERIA: Jaximum Annual Income 2- persons - \$39,200 | : 1-person \$34, | 300 | FURNISHED: Partly furnishec appliances only | | Funding: | State Low Income 10 | 00% |
| PERSON MAXIMUM MC | ONTHLY INCOM | E: | 2858 | | J | | |
| PERSONS MAXIMUM M | IONTHLY INCO | ME: | 3267 | | | | |

| | | Last Comp | lete Update: | 2/28/2022 | | | AREA | Lanakila |
|---|-------------------|------------------|--------------|---|---------------------|--------------------------------|------------------------------------|--|
| PROJECT NAME: | LANAK | ILA GA | RDENS | | | | PROJECT TYPE | Family |
| ADDRESS: | 833 North S | School St. | | | | | PHONE : 949-41 | 11 |
| CITY: | Honolulu | | STATE: HI | ZIP: | 96817 | | FAX : 949-72 | 211 |
| MANAGER | R: Shane Lyr | nan, Reside | ent Manager | | | Pl., Ste. 103 | | OUT-OF-STATE |
| APPLY TO | : Bob Tanal | ka Inc. | | | Honolulu, H | 11 96826 | | APPLICATION ACCEPTED: |
| | I: Ext. 24 | | | | | | | YES |
| APPLY PHONE | <u>:</u> 949-4111 | | | F | AX: 949-7211 | EMAIL: | | |
| | of | lumber UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | itudio: | | | | | | | |
| | Bdrm: | 6 | 980 | 2.5xrent | | | | YES |
| | Bdrm: | 15 | 1099 | 2.5xrent | | | | YES |
| Three | | 6 | 1215 | 2.5xrent | | | | YES |
| Four | Bdrm: | | | | J | J | ļ | NO |
| RENT INFO: RE | | | E: NO | UTILITIES INCLU Water | IDED: | | MINIMUM V ESTIMATE MAXIMUM V | (Months): 12 |
| AGE CRITERIA: Head of household | d must be 18 | R vears or o | lder | | | | TO REMAIN ON CALL EVERY | |
| | | | | WAITLIST PARKING INFO: Parking included | FOR PARKING | PET INFC | | PETS OK: NO |
| | ASSE | ET LIMITS: | NONE | | | | | |
| AN OWN RESI | | | | | | GENERAL | INFO: | |
| ASSET LIMIT INF | | ake annlica: | nts go over | LEASE: | | Accepts S | Sect 8 Vouchers | |
| income limit | | | | 1 year; then mon | th-to-month | applicants well as re | s must keep all con | ar waitlist updates, tact info current, as cation from housing nner.* |
| INCOME CRITER Min. income requi below income limi | ired. Must m | ake 2.5x re | nt and be | FURNISHED: Partly furnished appliances only | major | | · | |
| I-PERSON MAXIN | IUM MONTH | ILY INCOM | E: | 4696 | | k | | |
| 2-PERSONS MAXI | | HLY INCO | ME: | 5367 | | | | |

| | | Last Comp | lete Update: | 2/22/2022 | | | AREA | Kailua |
|-------------------------------------|----------------|------------------------------|----------------|---|--|--------------------------------|---|-----------------------------|
| PROJECT NAME: | LANI | HULI | - | | | | PROJECT TYPE | |
| ADDRESS: | 25 Aulik | e St. | | | | | PHONE: 263-02 | 68 |
| CITY: | Kailua | | STATE: HI | ZIP: | 96734 | | FAX: | |
| | . Dala C | | Managan | | | | | |
| APPLY TO | | ripps, Residen anaka Inc. | manager | | APPLY ADI 1055 Kalo F Honolulu, H | Pl. Ste 103 | | OUT-OF-STATE APPLICATION |
| APPLY ATTN | | | | | | | | ACCEPTED: YES |
| APPLY PHONE | | | | F | AX: 949-7211 | EMAIL: | | |
| Unit | туре: | 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 |
| | Bdrm: | 32 | 864 | 2.5xRent | 456/499 | 1 | 2 | YES |
| Two | Bdrm: Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | | NO |
| RENT INFO: RE Accepts section 8 | | | <u>:: [NO</u> | UTILITIES INCLU | JDED: | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 12 |
| AGE CRITERIA: | | | | μ. | | | ESTIMATE | VAITLIST |
| Head of household disabled. Under a | | | | | FOR PARKING: | | CALL EVERY | |
| not without HOH. | | | | PARKING INFO: \$25/month | YES | PET INFO | al/assistance only | PETS OK: NO |
| | A | SSET LIMITS: | NONE | | | ļ | | |
| AN OWN RESIL ASSET LIMIT INF | | . PROPERTY: | NO | | | GENERAL Caregiver | - | MD letter; can work |
| Income from asse limits. | ets canno | t put person ov | er income | LEASE: 1 year | | outside h | ome. Participating Rental Assistance F 1993 | in the City |
| INCOME CRITER Minimum Income | | d. Must make 2 | 2.5 x the rent | FURNISHED: Partly furnished- appliances only. | | | PONSE IN 2021. LA OCCURRED ON | AST COMPLETED |
| I 1-PERSON MAXIM | 10M MUI | NTHLY INCOM | E: | 4696 | | ų | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 5367 | | | | |

| JECT NAME: | LOLI | ANA | | | | | PROJECT TYPE: | Family |
|------------------------------|----------------|---------------------|----------|---|---------------|--------------------------------|------------------------------------|------------------------|
| ADDRESS: | 565 Qui | nn Lane | | | | | PHONE: 522-054 | 41 |
| CITY: | Honolulı | l | STATE: H | ZIP: | 96813 | | FAX: 522-05 | 39 |
| | <i>y</i> | | ļ | p | | | | |
| MANAGER | R: Jen Yu | , General Mana | ager | | APPLY AD | DRESS: | | OUT-OF-STA |
| APPLY TO | D: Housin | g Solutions, Ind | с. | | | | | APPLICATIO ACCEPTEI |
| APPLY ATTN | 1: | | | | | | | |
| APPLY PHONE | : 522-05 | 41 | | F | AX: | EMAIL: | jen@hsiservices.ne | PI |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | studio: | 43 | 900 | | 319 | 2 | 4 | |
| ļ | Bdrm: | | | | | | | |
| Three | Bdrm: Bdrm: | | | | | | | |
| 1 | Bdrm: | | | | | | | NO |
| NT INFO: RE 00/month | ENT IS 30 | % of income | E: NO | UTILITIES INCLU Electricity, water, | | | TOTA MINIMUM W ESTIMATE | |
| | | | | | | | MAXIMUM W ESTIMATE | |
| E CRITERIA: | 1 | · | | | | | TO REMAIN ON V CALL EVERY | - |
| uit 18+ with at | least 1 m | inor child (unde | er 18) | | FOR PARKING | - | | <u>e</u> |
| | | | | PARKING INFO: \$35/ month | NO | PET INFO: | : F | PETS OK: NO |
| | AS | SSET LIMITS: | NONE | | | J | | |
| N OWN RESII SET LIMIT INF | | PROPERTY: | NO | J | | GENERAL | - | |
| | 0. | | | LEASE: Month-to-month | | minor child Under 50% | e a registered sex | of 18. |
| OME CRITER | IA: | | | , | | Application | | |
| st be less than | 50%AMI | | | FURNISHED: unfurnished, maj only. No carpet | or appliances | | gement to email it, ervices.net | at |
| | | | | | | | | |

| late: 1/24/2022 | | | AREA: | Waianae |
|------------------------------------|---------------------------|--|--|--|
| - NOT ACCEPT | ING APPICA | TION | PROJECT TYPE: | Family |
| | | | PHONE: 697-717 | '1 '1 |
| E: HI ZIP: | 96792 | | FAX: 697-717 | 74 |
| | | | | |
| | 1002 North Honolulu, H | School St. II 96817 | ATIONS | OUT-OF-STAT APPLICATIO ACCEPTED |
| | | | | NO |
| IONS | FAX: 832-3461 | EMAIL: h | nphaishereforyou.or | rg |
| NT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | | | | |
|) | 912 | 2 | 6 | YES |
| | 1394 | 3 | 8 | YES |
| | | | ESTIMATE MAXIMUM W ESTIMATE | (Months): 3 |
| | | | TO REMAIN ON W CALL EVERY | - |
| PARKING INF | | PET INFO: | | ETS OK: YES |
| Included | | the categor | ies listed below: | |
| | | - | - | |
| LEASE: 1 year | | | | |
| | | correspond | lence from HPHA, | in a timely |
| FURNISHED: | | applicants | must update any co | ontact |
| Partly furnishe | | waitlist stat | us via hpha.myhou name/password to d | ising.com (will do so). |
| | | All convicti | ons must be 3 yrs a | ago, unless it's |
| 4570 | | | | |
| 5220 | | | | |
| | - NOT ACCEPT | - NOT ACCEPTING APPICA E: HI ZIP: 96792 APPLY AD 1002 North Honolulu, H NOT ACCE IONS FAX: 832-3461 NT: Minimum INCOME Required: SQ FT: 912 912 912 1394 1394 13 | NOT ACCEPTING APPICATION E: HI ZIP: 96792 APPLY ADDRESS: 1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLIC IONS IONS EMAIL: f FAX: 832-3461 Minimum INCOME Required: SQ FT: MINIMUM Number of People 912 2 9 912 3 9 912 9 912 3 9 912 9 912 3 9 912 9 912 3 9 912 9 912 3 9 912 9 9 9 9 9 9 9 9 9 | - NOT ACCEPTING APPICATION PROJECT TYPE: - NOT ACCEPTING APPICATION PROJECT TYPE: PHON: [697-717] FAX: [697-717] E: HI ZIP: 96792 96792 APPLY ADDRESS: 1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS IONS EMAIL: hphaishereforyou.o FAX: 832-3461 NT: Minimum MAXIMUM NCOME SQ FT: MINIMUM MAXIMUM NCOME SQ FT: Of People People: D 912 2 6 D 912 1< |

| | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Waianae |
|--|--|--------------------------|---|---------------------------------------|--|--|--|
| PROJECT NAME: | MA'ILI II (HPH) | <mark>A-lee) - NC</mark> | T ACCEPT | ING APPLIC | | PROJECT TYPE: | Family |
| | 87-165 Keliikipi St. | - | | | | PHONE: 697-717 | 71 |
| CITY | Waianae | STATE: HI | ZIP: | 96792 | | FAX: 697-717 | 74 |
| GITT. | walanae | | 211 . | 96792 | | | |
| MANAGER | : Mandy Miyamoto | | | | | | |
| APPLY TO | : HPHA NOT ACCEPTING AF | PLICATIONS | | 1002 North Honolulu, H NOT ACCE | | CATIONS | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : Oahu applications offi NOT ACCEPTING AF | | | | | | NO |
| | : 832-5961 | | | FAX: 832-3461 | EMAIL: | 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: Bdrm: | | | | | | |
| Two I | Bdrm: 12 | 0 | | 912 | 2 | 6 | YES |
| Four | | 0 | | 1394 | 4 | 10 | YES |
| Minimum Rent: \$0 |) for Federal Low Incom 8/2/2016***** | e projects | Water and allow | ance for electricity | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 36 AIT LIST (Months): 60 |
| 5 | d must be 18 years or o | lder | | | | TO REMAIN ON W CALL EVERY | |
| | | | WAITLIS PARKING INFO | T FOR PARKING: | PET INFO: | F | PETS OK: YES |
| | ASSET LIMITS: | NONE | Included | | the catego | imals ok, but only o ries listed below: nder 25 lbs) or cat | |
| AN OWN RESID | DENTIAL PROPERTY: | | | | GENERAL | INFO: | |
| ASSET LIMIT INFO | 0: | , | LEASE: 1 year | | | NCES: Domestic V in transitional shelt | |
| | IA: | | | | correspond manner. N | s must respond to a dence from HPHA, o waitlist updates r | in a timely needed, however, |
| 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 | • 5 • | FURNISHED: Partly furnished appliances only | | info/house waitlist sta need useri Funding: F | must update any c hold composition ir tus via hpha.myhou name/password to ed Low Inc Pub Hs ons must be 3 yrs | ofo and check using.com (will do so). sing 100% |
| 1-PERSON MAXIM | IUM MONTHLY INCOM | E: | 4570 | | | | |
| 2-PERSONS MAXI | MUM MONTHLY INCO | ME: | 5220 | | | | |

| | Last Compl | ete Update: | 2/1/2022 | | | AREA: | Waianae |
|---|--|---------------------|---|-------------------------|----------------------------------|--|--|
| ROJECT NAME: M | <mark>A'ILI LAND T</mark> | RANSITIO | NAL HOUSI | NG | | PROJECT TYPE: | Emergency/Transi |
| ADDRESS: 87- | 190 Maliona St. | | | | | PHONE: 696-488 | 5 |
| CITY: Wa | ianae | STATE: HI | ZIP: | 96792 | | FAX: 696-713 | 1 |
| MANAGER: Th | eresa Joseph, Prog | ram Director | | APPLY AD Referral th | | | OUT-OF-STATE |
| APPLY TO: Re | eferrals through Coo | rdinated Entry S | ystem (CES) | | | | APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | | | | NO |
| APPLY PHONE: 69 | 6-4885 | | F | AX: 696-7131 | EMAIL: | | |
| Unit Typ | e: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studi | 0: 7 | 550 | | 380 | 2 | 4 | |
| One Bdrr | n: 4 | 650 | | 620 | 5 | 6 | |
| Two Bdrr | n: 4 | 750 | | 608 | 6 | 8 | |
| Three Bdrr | n: | | | | | | |
| Four Bdrr | n: | | | | | | |
| RENT INFO: RENT I Transitional Shelter for must have at least one from here is equivalen in terms of eligibility fo | r homeless families e child under 19 yrs. t to being evicted fro | only and Evicted | UTILITIES INCLU water | IDED: | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): 0 AIT LIST (Months): 0 |
| Adult 18+ with at leas | t 1 minor child (unde | er 18) | | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: | | PET INFO | : F | ETS OK: NO |
| AN OWN RESIDEN ASSET LIMIT INFO: | ASSET LIMITS: TIAL PROPERTY: | NONE | LEASE: Month to month | | keep cont communi manner.* | updates not required act info current, as a cation from manage | well as respond to ment in a timely |
| NCOME CRITERIA: | | | , | | participan | | |
| | | | FURNISHED: | | | s verification needed Γ Required | |
| | | | unfurnished, no c refrigerator; 2bdrr oven/range, all ot stovetop only (no | m has her units have | Referrals (CES) | though Coordinated | Entry System |
| | | | | | | | |

1-PERSON MAXIMUM MONTHLY INCOME:

| | | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Aiea |
|--|---|--|--|--|------------------|--|--|---|
| | MAKA | LAPA M | ANOR (C | o-op Fee) | | | PROJECT TYPE: | Family |
| ADDRESS: | 99-120 Kc | homua St. | | | | | PHONE: 487-711 | 4 |
| CITY: | Aiea | | STATE: HI | ZIP: | 96701 | | FAX: | |
| MANAGER: | Tracy He | fferon, mana | ger | | APPLY AD | DRESS: ae Ave. #200, I | Honolulu, | OUT-OF-STATE |
| APPLY TO: | Mark Dev | velopment In | с. | | Hi. 96816 | | | APPLICATION ACCEPTED: |
| APPLY ATTN: | 1 | | | | | | | YES |
| APPLY PHONE: | 735-9099 | 9 | | | FAX: 781-295-342 | | https://mdihawaii.co tracyh@mdihawaii.o | m/makalapamanor com |
| | | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | udio: | | | | | | | YES |
| One B | <u> </u> | 18 | 0 | | | 1 | 2 | YES |
| Two B | L | 29 | 0 | | | 2 | 6 | YES |
| Three B | L | 29 | 0 | | | 6 | 8 | |
| Four B | Bdrm: | 34 | 0 | ļ | | 0 | 0 | YES |
| 5 - Five-bdrm units Down Payment bas year. 1 bdrm = \$17 (6/08) = \$27,105; 4 Recording, Transfe \$195.00 AGE CRITERIA: Head of household | sed on siz 7,893; 2 bo bdrm = \$ er, and Not | e of unit and drm = \$21,36 31,977 Addtl tary can add | time of the 5; 3 bdrm Fees: up to | Water | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months):6 AIT LIST (Months):24 'AITLIST |
| | | , | | WAITLIS PARKING INFO | ST FOR PARKING: | PET INFO: | F | ETS OK: YES |
| | | | | Parking includ | | | | - IV |
| | ASS | SET LIMITS: | NONE | | | J | | |
| AN OWN RESID | | ROPERTY: | YES | ļ | | GENERAL Z bandicar | INFO: accessible units | |
| | | | | LEASE: Call for info | | 1 2-bdrm 3 3-bdrm 2 4-bdrm 1 5-bdrm Communit | ו ו ו | |
| | | | | | | Washer/D | ryer hookups in unit 4 units Section 8; r | |
| Maximum annual in 2 persons - \$61,35(4 persons - \$76,65(6 persons - \$88,95(8 persons - \$101,2(| 0, 3 perso 0, 5 perso 0, 7 perso | ns - \$69,000 ns - \$82,800 | , , | FURNISHED: Partly furnished appliances only have carpet | | NO RESP | 16/Co-op ONSE IN 2021. MPLETED UPDATE | |
| -PERSON MAXIMU | UM MONT | HLY INCOM | E: | 4475 | | μ. | | |
| PERSONS MAXIM | | ITHLY INCO | ME: | 5112 | | | | |

| APPLY TO: HPHA NOT ACCEPTING APPLICATIONS APPLCATIONS APPLCATIONS APPLCATIONS APPLCATIONS NOT ACCEPTING APPLICATIONS NO APPLY ATTN: Oahu applications office NOT ACCEPTING APPLICATIONS EMAIL: hphaishereforyou.org NO APPLY PHONE: 832-5961 FAX: 832-3461 EMAIL: hphaishereforyou.org CAREGIVER Allowed: YES Unit Type: Number of UNITS: RENT: SO FT: Minimum Number of MAXIMUM Number of CAREGIVER Allowed: YES Two Bdrm: 16 0 500 1 4 YES Two Bdrm: 16 0 500 1 4 YES Minimum Rent: \$0 for Federal Low Income projects UTILITIES INCLUDED: TOTAL UNITS: 124 Minimum Rent: \$0 for Federal Low Income projects Water and allowance for electricity MINIMUM WAIT LIST ESTIMATE (Months): 20 AGE CRITERIA: NOW RENTINFO: NOT PET INFO: PET INFO: PET S OK: [YES] NOWN RESIDENTIAL PROPERTY: NO SSET LIMIT INFO: LEASE: 1 PET INFO: PET SOK: [YES] Small pets under 25 lbs. only NOCME CRITERIA: NOWN RESIDENTIAL PROPERTY: NO LEASE: Toresponder | | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Nuuanu |
|---|--|--|--------------|------------|----------------------|---|---|--|
| GTT: Honolulu STATE: HI ZIP: 96813 FAX: 686-6728 MANAGER: Sol Sentons APPLY ADDRESS: 1002 North School SL. 0UT-OF-STAT APPLY ADDRESS: 0UT-OF-STAT NOT ACCEPTING APPLICATIONS NOT ACCEPTING APPLICATIONS NOT ACCEPTING APPLICATIONS OUT-OF-STAT APPLY ADDRESS: NOT ACCEPTING APPLICATIONS NOT ACCEPTING APPLICATIONS APPLY ATTR: Out-OF-STAT MINIMUM MINIMUM MINIMUM MINIMUM MAIL: hphaishereloryou.org APPLY PHONE: 832-5961 FAX: 832-3461 MINIMUM MAXIMUM MONTOI CAREGIVER Mumber Interme Interme Interme MINIMUM MAXIMUM CAREGIVER MUMITUR Toree Bdrm: Interme Interme Interme MINIMUM MAXIMUM WAIT LIST RENT INFO: RENT INFO: NOT MINIMUM MINIMUM <td< th=""><th>ROJECT NAME: M</th><th>AKAMAE (HF</th><th>PHA-hon)</th><th>- NOT ACCE</th><th>EPTING APP</th><th>PLICA</th><th>PROJECT TYPE:</th><th>Elderly</th></td<> | ROJECT NAME: M | AKAMAE (HF | PHA-hon) | - NOT ACCE | EPTING APP | PLICA | PROJECT TYPE: | Elderly |
| GITY: Honolulu STATE: HI ZP: 98813 MANAGER: Sol Sentons APPLY ADDRESS: 1000 Mont School St. MOT ACCEPTING APPLICATIONS OUT-OF-STAT MOT ACCEPTING APPLICATIONS APPLY PTO:: Cahu applications office NOT ACCEPTING APPLICATIONS DUT-OF-STAT MOT ACCEPTING APPLICATIONS OUT-OF-STAT MOT ACCEPTING APPLICATIONS APPLY PHONE: 832-6961 FAX: 832-3461 EMAIL: hphaishereforyou.org Unit Type: Number Minimum INCOME So FT: Minimum OF People: CAREGIVER Allowed: Studio: 108 0 500 1 4 YES Minimum Rent: 108 0 500 1 4 YES Three Bdrm: 16 0 500 1 4 YES Minimum Rent: S1 for Federal Low Income projects UTILITES INCLUDED: TOTAL UNITS: 124 Minimum Rent: S1 for Federal Low Income projects UTILITES INCLUDED: TOTAL UNITS: 124 Maximum Annual Edge zears of Minimum Rent: NOW RESIDENTIAL PROPERTY: NO PET INFO: | | | | | | | PHONE: 586-972 | 4 |
| MANAGER: Sol Sentons APPLY ADDRESS: 1002 Mort School St. MOT ACCEPTING APPLICATIONS OUT-OF-STAT APPLY ATTR: Colvu applications of fice NOT ACCEPTING APPLICATIONS OUT-OF-STAT APPLY ATTR: Colvu applications OUT-OF-STAT APPLY ADDRESS: NO APPLY ADDRESS: NO ACCEPTING APPLICATIONS Normality Applications Colverse OUT-OF-STAT APPLY ADDRESS: NO OUT-OF-STAT APPLY ADDRESS: NO APPLY PHONE: 832-5961 FAX: 832-3461 EMAIL: hybridiherelonyou.org CAREGIVER Allowed: YES Iminum Stations Intermet Stations Normber (People) MAXIMUMM MAXIMUM Maximum Annual Stations CAREGIVER Allowed: YES Iminum Recent INFO: Rent IS 30% OF INCOME: YES UTILITIES INCLUDED: TOTAL UNITS: [24 MINIMUM WAIT LIST ESTITUTE (Monthe): CALE VERY (Monthe): CALE VERY (Monthe): </th <th></th> <th>polulu</th> <th>STATE: HI</th> <th>ZIP:</th> <th>96813</th> <th></th> <th>FAX: 586-972</th> <th>8</th> | | polulu | STATE: HI | ZIP: | 96813 | | FAX: 586-972 | 8 |
| APPLY TO: HPHA MOT ACCEPTING APPLICATIONS DUIT-OF-STAT APPLY TO: MOT ACCEPTING APPLICATIONS DUIT-OF-STAT APPLY ATTR: Colturapolications office NOT ACCEPTING APPLICATIONS DUIT-OF-STAT APPLY TO: MOT ACCEPTING APPLICATIONS APPLY TO: MUTTACCEPTING APPLICATIONS Careed and the second applications office NOT ACCEPTING APPLICATIONS EMAIL: hphaishereforyou.org APPLY PHONE: 832-5981 FAX: 832-3461 MININUM MAXIMUM CAREGIVER Allowed: Implementations 108 0 384 1 2 YES Implementations Implementations MININUM MAXIMUM Allowed: Implementations Allowed: Implementations 0 384 1 2 YES YES Implementations 0 384 1 2 YES Implementations 0 500 1 4 YES Implementations 0 0 0 0 0 0 | | | •••••• | | 30013 | | | |
| APPLY T0: HPHA NOT ACCEPTING APPLICATIONS APPLY CATIONS APPLY CELEVING APPLICATIONS APPLY CELEVING APPLICATIONS APPLY CELEVING APPLICATIONS APPLY TIME Callus applications office NOT ACCEPTING APPLICATIONS NO APPLY THONE: Saladian FAX: 832-3461 EMAIL: hphashereforyou.org EMAIL: hphashereforyou.org Implementation Implementation RENT: Minimum Maximum Maximum Maximum Maximum Maximum CaREEGIVER Allowed: No Implementation Implementation RENT: Implementation Implementation Implementation Implementation No Implementation Implementa | MANAGER: S | ol Sentons | | | APPLY AD | DRESS: | | |
| APPLY T0: HPLA NOT ACCEPTING APPLICATIONS NOT ACCEPTING APPLICATIONS ACCEPTED: NO APPLY ATTR: Cohe applications office NOT ACCEPTING APPLICATIONS NOT ACCEPTING APPLY PHONE: 332-5961 NO APPLY PHONE: 332-5961 FAX: 832-3461 EMAIL: hphaishereforyou.org Iminum INCOME RENT: Minimum INCOME SQ FT: MINIMUM Number of People: MAXIMUM CAREGIVER AVIENT of People: CAREGIVER AVIENT of AVIENT of AV | | | | | | | | OUT-OF-STATE APPLICATION |
| APPLY ATTR: Ghu applications differed in the productions. EMIL: hybridisered ory.org. APPLY PHONE: 832-5961 FX: 32:3461 Image: Statutio: 108 0 Image: Statutio: 108 0 500 Image: Statutio: 108 0 500 1 Image: Statutio: Image: Statutio: 108 108 108 Image: Statutio: Image: Statutio: 108 108 108 108 | | | PLICATIONS | | , | | CATIONS | ACCEPTED: |
| APPLY PHONE: 832-5961 FAX: 832-3461 Unit Type: Number of UNITS: RENT: Studio: 108 0 384 1 2 YES YES One Bdrm: 16 1 0 Two Bdrm: 16 Four Bdrm: 14 Four Bdrm: 14 Four Bdrm: 14 Four Bdrm: 12 Four Bdrm: 12 Four Bdrm: 12 Three Bdrm: 12 Four Bdrm: 12 Minimum Rent: S0 for Federal Low Income projects Water and allowance for electricity Maximum Annual noncome projects Water and allowance for electricity NGE CRITERIA: NONN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: NON Cannot own a house on Oahu 1 year NCOME CRITERIA: FUNISHED: Norment Eightly in 90% of Mil FUNISHED: Partity furnished-major Statu in in and theek applicants must spond to any spinaner, Nooil apstros - \$88, 300; Persons - \$82, 200; is person - \$82, 200; is person - | | | | | | | | NO |
| Unit Type: Number Number CAREGIVER Studio: 108 0 384 1 2 YES Studio: 108 0 384 1 2 YES One Bdrm: 16 0 500 1 4 YES Two Bdrm: 16 0 500 1 4 YES Three Bdrm: 1 2 YES 1 4 YES Winimum Rent: \$0 for Federal Low Income projects UTILITIES INCLUDED: TOTAL UNITS: 124 Minimum Rent: \$0 for Federal Low Income projects Water and allowance for electricity MINIMUM WAIT LIST ESTIMATE (Months): 24 MAE CRITERIA: Head of household or spouse must be 62 years or older, or disabled WAITLIST FOR PARKING: PARKING INFO: NO AN OWN RESIDENTIAL PROPERTY: NO EASEE: TOREMAIN ON WAITLIST CREAKING: PET INFO: PET INFO: PETS OK: VES Studied 1 year PARKING INFO: NO Small pets under 25 lbs. only CALE VERY (Months): General. INFO: SSET LIMIT INFO: NONE LEASE: Included PRE | | | | F | FAX: 832-3461 | EMAIL: | hphaishereforyou.oi | g |
| Studio: of UNITS: RENT: Required: SQ FT: Number of People: Allowed: Studio: 108 0 384 1 2 YES One Bdrm: 16 0 500 1 4 YES Two Bdrm: | | | | Minimum | | MINIMUM | MAXIMUM | |
| Cutation 100 0 304 1 2 YES One Bdrm: 16 0 500 1 4 YES Two Bdrm: 1 4 YES 1 4 YES Two Bdrm: 1 4 YES 1 4 YES RENT INFO: RENT IS 30% OF INCOME: YES UTILITIES INCLUDED: TOTAL UNITS; 1/24 Minimum Rent: \$0 for Federal Low income projects Water and allowance for electricity MINIMUM WAIT LIST ESTIMATE (Months); 24 MAXIMUM WAIT LIST ESTIMATE (Months); 0 0 24 MAXIMUM WAIT LIST AGE CRITERIA: WAITLIST FOR PARKING: PARKINO INFO: NO Included Included Det INFO: PET INFO: PETS OK: YES Small pets under 25 lbs. only Small pets under 25 lbs. only CALE EVERY (Months); Det Info: PET INFO: PET INFO: PET INFO: PET INFO: PET INFO: PET INFO: PREFERENCES: Domestic Violence victims; honeless in transitional shelters; involuntary displaced. Applicants must update any contact info: PROFERENCES: Domestic Violence victims; honeweere. applicants must update any contact info/busehold composition in | Unit Typ | | RENT: | | SQ FT: | | | |
| Ite and allowance for electricity Total UNITS: [24 Three Bdrm: Ite and allowance for electricity Minimum Rent: \$0 for Federal Low Income projects Minimum Rent: \$0 for Federal Low Income projects Itel Itel Itel Itel Itel Itel Itel Itel | Stud | io: 108 | 0 | | 384 | 1 | 2 | YES |
| Three Bdrm: Four Bdrm: Four Bdrm: Torree Bdrm: RENT INFO: RENT IS 30% OF INCOME: Year Minimum Rent: \$0 for Federal Low Income projects Maximum Annual Rent: Water and allowance for electricity Maximum Annual Rent: Water and allowance for electricity AGE CRITERIA: Water and allowance for electricity Head of household or spouse must be 62 years or older, or disabled TO REMAIN ON WAIT LIST CALL EVERY (Months): AN OWN RESIDENTIAL PROPERTY: NO AN OWN RESIDENTIAL PROPERTY: NO NCOME CRITERIA: LEASE: I year PET INFO: PET INFO: PETS OK: YES Small pets under 25 lbs. only GENERAL INFO: NCOME CRITERIA: LEASE: I year Parity furnished-major appliances on HPAL, in a timely manner. No waitist updates needed, however, applicants must respond to any correspondence from HPAL, in a timely manner. No waitist updates needed, however, appliances only, no carpet NCOME CRITERIA: Parity furnished-major appliances only, no carpet Parity surnished-major appliances sonly, no carpet If elder dies, under age 62 spouse may rent unit. Funding: Fed Low Inc Pub Hsing 100% Applicants muxtimudate applicances ondy, no carpet If elder dies, | One Bdr | m: 16 | 0 | | 500 | 1 | 4 | YES |
| Four Bdrm: RENT INFO: RENT IS 30% OF INCOME: YES Winimum Rent: \$0 for Federal Low Income projects UTILITIES INCLUDED: TOTAL UNITS: Water and allowance for electricity MINIMUM WAIT LIST ESTIMATE (Months): Za AGE CRITERIA: Water and allowance for electricity MAXIMUM WAIT LIST ESTIMATE (Months): Go AGE CRITERIA: WAITLIST FOR PARKING: TO REMAIN ON WAITLIST CALL EVERY (Months): GO ASSET LIMITS: NONE NO PET INFO: PETS OK: YES AN OWN RESIDENTIAL PROPERTY: NO LEASE: 1 year ''Applicants must respond to any correspondence from HPHA, in a timely manner. No waitlist updates needed, however, 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 waitlist status via hpha.myhousing.com (will need username/password to do so). ''Applicants must waithe any contact info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so). PERSON MAXIMUM MONTHLY INCOME: 4570 | Two Bdr | m: | | | | | | |
| RENT INFO: RENT IS 30% OF INCOME: YES Winimum Rent: \$0 for Federal Low Income projects UTILITIES INCLUDED: TOTAL UNITS: 124 Minimum Rent: \$0 for Federal Low Income projects Water and allowance for electricity MINIMUM WAIT LIST CLOSED 8/2/2016***** Water and allowance for electricity MINIMUM WAIT LIST AGE CRITERIA: ESTIMATE (Months): 24 Head of household or spouse must be 62 years or older, or disabled WAITLIST FOR PARKING: PARKING INFO: NO ASSET LIMITS: NONE NONE NON PET INFO: PETS OK: YES AN OWN RESIDENTIAL PROPERTY: NO LEASE: Small pets under 25 lbs. only GENERAL INFO: NCOME CRITERIA: Ivear 1 year | Three Bdr | m: | | | | | | |
| Minimum Rent: \$0 for Federal Low Income projects Water and allowance for electricity MiNIMUM WAIT LIST CLOSED 8/2/2016***** Water and allowance for electricity MINIMUM WAIT LIST ESTIMATE (Months): 24 MAXIMUM WAIT LIST ESTIMATE (Months): 24 MOWN RESIDENTIAL PROPERTY: NO ASSET LIMIT: NCOME CRITERIA: ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$64,350; 2 persons - \$60,900; 3 persons - \$54,250; 4 persons - \$60,900; 3 persons - \$64,350; 8 persons - \$60,900; 3 persons - \$94,350; 8 persons - \$80,300; 7 persons - \$94,350; | Four Bdr | m: | | | | | | |
| ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: Cannot own a house on Oahu LEASE: 1 year 1 year 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 waitlist status via hpha.myhousing.com (will appliances only, no carpet FURNISHED: Partly furnishedmajor applicances only, no carpet B persons - \$88,300; 7 persons - \$94,350; 8 persons - \$94,350; Partly furnishedmajor appliances only, no carpet PERSON MAXIMUM MONTHLY INCOME: 4570 | AGE CRITERIA: Head of household or | | years or | WAITLIS | T FOR PARKING: | | MAXIMUM WA ESTIMATE (TO REMAIN ON W | AIT LIST (Months): 60 |
| ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: Cannot own a house on Oahu NCOME CRITERIA: 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 - \$68,500; 5 persons - \$88,300; 7 persons - \$82,200; 5 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450 PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. *Applicants must respond to any correspondence from HPHA, in a timely manner. No waitlist update any contact 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 unit. Funding: Fed Low Inc Pub Hsing 100% | | | | | NO | | | ETS OK: YES |
| AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: Cannot own a house on Oahu NCOME CRITERIA: 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 - \$68,500; 8 persons - \$788,300; 7 persons - \$94,350; 8 persons - \$100,450 -PERSON MAXIMUM MONTHLY INCOME: 4570 GENERAL INFO: BREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. *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 waitlist status via hpha.myhousing.com (will need username/password to do so). If elder dies, under age 62 spouse may rent unit. Funding: Fed Low Inc Pub Hsing 100% | | | | Included | | Small pets | under 25 lbs. only | |
| ASSET LIMIT INFO: LEASE: Cannot own a house on Oahu 1 year NCOME CRITERIA: 1 year ncome Eligibility = 80% of AMI FURNISHED: Maximum Annual Income: 1 person - \$53,250; Partly furnishedmajor 2 persons - \$60,900; 3 persons - \$68,500; Partly furnishedmajor 4 persons - \$76,100; 5 persons - \$82,200; Partly furnishedmajor 6 persons - \$88,300; 7 persons - \$84,350; Persons - \$100,450 -PERSON MAXIMUM MONTHLY INCOME: 4570 | AN OWN RESIDEN | | | | | GENFRAI | INFO: | |
| Cannot own a house on Oahu 1 year NCOME CRITERIA: 1 year ncome Eligibility = 80% of AMI FURNISHED: Maximum Annual Income: 1 person - \$53,250; Partly furnishedmajor 2 persons - \$60,900; 3 persons - \$68,500; Partly furnishedmajor 4 persons - \$76,100; 5 persons - \$82,200; Partly furnishedmajor 6 persons - \$88,300; 7 persons - \$94,350; Partly furnishedmajor 8 persons - \$100,450 4570 | ASSET LIMIT INFO: | | | LEASE | | PREFERE | NCES: Domestic V | |
| NCOME CRITERIA: 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 - \$82,200; 8 persons - \$100,450 -PERSON MAXIMUM MONTHLY INCOME: 4570 | Cannot own a house of | on Oahu | | - | | | in transitional shelte | ers; involuntary |
| NCOME CRITERIA: main function ncome Eligibility = 80% of AMI FURNISHED: Maximum Annual Income: 1 person - \$53,250; Partly furnishedmajor 2 persons - \$60,900; 3 persons - \$68,500; Partly furnishedmajor 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; If elder dies, under age 62 spouse may rent -PERSON MAXIMUM MONTHLY INCOME: 4570 | | | | | | | | |
| Income 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 -PERSON MAXIMUM MONTHLY INCOME: 4570 | | | | 1 | | | | |
| 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 Persons AXIMUM MONTHLY INCOME: 4570 | ncome Eligibility = 80° | | | FURNISHED: | | | | |
| | 2 persons - \$60,900; 3 4 persons - \$76,100; 3 | 3 persons - \$68,500 5 persons - \$82,200 7 persons - \$94,350 | - - - | | | waitlist sta need user If elder die | tus via hpha.myhou name/password to c s, under age 62 spo | sing.com (will lo so). ouse may rent |
| PERSONS MAXIMUM MONTHLY INCOME: 5220 | -PERSON MAXIMUM | MONTHLY INCOM | E: | 4570 | | | | |
| | -PERSONS MAXIMU | M MONTHLY INCO | ME: | 5220 | | | | |

| | | Last Compl | ete Update: | 2/1/2022 | | | AREA: | Mililani |
|--|--------------------------|---------------------------|-------------|--------------------------------------|-------------------|---------------------|--|--|
| PROJECT NAME: | MAK | ANA HALI | Ε | | | P | ROJECT TYPE: | Family |
| ADDRESS: | 95-141 | Kipapa Dr. | | | | F | PHONE: 623-392 | 20 |
| CITY | Mililani | | STATE: HI | ZIP: | 00700 | | FAX: 623-392 | 20 |
| GIT. | Iviiliani | | | 217. | 96789 | | | |
| MANAGER | : Michae | el Ramos | | | | | | |
| APPLY TO |): Makan | a Hale Coopera | ative | | 95-141 Kipa | apa Drive, Mililan | 96789 | OUT-OF-STATE APPLICATION ACCEPTED: |
| | l: | | | | | | | YES |
| APPLY PHONE | : 623-39 | 020 | | F | AX: | EMAIL: | | |
| | Type: | | | Minimum | | MINIMUM | MAXIMUM | |
| | туре. | Number of UNITS: | RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | CAREGIVER Allowed: |
| s | tudio: | | | | | | | |
| One | Bdrm: | | | | | | | |
| Two | Bdrm: | 30 | 696 | NO | 705 | 2 | 5 | YES |
| Three | Bdrm: | 69 | 771 | NO | 843/882 | 3 | 7 | YES |
| Four | Bdrm: | 27 | 857 | NO | 1050 | 4 | 9 | NO |
| RENT INFO: RE Two bdrm rent is S Three bdrm rent is Four bdrm rent is | \$592-696 \$ \$656-77 |) maximum. 71 maximum. | E YES | UTILITIES INCLU | JDED: | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 48 |
| AGE CRITERIA: | | | | | | т | O REMAIN ON W | |
| Head of househole Applicants can ap | | | | WAITLIST | FOR PARKING: | | CALL EVERY | |
| history. | | | | PARKING INFO: | YES | PET INFO: | | PETS OK: NO |
| ļ | | | N/50 | Parking included stall @ \$30/mo. | , wannist for 2nd | Only assistiv | e animais with m | |
| AN OWN RESI | | SSET LIMITS: PROPERTY: | | | | I GENERAL IN | IFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | Application: | | |
| Property is counte eligibility. | ed when c | determining inco | ome | Month-to-month | | | manager's office | |
| | | | | | | every 6 mon | | nust be in writing, |
| INCOME CRITER | IA: | | | r | | | egular waitlist up ontact info update | dates, applicants |
| Maximum Annual 3 persons: \$51,35 | | | ,650; | FURNISHED: | maior | | must respond to a | |
| 5 persons: \$61,60 7 persons: \$70,75 | 0; 6 pers | ons: \$66,200; | | Partly furnished appliances only. | major | | | ement, in a timely |
| 1-PERSON MAXIN | | NTHLY INCOM | E: | | | | | |

| | Last Comp | olete Update: | 1/24/2022 | | | AREA: | McCully |
|---|---|---------------|----------------------------------|---------------------------------------|--------------------------------|---|---|
| ROJECT NAME: 👖 | AKUA ALII (| HPHA-hon |) - NOT AC | CEPTING AF | PLIC | PROJECT TYPE: | Elderly |
| ADDRESS: 1 | 541 Kalakaua Ave. | | | | | PHONE: 973-019 | 93 |
| CITY: H | onolulu | STATE: HI | ZIP: | 96826 | | FAX: 973-019 | 97 |
| MANAGER: | Loane Ah Sam | | | APPLY AD | DRESS: | | |
| APPLY TO: | HPHA NOT ACCEPTING A | PPLICATIONS | | 1002 North Honolulu, H NOT ACCE | | CATIONS | OUT-OF-STAT APPLICATION ACCEPTED: |
| | Oahu applications off NOT ACCEPTING A | | | | | | NO |
| APPLY PHONE: | 832-5961 | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.c | irg |
| Unit T | of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| One Bd | Irm: 210 | 0 | | 522 | | 4 | YES |
| Three Bd | Irm: 1 | | | | | | |
| *******CLOSED 8/2 | or Federal Low Incom 2/2016***** | | Electricity and w | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 22 AIT LIST |
| GE CRITERIA: | | | | | | TO REMAIN ON V | AITLIST |
| lead of household c lder, or disabled | or spouse must be 62 | 2 years or | WAITLIS PARKING INFO | T FOR PARKING: YES | PET INFO: | | (Months): |
| | ASSET LIMITS: | NONE | Included | | Small pets | under 25 lbs. only | |
| AN OWN RESIDE | NTIAL PROPERTY: | | | | GENERAL | INFO: | |
| SSET LIMIT INFO: annot own a house | | - | LEASE: 1 year | | | NCES: Domestic \ in transitional shelt | |
| | | | | | correspon | s must respond to a dence from HPHA, | in a timely |
| COME CRITERIA: | | | FURNISHED: | | applicants | o waitlist updates r must update any c | ontact |
| laximum Annual In persons - \$60,900 persons - \$76,100 | come: 1 person - \$53 ; 3 persons - \$68,500 ; 5 persons - \$82,200 ; 7 persons - \$94,350 |);); | Partly furnished appliances only | | waitlist sta need user | hold composition ir tus via hpha.myhou name/password to s, under age 62 sp ng: Fed Low Inc Pu | using.com (will do so). ouse may rent |
| PERSON MAXIMU | M MONTHLY INCOM | ſE: | 4570 | | μ | | |
| PERSONS MAXIM | UM MONTHLY INCC | DME: | 5220 | | | | |

Oahu Housing Guide

| | | Last Comp | ete Update: | 2/22/2022 | | | AREA: | Liliha |
|--|--------------------------|---------------------|----------------|--|---------------------|--------------------------------|--|--------------------------|
| PROJECT NAME: | MAL | ULANI HA | LE | | | | PROJECT TYPE: | Elderly |
| ADDRESS: | , 114 Noi | rth Kuakini St. | | | | | PHONE: 524-273 | 31 537-1213 |
| CITY: | Honolul | u | | ZIP: | 96817 | | FAX: 545-52 [°] | 14 |
| MANAGER | R: John \ x 10 | /alledor, Reside | nt Mgr.; Sunni | e Lee, COS 524-273 | | DRESS: ania St. C101 | | OUT-OF-STAT |
| APPLY TO |): Urban | Real Estate Co | | | Honolulu, H | II 96813 | | APPLICATION ACCEPTED: |
| | I: Housir | ng Management | Department | | | | | YES |
| APPLY PHONE | : 524-27 | 731ext 3609 | | F | AX: 545-5214 | EMAIL: | None | |
| | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | itudio: | | | | | | | YES |
| | Bdrm: Bdrm: | 150 | 1410 | | | 1 | 2 | |
| Three | | | | | | | | |
| | Bdrm: | | | | | | | NO |
| | barni. | | | J | J | ļ. | J | |
| RENT INFO: RE Project has some wait, as of 2022). No wait for marke Market Rate - \$14 | Section | 8 units (60 units | ; 5 year | UTILITIES INCLU Electricity and wa | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 0 |
| AGE CRITERIA: | | | | jt. | | | ESTIMATE TO REMAIN ON W | |
| Head of Househol | | | | WAITLIST | FOR PARKING: | | CALL EVERY | |
| union partner 18+ household must b | · | | e | PARKING INFO: | YES | PET INFO | : F | PETS OK: YES |
| | A | SSET LIMITS: | NONE | Parking available year waiting list a | | Subject to | property manager's | s approval |
| AN OWN RESI | | PROPERTY: | YES | | | GENERAL | | |
| ASSET LIMIT INF | 0: | | | LEASE: | | If elderly t rent unit. | enant dies, under a | ge 62 spouse may |
| | | | | 1 year | | | ation to Shopping a Charities Hawaii | vailable through |
| INCOME CRITER Maximum annual Maximum annual (80% of AMI) = 1 | income f income | | | FURNISHED: Partly furnished appliances only, | | SQFT of u | Section 8 60 units Market 89 units + 1 unit for resident n units not available fr | ngr rom manager. |
| -PERSON MAXIM | | NTHLY INCOM | E: | 5446 | | envelope | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 6221 | | | | |

| Last Complete U | pdate: 2/22/2022 | | | AREA: | Pearl City | |
|--|--|--|--------------------------------|--|--------------------------|--|
| OJECT NAME: MANANA GARDEN | IS | | | PROJECT TYPE: | Family | |
| ADDRESS: 949 Luehu St. | | | | PHONE: 455-422 | 5 | |
| CITY: Pearl City STA | ATE: HI ZIP: | 96782 | | FAX: 455-422 | 5 | |
| MANAGER: Sherry Revalee | | APPLY AD 949 Luehu Pearl City, I | St. | | OUT-OF-STA APPLICATIO | |
| APPLY TO: Locations LLC | | | | | ACCEPTED | |
| APPLY ATTN: Property Management Divis | ion | | EMAIL: | Locationsrentals.co | m/affordable- | |
| APPLY PHONE: 455-4225 | | FAX: 455-4232 | I | rentals.aspx | | |
| Unit Type: Number of UNITS: R | ENT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | | | | | | |
| One Bdrm: | | | | | | |
| Two Bdrm: 71 | 940 2.5x rent | 746 | | | YES | |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | | | YES | |
| Sliding Scale for Rent: \$940 minus \$215 P (rent assistance) = \$725 minimum rent. ction 8 certificate holders need not meet the r oss income requirement. | | P | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 2 | |
| GE CRITERIA: | | | | TO REMAIN ON W | , li c | |
| ad of household must be 18 years or older | WAITL | IST FOR PARKING: | | CALL EVERY | (Months): | |
| | PARKING INF Parking includ | | PET INFO: | P | ETS OK: NO | |
| ASSET LIMITS: NON | | | | | | |
| AN OWN RESIDENTIAL PROPERTY: YES | | | GENERAL | INFO: | | |
| SET LIMIT INFO: | LEASE: | | | ion letter mailed aft . Common laundry | | |
| | 1 year | | community Visitor parl | v area. On-site resi king. Near Pearl Cit d Pearl Highlands. | dent manager. | |
| COME CRITERIA: | | | 2019 Inda | ate - Info from Web | site | |
| aximum Annual Income 60% AMI: berson - \$49,020 beople - \$55,980 beople - \$63,000 beople - \$69,960 beople - \$75,600 beople - \$81,180 beople - \$81,760 | FURNISHED: Partly Furnish appliances, vi window curtai up. | | | 2019 Update - Info from Website NO RESPONSE IN 2021. | | |
| ERSON MAXIMUM MONTHLY INCOME: | 4085 | | | | | |
| ERSONS MAXIMUM MONTHLY INCOME: | 4665 | | | | | |

| | | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Manoa |
|---|-------------------------|----------------------------------|---------------|--------------------------------------|------------------|--|---|--|
| PROJECT NAME: | MAN | <mark>OA GARD</mark> | ENS ELDI | ERLY HOU | SING | | PROJECT TYPE: | Elderly |
| ADDRESS: | 2790 Ka | ahaloa Dr. | | | | | PHONE: 808-762 | -0101 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96822 | | FAX: 930-301 | 5 |
| MANAGER | : Michel | le Look, Proper | ty Manager | | | DRESS: Property Mana O. Box 22420, | | OUT-OF-STATE APPLICATION |
| APPLY TO | : Locatio | ons LLC | | | Hi. 96823-2 | | nonolulu, | ACCEPTED: YES |
| APPLY ATTN | : | | | | | | | 120 |
| APPLY PHONE | : 808-73 | 8-3147 | | | FAX: 808-930-301 | | Michelle.Look@Loc https://www.location | ationsHawaii.com nsrentals.com/afford |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | tudio: | 48 | 950 | 2xrent | 390 | 1 | 2 | YES |
| One | Bdrm: | 31 | 1005 | 2xrent | 448 | 2 | 3 | YES |
| Two | Bdrm: | | | | | | | |
| Three | Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | | YES |
| Market rent for stu Market rent for 1b Sec 8 certificate h gross income requ | drom: \$1 olders ne | 005 to \$1400 eed not meet th | e minimum | Water & Sewer | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 24 |
| AGE CRITERIA: | | | | | | | TO REMAIN ON W | |
| All applicants/resid | dents mu | ist be 62 or olde | er at time of | WAITU | ST FOR PARKING: | | CALL EVERY | |
| application. Applicants may ap | ply with | out verifiable re | sidential | PARKING INFO | | PET INFO | : P | ETS OK: NO |
| history. | A | SSET LIMITS: | NONE | 51 stalls; \$20/n parking also av | | | | |
| AN OWN RESID | | PROPERTY: | YES | | | GENERAL | - | |
| ASSET LIMIT INF | 0: | | | LEASE: 6 months, then | month to month | outside ho Opened 1 | 992 | |
| ļ | | | | | | Catholic C Applicatio | ation to Shopping av Charities Hawaii n and Resident Sele | - |
| INCOME CRITER | | | | FURNISHED: | | | w.eahhousing.org | |
| 1 person - 60%AM 2 persons - 60%A No income limit fo | 1I \$50,64 MI \$57,8 | 40, 80%AMI \$7 | | Partly furnished appliances only | | | PONSE IN 2021. LAS OCCURRED IN 202 | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4085 | | ļ | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 4665 | | | | |

| | Last | Complete Update: | 1/24/2022 | | | AREA: | Chinatown |
|---|----------------------------|-----------------------------------|--|---|--------------------------------|---|--|
| ROJECT NAME: | MARIN TO | WER | | | | PROJECT TYPE: | Family |
| ADDRESS: | 60 North Nimitz | Hwy. | | | | PHONE: 528-446 | 6 0 |
| CITY: | Honolulu | STATE: | H ZIP: | 96817 | | FAX: 524-006 | |
| | R: Lee Yasutake | ole Properties | | APPLY AD 60 N. Nimit Honolulu, H | z Hwy | | OUT-OF-STATI APPLICATION ACCEPTED: |
| | 1: Laura Kim, Adn | nin Assistant | | | | | YES |
| | : 528-4460 | | F | AX: 524-0060 | EMAIL: | Not Accepted | |
| S One Two Three | Bdrm: | rs: RENT: 1100 1200 1330 | Minimum INCOME Required: 2637.50 2825.00 3387.5 UTILITIES INCLU Water + Sewer | SQ FT: 430 655 729 DED: | MINIMUM Number of People | MAXIMUM Number of People: 2 3 5 5 TOTA MINIMUM W ESTIMATE MAXIMUM W | (Months): 6 |
| AGE CRITERIA: | | | Į | | | ESTIMATE | (Months): 60 |
| Head of househol | | rs or older MITS: NONE | WAITLIST PARKING INFO: Rent does not inc | FOR PARKING: | PET INFO | CALL EVERY | (Months): 12 PETS OK: YES |
| AN OWN RESII ASSET LIMIT INF | DENTIAL PROPE | | LEASE: | | Most units | Il forms of subsidy p ble: Section 8) s have a Lanai | payments |
| INCOME CRITER People 1 \$52,920 \$6 No Market Rent U | 2 3 60,480 \$68,040 \$7 | 4 5 75,540 \$81,600 | FURNISHED: Partly furnished appliances only | major | Email: ma | n: om Resident Manag rin@hawaiiaffordab awaiiaffordable.com | le.com or |
| -PERSON MAXIN | IUM MONTHLY II | NCOME: | 4410 | | J | | |
| -PERSONS MAX | IMUM MONTHLY | INCOME: | 5040 | | | | |

| | Last Comple | te Update: | 2/22/2022 | | | AREA: | Chinatown | |
|---|----------------------|-----------------|-----------------------------------|----------------------|--------------------------------|-------------------------------------|--------------------------|--|
| PROJECT NAME: MAL | JNAKEA TO | WER (CL | OSED for | apps in 2007 | 7) | PROJECT TYPE: | Family | |
| ADDRESS: 1245 | Maunakea St. | | | | | PHONE: 537-9905 | | |
| CITY: Honol | ulu | STATE: HI | ZIP: | 96817 | | FAX: 545-16 | 63 | |
| MANAGER: Debr | a Fong | | | APPLY AD | DRESS: | | OUT-OF-STATE | |
| APPLY TO: | | | | | | | APPLICATION ACCEPTED: | |
| APPLY ATTN: Maur | nakea Tower | | | | | | | |
| APPLY PHONE: 537-5 | 9905 | | | FAX: 545-1663 | | sandalwoodmgt.co Maunakeatower@: | m sandalwoodmgt.com | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: One Bdrm: | 254 | 0 | NO | 560 | 1 | 2 | YES | |
| Two Bdrm: | 126 | 0 | NO | 742 | 2 | 4 | YES | |
| Three Bdrm: Four Bdrm: | | | | | | | NO | |
| RENT INFO: RENT IS 3 NOT CURRENTLY ACCI Applications given out 5/ | EPTING APPLICA | TIONS | UTILITIES INC Water | LUDED: | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 60 | |
| AGE CRITERIA: | | | l | | | ESTIMATE TO REMAIN ON V | | |
| Head of household must | be 18 years or old | er | WAITLI | ST FOR PARKING: | | CALL EVERY | (Months): | |
| | | | PARKING INF | | PET INFO: Assistive a | animals only | PETS OK: NO | |
| | ASSET LIMITS: | NONE | | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | YES | ļ | | GENERAL | INFO: 379 units Low Incor | ne Housing Tax | |
| | | | LEASE: 1 year; then m | onth-to-month | Credit. Se | on letter sent upon | | |
| | | | | | applicatior | 1 | | |
| INCOME CRITERIA: Maximum Annual Income | e: 1 person - \$36.6 | 50 [.] | FURNISHED: | | annually | on wait list will rec | eive a notice | |
| 2 persons - \$41,850; 3 p 4 persons - \$52,300; | ersons - \$47,100; | , | Partly furnishe appliances onl | | | ONSE IN 2021. LA OCCURRED ON 9 | | |
| I-PERSON MAXIMUM M | ONTHLY INCOME | : | 3054 | | ļ | | | |
| 2-PERSONS MAXIMUM N | IONTHLY INCOM | E: | 3488 | | | | | |

| | Last Comp | lete Update: | 1/24/2022 | | | AREA: | Palama | |
|--|---|--------------|---|---------------------------------------|--|---|--------------------------------------|--|
| OJECT NAME: | MAYOR WRIG | HT HOME | <mark>S (HPHA-h</mark> | on) - NOT A(| CCEP | PROJECT TYPE: | Family | |
| ADDRESS: | 521 North Kukui St. | | | | | PHONE: 832-315 | 53 | |
| CITY: | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: 832-318 | 38 | |
| MANAGER | : Cynthia Yoshida - Ma | inager | | APPLY AD | DRESS: | | | |
| APPLY TO | : HPHA NOT ACCEPTING AI | PPI ICATIONS | | 1002 North Honolulu, H NOT ACCE | | ATIONS | OUT-OF-STA APPLICATIO ACCEPTED | |
| APPLY ATTN | : Oahu applications off NOT ACCEPTING AI | ice | | | | | NO | |
| APPLY PHONE | | | | FAX: 832-3461 | EMAIL: h | phaishereforyou.o | rg | |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | tudio: 3drm: 24 | 0 | | 530 | 1 | 2 | YES | |
| Two E Three E | 3drm: 114 3drm: 168 | 0 | | 732 908 | 2 | 4 6 | YES YES | |
| Four I | Bdrm: 50 | 0 | | 1203 | 4 | 8 | YES | |
| *******CLOSED { GE CRITERIA: ead of household | 8/2/2016***** d must be 18 years or o | lder | electricity | ST FOR PARKING: | | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | AIT LIST (Months): 6 | |
| | | | PARKING INFO | D: | | mals ok, but only o | PETS OK: YES | |
| | ASSET LIMITS: | | | | one doa (ur | ies listed below: nder 25 lbs) or cat | | |
| SET LIMIT INF | - | | LEASE: PREFI | | | NERAL INFO: EFERENCES: Domestic Violence victims; neless in transitional shelters; involuntary placed. | | |
| COME CRITERI | A: | | | | correspond manner. No | s must respond to a lence from HPHA, o waitlist updates r | in a timely needed, however, | |
| come Eligibility = 80% of AMI laximum Annual Income: 1 person - \$53,250; persons - \$60,900; 3 persons - \$68,500; persons - \$76,100; 5 persons - \$82,200; persons - \$88,300; 7 persons - \$94,350; persons - \$100,450 | | | FURNISHED: Partly furnishe appliances onl | | applicants must update any contact info/household composition info, and check waitlist status via hpha.myhousing.com (will need username/password to do so). Funding: Fed Low Inc Pub Hsing 100% All convictions must be 3 yrs ago, unless it's | | | |
| 'ERSON MAXIM | UM MONTHLY INCOM | IE: | 4570 | | Į. | | | |
| 'ERSONS MAXI | MUM MONTHLY INCO | ME: | 5220 | | | | | |

| Last Complete Update: | 2/28/2022 | AREA: Mililani | | |
|--|--|---|--|--|
| DJECT NAME: MEHEULA VISTA I | | PROJECT TYPE: Elderly | | |
| ADDRESS: 95-1060A Lehiwa Drive | | PHONE: 626-9162 | | |
| CITY: Mililani STATE: | HI ZIP: 96789 | FAX: 626-9163 | | |
| MANAGER: Resident Manager - Luana Holi; Pr and Cassidy Navares | 95-1060A | Lehiwa Drive OUT-OF-S | | |
| APPLY TO: Meheula Vista | Mililani HI | ACCEPT | | |
| APPLY ATTN: Management Office | | YES | | |
| APPLY PHONE: 626-9162 | FAX: 626-9163 | EMAIL: http://www.locationsrentals.com/af ble-rentals.aspx | | |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: SQ FT: | MINIMUM Number of People People: CAREGIVE Allowed: | | |
| Studio: | | | | |
| One Bdrm: 75 915 Two Bdrm: | 2 X rent 420 | | | |
| Three Bdrm: | | | | |
| Four Bdrm: | | YES | | |
| , | | · · · | | |
| [®] AMGI - \$678 mo., 4 units % AMGI - \$915 mo, 71 units od Stamps & Rent Subsidy may be accepted to Ip meet min. income. No credit evaluation required | Electricity, water, sewer | TOTAL UNITS: 75 MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): | | |
| E CRITERIA: | - | TO REMAIN ON WAITLIST | | |
| residents must be 55 or older. plicants can apply without verifiable residential | WAITLIST FOR PARKING | | | |
| tories. | PARKING INFO: NO \$50/month available on a first- | PET INFO: PETS OK: NO | | |
| ASSET LIMITS: NONE | come, first-served basis. Once all stalls have been assigned, tenancy restricted to | | | |
| N OWN RESIDENTIAL PROPERTY: YES | those without a vehicle | GENERAL INFO: *Along with completing regular waitlist update | | |
| income from assets is counted to determine gibility. | - LEASE: | applicants must keep all contact info current, well as respond to communication from hous management in a timely manner.* | | |
| | ļ | 225 more units planned. | | |
| COME CRITERIA: % AMI - Max income \$26,460 one person, 0,240 two persons. | FURNISHED: | Picnic area, community room, laundry room, landscaped common areas, coin-operated | | |
| | Range/oven, garbage desposal, refrigerator, freezer, vinyl flooring, window coverings, ceiling fan. | laundry, Onsite resident manager, visitor parking, mult purpose pavillion. | | |
| | | Funding: LIHTC, HHFDC, RHTF, and DURF | | |
| ERSON MAXIMUM MONTHLY INCOME: | 3675 | | | |
| | | | | |

| | Last Comple | ete Update: | 2/28/2022 | | | AREA | Mililani |
|---|--|----------------|---|---|---------------------------------------|---|---|
| PROJECT NAME: MEH | EULA VIST | | | | | PROJECT TYPE | Elderly |
| ADDRESS: 95-1060 | 0B Lehiwa Drive | | | | | PHONE: 626-91 | 62 |
| CITY: Mililani | | STATE: Hi | ZIP: | 96789 | | FAX: 626-91 | 63 |
| | | | | 00100 | | | |
| MANAGER: Reside and Co APPLY TO: Meheu | assidy Navares | ana Holi; Proj | ect AA - Tracy Ni | colas APPLY ADI 95-1060A L Mililani, Hav | ehiwa Drive | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN: Manag | gement Office | | | | | | YES |
| APPLY PHONE: 626-97 | 162 | | | FAX: 626-9163 | EMAIL: | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 75 | 980 | | 420 | | | |
| Two Bdrm: | | | | | | | |
| | | | | | | | |
| Four Bdrm: | | | J | ļ | J | J | YES |
| 8 units @ 30% AMGI=\$67 AMGI=\$915; 7 units @ 60 | 8; 60 units @ 50 % AMGI = \$980. | % | Water, sewer a | and electricity include | ed. | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 6 |
| AGE CRITERIA: All tenants must be 55 at t | he time of applic | ation | | | | TO REMAIN ON V CALL EVERY | |
| submission. Applicants can apply witho | | | WAITLI PARKING INF | ST FOR PARKING: O: NO | PET INFO |). | PETS OK: NO |
| history. | | | \$50 mo. Parki once all stalls | ing is limited and are assisgned, | | | pro- |
| A AN OWN RESIDENTIAL | SSET LIMITS: | NONE YES | who do not ow | restricted to those n a vehicle. | J GENERAL | INFO: | |
| ASSET LIMIT INFO: | | | LEASE: | | *Along wi applicants well as re | th completing regulars s must keep all com spond to communion nent in a timely mar | tact info current, as cation from housing |
| J | | | | | | free property. On-s | |
| INCOME CRITERIA: 30% AMI - Maximum incor year., 2 persons - \$30,240 | | 26,460 per | FURNISHED: | | locked en | Meeting & multi-pu atry doors, common ea, community room | laundry area, |
| year.; 2 persons - \$50,240 50% AMI - Maximum incor year.; 2 person - \$50,400 j 60% AMI - Maximum incor year; 2 person \$60,480 pe | me, 1 person - \$4 per year me 1 person \$52 | | Major applican disposal, vinyl fan, window co | flooring, ceiling | | | |
| , 1-PERSON MAXIMUM MO | NTHLY INCOME | | 3675 | | | | |
| 2-PERSONS MAXIMUM M | ONTHLY INCOM | IE: | 4200 | | | | |

| | Last Comple | te Update: | 2/28/2022 | | | AREA | Mililani | |
|--|---|--------------|--|---------------------------------|--------------------------------|--|---|--|
| PROJECT NAME: MEH | EULA VIST | A III | | | | PROJECT TYPE | Elderly | |
| ADDRESS: 95-1060 | 0C Lehiwa Drive | | | | | PHONE: 626-91 | 62 | |
| CITY: Mililani | | STATE: HI | ZIP: | 96789 | | FAX: 626-91 | 63 | |
| | | | | 50705 | | | | |
| | assidy Navares gement Office | | ect AA - Tracy Nicol | | ehiwa Drive | | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY PHONE: 626-9 | | . Resident M | U U | AX: 626-9163 | EMAIL: | | @locationshawaii.co | |
| J | | | | | | ~ | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | | | | | | | | |
| One Bdrm: | 75 | 980 | 2x Rent | | | | | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | J | | J | J | | |
| RENT INFO: RENT IS 30 30% AMI Units - \$678/moi 50% AMI Units - \$915/moi 60% AMI Units - \$980/moi AGE CRITERIA: | nth - 8 Units nth - 60 Units | | Water, Sewer, an | d Electric | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 6 VAIT LIST (Months): 12 | |
| Applicants must be 55 at t | ime of applicatior | 1 | | FOR PARKING: | | TO REMAIN ON V CALL EVERY | - | |
| submission. Applicants can apply witho | out verifiable resid | lential | PARKING INFO: | NO | PET INFO | : | PETS OK: NO | |
| AN OWN RESIDENTIAL | SSET LIMITS: | | \$50/mo. Parking once all stalls are occupancy is rest who do not own a | e assigned, tricted to those | GENERAL | GENERAL INFO: | | |
| ASSET LIMIT INFO: | | | LEASE: | | applicants well as re | | tact info current, as cation from housing | |
| | | | ļ | | | free property. On-s meeting/multi-purp | | |
| INCOME CRITERIA: 30% AMI - Maximum incor year., 2 persons - \$30,240 50% AMI - Maximum incor year.; 2 person - \$50,400 p 60% AMI - Maximum incor year; 2 person \$60,480 pe |) per year. me, 1 person - \$4 per year me 1 person \$52 | 4,100 per | FURNISHED: Major appliances disposal, vinyl flo fan, window cove | oring, ceiling | entry doo | nunity room. | | |
| P 1-PERSON MAXIMUM MO | NTHLY INCOME | : | 3675 | | | | | |
| 2-PERSONS MAXIMUM M | ONTHLY INCOM | E: | 4200 | | | | | |

| | | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Waipahu |
|---|-----------------------------------|--------------------------|--------------|--------------------------------|---------------------------|--------------------------------|--|---|
| ROJECT NAME: | <mark>MOK</mark> | UOLA VIS | STA | | | | PROJECT TYPE: | Family |
| ADDRESS: | 94-333 | Mokuola St. | | | | | PHONE: 671-407 | 5 |
| CITY: | Waipah | u | STATE: HI | ZIP: | 96797 | | FAX: 671-280 | 7 |
| MANAGER: | | | | | | 2420 | aipahu | OUT-OF-STAT APPLICATION ACCEPTED: |
| APPLY ATTN: | Proper | ty Managemen | t Division | | 96797 | | | YES |
| APPLY PHONE: | 671-40 |)75 | | | FAX: 671-2807 | | http://www.locations ble-rentals.aspx | srentals.com/afforda |
| Unit ⁻ | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| St | udio: | | | | | | | |
| One B | drm: | | | | | | | |
| Two B | drm: | 69 | 1100 | 2475.00 | 641 | 1 | 5 | |
| Three B | drm: | | | | | | | |
| Four B | drm: | | | | | | | YES |
| 4 units @ 30% AM 65 units @ 60% AM Section 8 certificate gross income requi 600+ credit score n | MGI for S e holder irement. | \$1100 s need not mee | et the min | Water and sev | ver | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 2 AIT LIST |
| Packaround shock | loouou. | | | Į. | | | ESTIMATE | Į. |
| GE CRITERIA: | must b | e 18 years or o | lder | | | | TO REMAIN ON W CALL EVERY | |
| | | | | WAITL | IST FOR PARKING: O: NO | PET INFO: | F | ETS OK: NO |
| | ۵ | SSET LIMITS: | NONE | 2 | ee; 105 parking | | imal. Emotional ne | P |
| AN OWN RESID | | | | | | GENERAL | INFO: | |
| SSET LIMIT INFC | D: | | | LEASE: | | Playground A/C, stack | l, picnic area. Eac | h unit will have |
| | | | | | | | o units available on | site |
| | | | | | | Funding: F | | UNO |
| | A: | | | | | | ONSE IN 2021. LAS | |
| 30% of AMI: 1 Pers 50% of AMI: 1 Pers | | | | FURNISHED: | | | OCCURRED ON 03 | |
| PERSON MAXIMU | IOM MU | NTHLY INCOM | E: | 4085 | | 1 | | |
| PERSONS MAXIN | лим мо | ONTHLY INCO | ME: | 4665 | | | | |

Oahu Housing Guide

| | Last Complete Upo | | 2/22/2022 | | | | EA: Moiliili |
|---|--|------------|---------------------------------------|---------------------|--------------------------------|--------------------------------|---------------------------------|
| DJECT NAME: NA K | | | | | | PROJECT TY | PE: Transitional |
| ADDRESS: 1020 Is | enberg St. | | | | | PHONE : 946 | |
| CITY: Honolul | lu STAT | E: HI | ZIP: | 96826 | | FAX: 955 | -5304 |
| | Souza, Director of Prog a Kyi-Yim, Cases Mana | | | APPLY ADI | DRESS: se manager/ | referring | OUT-OF-STAT |
| | PERTY CLOSED 12/31/2 SING SOLUTIONS NO L | | agent only -No walk | | | loionnig | APPLICATION ACCEPTED |
| | manager or referring ag t only for client | ency to ge | et application | | | | NO |
| APPLY PHONE: 946-80 | 063 | | F | AX: 955-5304 | EMAIL: | serena@hsiser | vices.net |
| Unit Type: | Number of UNITS: RE | NT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUN Number o People: | |
| Studio: | 64 | | | 120 | 1 | 1 | NO |
| One Bdrm: | | | | | | | |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | J |] | NO |
| ENT INFO: RENT IS 30 ust be homeless willing t ervice plan. Single occup ale and female tenants. | to follow an individualize pancy; shared bathroom | d | JTILITIES INCLU Electricity and wa | | | MINIMUN ESTIMA MAXIMUN | OTAL UNITS: 64 |
| GE CRITERIA: | | | | | | TO REMAIN O | · · [|
| ne person per unit, must | be 18+ | | WAITLIST | FOR PARKING: | | CALL EVE | RY (Months): |
| | | | PARKING INFO: \$40/month | NO | PET INFO | : | PETS OK: NO |
| A AN OWN RESIDENTIAL | SSET LIMITS: NONE | $\equiv $ | | | GENERAL | . INFO: | |
| SSET LIMIT INFO: | | I | _EASE: | | Coordinat | ed Entry Systen | n (CES) Referral Only |
| | | | 120 days | | | ONSE IN 2021. OCCURRED O | LAST COMPLETED N 05/14/2020. |
| COME CRITERIA: | | I | FURNISHED: | | | | |
| | | | No furniture. Bui closet space. | lt-in desk and | | | |
| | NTHLY INCOME: | | | | | | |

| Last Complet | e Update: | 1/25/2022 | | | AREA: | Kakaako |
|--|-----------|--|---|--------------------------------|---|-----------------------|
| ROJECT NAME: NA LEI HULU KU | JPUNA | | | F | ROJECT TYPE: | Elderly |
| ADDRESS: 610 Cooke St. | | | | | PHONE: 593-100 |)9 |
| CITY: Honolulu | STATE: HI | ZIP: | 96813 | | FAX: | |
| MANAGER: Angela Hoan, Property n | nanager | | | DRESS: Street #114, Hor | nolulu, HI | OUT-OF-STAT |
| APPLY TO: Na Lei Hulu Kupuna | | | 96813 | | | |
| APPLY ATTN: | | | | | | YES |
| APPLY PHONE: 593-1009 | | F | AX: | | ww.mdihawaii.cor ngela@mdihawaii | |
| Unit Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: 75 | 916 | | 350 | 1 | 2 | YES |
| One Bdrm: | | | | | | |
| Two Bdrm: | | | | | | |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | | | | YES |
| Iark Development is management company 0 Units @ 40% AMI - \$733.00/ month 3 Units @ 50% AMI - \$916.00/month 2 Units @ 60% AMI - \$1099.00/month | | Electricity and wa | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): |
| No woitlist undatos noodod: applicants only GE CRITERIA: | nood to | | | - | | |
| pplicants must be 62 yrs old at time of appl | lication | | | I | O REMAIN ON W CALL EVERY | - |
| ubmission. pplicants can apply without verifiable reside | ential F | PARKING INFO: | FOR PARKING: | PET INFO: | F | PETS OK: NO |
| istory, with letter from their case worker. | | No parking availa | ble. | Accommoda service anim | tion considered fo | or verifiable |
| ASSET LIMITS: N | ONE | | | | | |
| | ES | | | GENERAL IN | | |
| SSET LIMIT INFO: | | EASE: | | Catholic Cha | on to Shopping a arities Hawaiʻi | - |
| | | 1 year intial lease month after that | e, then month-to- | Has social s coordinator | 2; has Air Conditi ervices on site, p Katie Hoan units w/ walk in sh | art-time, |
| ICOME CRITERIA: | | | | each floor Funding: LII | | - , |
| ncome Limit 1 Person 2 Person 0% AMI \$35,280/yr \$40,320/yr 0% AMI \$44,100/yr \$50,400/yr 0% AMI \$52,920/yr \$60,480/yr | 1 | URNISHED: Fully furnishedn appliances, bed, table with chairs (removed, if reque Carpets/ Linoleur | dresser, coffee (which can be ested) and A/C. | Accepts Sec Can decline | tion 8 & Rent Su | artment 2-3 times |
| PERSON MAXIMUM MONTHLY INCOME: PERSONS MAXIMUM MONTHLY INCOME | | 4410 | | ļ | | |

| Last Complete Update: | 2/22/2022 | AREA: Nanakuli |
|---|--|---|
| ROJECT NAME: NANA'IKEOLA SENIO | R APARTMENTS | PROJECT TYPE: Elderly |
| ADDRESS: 87-122 Nanaikeola St. | | PHONE: 668-4702 |
| CITY: Waianae STATE: | HI ZIP : 96792 | FAX: |
| MANAGER: Mike Klein, Compliance Manager | | 2566. |
| APPLY TO: Call for viewing and application. | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN: | | YES |
| APPLY PHONE: 668-4702 | FAX: | EMAIL: halealiigroup@yahoo.com |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: SQ FT: | MINIMUM MAXIMUM Number Number of of People People: Allowed: |
| Studio: | | |
| One Bdrm: 39 | 500 | 1 3 |
| Two Bdrm: | | |
| Three Bdrm: | | |
| Four Bdrm: | | NO NO |
| exceed 50% AMI AGE CRITERIA: Head of household must be 62 years or older; spouse/partner must be 18 and older; all other family members must be 62. Caregiver must be 19+ | \$75 monthly utility allowance. No AC Utility Allowance is Subject to Change WAITLIST FOR PARKING: PARKING INFO: NO Parking is included, covered and | |
| ASSET LIMITS: NONE | available, but is limited (28 stalls total) | |
| AN OWN RESIDENTIAL PROPERTY: YES | | GENERAL INFO: Harry and Jeanette Weinberg Nanaikeola |
| | LEASE: 1 year; co-signer possible if credit score is low | Senior Apartments, opened 3/09, managed by EAH Inc. TDD (877)447-5991 HUD Section 202 program, Hawaii Intergenerational Community Development |
| | | Associan, Weinberg Foundation Resident manager on site. |
| Not to exceed 30% of Median (Very Low Income) \$33,550 for 1; \$38,350 for 2; \$43,150 for 3. | FURNISHED: major applicances, window coverings | Trash chute on each floor. 2 units are handicapped accessible NO RESPONSE IN 2021. LAST COMPLETED UPDATE OCCURRED ON 10/20/2017. |
| -PERSON MAXIMUM MONTHLY INCOME: | 2796 3196 | <u> </u> |

| | Last Comp | olete Update: | 1/24/2022 | | | AREA: | Waianae | | |
|---|---|---------------|--|---------------------------------------|--------------------------------|---|--|--|--|
| PROJECT NAME: | NANAKULI HO | OMES (HPH | <mark>-IA-lee) - NC</mark> | T ACCEPTI | NG A | PROJECT TYPE: | Family | | |
| | 87-1606 to 87-1612 Fa | - | | | | PHONE: 697-7171 | | | |
| CITY | Nanakuli | STATE: HI | ZIP: | 96792 | | FAX: 697-717 | 4 | | |
| | INdridkuli | | 2 | 90792 | | | | | |
| MANAGER | : Mandy Miyamoto | | | | | | | | |
| APPLY TO | : HPHA NOT ACCEPTING A | PPLICATIONS | | 1002 North Honolulu, H NOT ACCE | | CATIONS | OUT-OF-STATE APPLICATION ACCEPTED: | | |
| APPLY ATTN | : Oahu applications of NOT ACCEPTING A | | | | | | NO | | |
| APPLY PHONE | | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.or | .a | | |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | | |
| | tudio: Bdrm: | | | | | | | | |
| Two E | Bdrm: | | | | | | | | |
| Three E | Bdrm: 36 | 0 | | 1024 | 3 | 8 | YES | | |
| Four E | Bdrm: | | | | | | | | |
| AGE CRITERIA: | 8/2/2016****** d must be 18 years or c | older | WAITLIS PARKING INFO | T FOR PARKING: | PET INFO | ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| AIT LIST (Months): 60 AITLIST | | |
| | | | Has carport | | | nimals ok, but only o pries listed below: | ne from each of | | |
| | ASSET LIMITS: | | | | one doa (under 25 lbs) or cat | | | | |
| | AN OWN RESIDENTIAL PROPERTY: NO | | | LEASE: PREFI | | | ENERAL INFO: REFERENCES: Domestic Violence victims; omeless in transitional shelters; involuntary isplaced. | | |
| | A: | | ļ | | correspon manner. N | s must respond to a dence from HPHA, i lo waitlist updates n | n a timely eeded, however, | | |
| 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, no carpet Fundi | | | applicants must update any contact nfo/household composition info, and check waitlist status via hpha.myhousing.com (will need username/password to do so). Funding: Fed Low Inc Pub Hsing 100% All convictions must be 3 yrs ago, unless it's | | | |
| , 1-PERSON MAXIM | UM MONTHLY INCOM | ΛE: | 4570 | | μ | | | | |
| 2-PERSONS MAXI | MUM MONTHLY INCC | DME: | 5220 | | | | | | |

| Last Complete Update: | 2/22/2022 | | AREA: | Kakaako | |
|---|--------------------------------|--|---|--------------------------------|--|
| PROJECT NAME: NEXT STEP SHELTER | | | PROJECT TYPE: | Emergency | |
| ADDRESS: 200 Keawe Street | | | PHONE: 585-880 | 0 | |
| CITY: Honolulu STATE: HI | ZIP: | 96813 | FAX: | | |
| MANAGER: Kiani Cockett | | APPLY ADDRESS: 200 Keawe Street, Hono | | OUT-OF-STATE | |
| APPLY TO: Intake 7:00am - 10:00pm Admissions: 1:00pm | | Mailing Address: P.O. Bo Honolulu, HI 96808 | ox 941 | APPLICATION ACCEPTED: NO | |
| APPLY ATTN: | | | | No | |
| APPLY PHONE: | FAX: | EMAIL | : | | |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: | SQ FT: MINIMUM Number of People | Number of | CAREGIVER Allowed: | |
| Studio: 135 | | | | | |
| One Bdrm: | | | | | |
| Two Bdrm: | | | | | |
| Four Bdrm: | | | | NO | |
| RENT INFO: RENT IS 30% OF INCOME: N/A | UTILITIES INCLUDE |): | τοτα | L UNITS: 135 | |
| Rent ranges from \$60 - \$120 | N/A | | MINIMUM W | AIT LIST | |
| Single: \$60 or \$90 Couple: \$120 | | | | | |
| | | MAXIMUM WAIT LIST ESTIMATE (Months): | | | |
| AGE CRITERIA: Adults Only 18 and over | | | TO REMAIN ON W CALL EVERY | | |
| No children under 18 years old | WAITLIST FO | R PARKING: | | | |
| | Limited Parking | | - | , | |
| ASSET LIMITS: | | J | | | |
| AN OWN RESIDENTIAL PROPERTY: | ļ | | NERAL INFO: | | |
| N/A | LEASE: 90 Days | Resident | nergency Shelter for singles and couples esident's mailing address - P.O. Box 941, pholulu, 96808 | | |
| | Job Days | Applicati | | | |
| INCOME CRITERIA: | ļ | Next Ste | lext Step Shelter Front Desk | | |
| N/A | FURNISHED: Non furnished | | PONSE IN 2021. LAS OCCURRED ON 03 | | |
| | | | | | |
| | | | | | |

| | Last Comp | lete Update: | 2/1/2022 | | | AREA: | Kakaako | |
|--|---------------------|--------------|--|---|--------------------------------|--|------------------------------------|--|
| OJECT NAME: NOH | IONA HAL | E | | | | PROJECT TYPE: | Micro Units | |
| ADDRESS: 630 Co | oke Street | | | | | PHONE: (808) 65 | 60-3931 | |
| CITY: Honolu | lu | STATE: H | II ZIP: 96813 FAX: (808) 465-2217 | | | | | |
| MANAGER: Doren | e Young | | | | | 1.00040 | OUT-OF-STAT | |
| APPLY TO: Nohona Hale EAH Housing | | | | 630 Cooke St., Honolulu, HI 96813 OUT Apply Website: eahhousing.org AP | | | | |
| APPLY ATTN: Leasing | ng Office | | | | | | YES | |
| APPLY PHONE: 808-6 | 50-3931 | | I | FAX: (808) 465-22 | EMAIL: E | mail: NH- lanagement@eahl /obsite: cobbousir | housing.org | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | 111 | 999 | 2x Rent | 355 | 1 | 2 | | |
| One Bdrm: | | 0 | | | | | | |
| Two Bdrm: | | 0 | | | | | | |
| Three Bdrm: | | 0 | | | | | | |
| Four Bdrm: | | 0 | | ļ | ļ | | YES | |
| 1 Micro-units (355 sq. ft /I - \$556/month * 00 Micro-units (355 sq. /I - \$999/month * GE CRITERIA: | | | Water & Gas MINIMUM WAIT ESTIMATE (Mo MAXIMUM WAIT ESTIMATE (Mo TO REMAIN ON WAIT | | | | (Months): AIT LIST (Months): | |
| + | | | | T FOR PARKING: | | | | |
| | | | PARKING INFO | | | PET INFO: PETS OK: NO No pets allowed. | | |
| A | SSET LIMITS: | | | | | | | |
| AN OWN RESIDENTIA | L PROPERTY: | YES | | | GENERAL I | - | | |
| SSET LIMIT INFO: | | | 1-year lease for first year, then well a | | | t updates needed, nust keep contact oond to communica nt in a timely mann | info updated, as ation from | |
| COME CRITERIA: | | | p | | Community Biovelo/Mor | | | |
| 0% AMI: 1 person/\$26,460 Max. 2 persons/\$34,020 Max. 0% AMI: 1 person/\$52,920 Max. 2 persons/\$56,700 Max. | | | FURNISHED: Murphy Bed & Attached Sofa. Comi Comi Fitne Mana | | | cycle/Moped/Surfboard storage area uilding elevators ommunity Garden ommunity room kitchen ommunity room/lounge area tness room anagement office | | |
| PERSON MAXIMUM MC | NTHLY INCOM | E: | 0 | | | ndry facilities | | |
| PERSONS MAXIMUM M | ONTHLY INCO | ME: | 0 | | | | | |

| | Last Con | nplete Update: | 2/22/2022 | | | AREA: | Nuuanu |
|-------------------------|---|---------------------|---|--|---|--|---|
| PROJECT NAME: | NUUANU YM | CA - Men's | | | | PROJECT TYPE: | Emergency/Transi |
| ADDRESS: | 1441 Pali Hwy | | | | | PHONE: 536-35 | 56 |
| CITY: | Honolulu | STATE: HI | ZIP: | 96813 | | FAX: 521-118 | 31 |
| | : Cheryl Young : Alina Piunno, Meml | pership Coordinator | | APPLY A l 1441 Pali Honolulu, | Hwy. | | OUT-OF-STATE APPLICATION ACCEPTED: YES |
| APPLY ATTN | : | | | | | | TES |
| APPLY PHONE | : 536-3556 | | F | FAX: N/A | EMAIL: | cyoung@ymcahon apiunno@ymcahor | |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: 50 Bdrm: | 45 | | | 1 | 1 | |
| | Bdrm: | | | | | | |
| Three I Four I | | | | | | | YES |
| \$45/night, \$255/we | NT IS 30% OF INCO eek - single w/ sharec vailable to full-time st | bathroom. | UTILITIES INCL Access to fitness | - | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 |
| AGE CRITERIA: | | | | | | TO REMAIN ON W | |
| Must be 18+. SR | 0 | | WAITLIS PARKING INFO: No parking | | B: PET INFO | CALL EVERY | (Months): 0 PETS OK: NO |
| AN OWN RESIE | ASSET LIMITS | | | | GENERAL | . INFO: | |
| ASSET LIMIT INF | 0: | | LEASE: | | Temporar | y Residence for sin | gle men ONLY |
| No income requirements. | | | None | | Check-In Mon-Fri 1 Sat 12pm Sun 12pn | | |
| INCOME CRITERI | IA: | | FURNISHED: Twin bed, dresse & lamp. | er, closet, desk, | | ut 12pm ate in 2019 - Info fro PONSE IN 2021. | m Website |

| | Last Comp | lete Update: | 2/22/2022 | | | AREA: | Waipahu | |
|--------------------------------------|---|--------------|---|---|--------------------------------|--|--|--|
| PROJECT NAME: | OASIS AT WA | IPAHU AP | | S | | PROJECT TYPE: | Family | |
| ADDRESS: | 94-207 Waipahu St. | | | | | PHONE: 671-280 | 0 | |
| CITY: | Waipahu | STATE: HI | ZIP: | 96797 | | FAX: 676-694 | 5 | |
| MANAGER APPLY TO | R: Bethany Combs | | | | Management pahu Street | | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN | 1: | | | | EMAIL: | website: oasis-tow | NO nhomes.com | |
| APPLY PHONE | : 671-2800 | | | FAX: 676-6945 | | | | |
| Unit | t Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | Bdrm: | | | | | | | |
| | Bdrm: | 1900 | 2.5xrent | 882 | 1 | 5 | | |
| Three | Bdrm: | 2200 | 2.5xrent | 998 | 1 | 7 | | |
| Four | Bdrm: | | | | J | J | YES | |
| 324 Units @ Mark 82 Units @ 80% A | RENT INFO: RENT IS 30% OF INCOME: NO 324 Units @ Market 32 Units @ 80% AMGI Preference given to 60% of the total available units, poluding the 80% AMGI units | | | LUDED: | | TOTA MINIMUM W. ESTIMATE MAXIMUM W. | (Months): 0 | |
| | | | | | | ESTIMATE | | |
| | e 18 yrs old at time of ap | plication | | ST FOR PARKING: | | TO REMAIN ON W CALL EVERY | - | |
| | ply without verifiable res | sidential | PARKING INFO | | PET INFO | INFO: PETS OK: YES | | |
| history. | | | One stall inclue for extra stall | ded. \$100/month | Maximum month. | ximum 2 pets allowed. \$50 pet rent per nth. | | |
| | ASSET LIMITS: | | | | | | | |
| AN OWN RESIL | DENTIAL PROPERTY: | | ļ | | GENERAL | - INFO: es - Waipahu St. & I | Farrington Hwy | |
| | | | LEASE: *24 hr F 6 - 12 month lease agreements *internet *Gated Onsite | | | te laundry te management | | |
| INCOME CRITER | IA: | | | | Online pa | yments | | |
| 2.5 x rent | | | | FURNISHED: Dog Par Full range, refrigerator, blinds, NO RES | | | ST COMPLETED 14/2020. | |
| | | | ļ | | ļ | | | |

| Last Complete Update: | 2/22/2022 | AREA: Punaluu | |
|---|--|---|--|
| PROJECT NAME: OCEANSIDE HAWAII A | SSISTED LIVING & MEMORY | PROJECT TYPE: Retirement | |
| ADDRESS: 53-594 Kamehameha Hwy. | | PHONE: 293-1100 | |
| CITY: Hauula STATE: | H ZIP: 96717 | FAX: 450-2276 | |
| , | | | |
| MANAGER: Walter Long, Executive Director | | S: OUT-OF-STATE | |
| APPLY TO: | | APPLICATION ACCEPTED: | |
| APPLY ATTN: Chris Mausolf, Community Relation | ns Director | YES | |
| APPLY PHONE: 293-1100 | FAX: 450-2276 | EMAIL: sales@oceansidehawaii.com | |
| Unit Type: Number of UNITS: RENT: | INCOME SO ET. NU | NIMUM MAXIMUM Number of People: Allowed: | |
| Studio: | | | |
| One Bdrm: 3995 | | | |
| Two Bdrm: 5195 | | | |
| Three Bdrm: | | | |
| Four Bdrm: | | | |
| RENT INFO: RENT IS 30% OF INCOME: NO Also available: Semi Private Apartment: \$2795/month Private Studio Apartment: \$ 3595/month Private Deluxe Apartment: \$ 3895/month Deluxe One-Bedroom Apt: \$4595/month | UTILITIES INCLUDED: Electricity and water Cable TV and Wi-fi | TOTAL UNITS: 152 MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): | |
| AGE CRITERIA: | | TO REMAIN ON WAITLIST | |
| 55+ | WAITLIST FOR PARKING: | CALL EVERY (Months): | |
| | | TINFO: PETS OK: YES | |
| | ļim | 750 one-time fee; must be under 50 lbs with munizations, flea tx, need approval | |
| AN OWN RESIDENTIAL PROPERTY: YES | | ENERAL INFO: ype II Arch facility, Assisted living license | |
| | 20 | 5 bed Alzheimers & dementia unit, five of hich may be used extended Arch | |
| INCOME CRITERIA: | FURNISHED: | meals, once weekly housecleaning and linen ervice, 24hr care w/emergency in-room call rstem, transportation, medication anagement, movie theater with 73 inch creen, on site hair salon, senior focused | |
| | refrigerator | ctivities, respite /ebsite: oceansidehawaii.com | |
| | | O RESPONSE IN 2021. LAST COMPLETED PDATE OCCURRED ON 11/27/2017. | |
| 7 1-PERSON MAXIMUM MONTHLY INCOME: | . µ— | | |

| | Last Con | nplete Update: | 1/25/2022 | | | AREA: | Waianae | |
|---------------------|--|------------------|------------------------------------|-------------|--------------------------------|---|--------------------------------------|--|
| PROJECT NAME: | OHANA OLA | O KAHUM | ANA | | | PROJECT TYPE: | Transitional | |
| ADDRESS: | 86-704 Lualualei Ho | mestead Rd. | | | | PHONE: 696-409 | 5 | |
| CITY: | Waianae | STATE: HI | ZIP: | 96792 | | FAX: 696-714 | 4 | |
| MANAGER | R: Summer Pakele, M | anager | | APPLY AD | DDRESS: | | OUT-OF-STATE | |
| APPLY TO | : Alternative Structur | es International | | | | | APPLICATION ACCEPTED: | |
| APPLY ATTN | 1: | | | | | | | |
| | E: 696-4095 | | F | AX: | EMAIL: | Website: www.kahu | mana.org | |
| | t Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One | Bdrm: | | | | | 4 | | |
| Тwo | Bdrm: | | | | | 8 | | |
| Three | | | | | | 10 | | |
| Four | Bdrm: | | | J | J | | | |
| RENT INFO: RE | NT IS 30% OF INCO | ME: YES | UTILITIES INCLU | - | | TOTA MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 0 | |
| AGE CRITERIA: | | | | | | TO REMAIN ON W | | |
| | ninor children; progra al service agency befo | | WAITLIST | FOR PARKING | : | CALL EVERY | (Months): 0 | |
| pick up application | | , | PARKING INFO: included, one sta | NO | PET INFO | : P | ETS OK: | |
| | ASSET LIMITS | 3: | | | | | | |
| AN OWN RESI | DENTIAL PROPERTY | | | | GENERAL | . INFO: | | |
| ASSET LIMIT INF | [.] O: | | LEASE: | | | o Ohana Ola is throu ed Entry System (Cl | | |
| | | | | | *CURREN | ITLY NO WAITLIST | * | |
| INCOME CRITER | IA: | | <u> </u> | | need to u | *No waitlist updates needed; applicants only need to update contact info, whenever | | |
| | | | FURNISHED: | | necessary | | | |
| | | | | | managem | o respond to commu lent, in a timely man of application.* | nication from ner, will result in | |
| -PERSON MAXIM | IUM MONTHLY INCO | DME: | 0 | | | | | |
| P-PERSONS MAX | IMUM MONTHLY INC | OME: | 0 | | | | | |

| | | Last Comp | lete Update: | 2/28/2022 | | | AREA: | Kakaako | |
|---|----------------------------|-------------------------|------------------|---|-----------------------|---|--|---|--|
| OJECT NAME: | <mark>OLA K</mark> | F | PROJECT TYPE: | Family | | | | | |
| ADDRESS: | 1025 Waim | anu Street | | | PHONE: (808) 439-6402 | | | | |
| CITY: | Honolulu | | STATE: HI | ZIP: | 96814 | | FAX: (808) 43 | 9-6402 | |
| MANAGER APPLY TO | Office Add | dress: 1025 HI 96814 | Waimanu Stree | PACE LOFTS and submitted at: https://www.eahhousi s/artspace-lofts/ | | | | OUT-OF-STATE APPLICATION ACCEPTED: YES | |
| APPLY ATTN | N/A: Onlir longer acc | | ns only; paper a | applications are no | | EMAIL: A | L- | - | |
| APPLY PHONE | : (808) 439 | -6402 | | F | AX: N/A | Μ | ANAGEMENT@E | AHHOUSING.OR | |
| | ot | lumber UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One E | udio: | | 0 615 | 2.5x rent | 680-721 | | 3 | | |
| Two E | L | | 1268 | 2.5x rent | 851-1016 | | 5 | | |
| Three E | Bdrm: | | 1452 | 2.5x rent | 1265-1279 | | 7 | | |
| Four E | Bdrm: | | 0 | | | | | YES | |
| /II - 34 Units - \$ 293/mo vo Bedrooms 50 % AMI - 6 Units roo Bodrooms 5 iE CRITERIA: |)% AMI - 23 - \$1539/mc | 5 Units - \$12 | 68/mo; | | | MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): TO REMAIN ON WAITLIST | | | |
| + | | | | WAITLIS | T FOR PARKING: | _ | CALL EVERY (| | |
| | | | | PARKING INFO: Resident parking | 1.20 | PET INFO: | P 250 Pet Deposit. | ETS OK: YES | |
| | ASSI | ET LIMITS: | NONE | | 9 9 9 | | | | |
| N OWN RESID | | | | | | GENERAL I | NFO: | | |
| SET LIMIT INFO | D: | | | LEASE: 1 Year | | applicants n well as resp | *Along with completing regular waitlist updates, applicants must keep all contact info current, as well as respond to communication from housing management in a timely manner.* | | |
| NCOME CRITERIA: 1 2 3 4 30%AMI \$25,400 \$29,000 \$32,650 \$36,250 50% AMI \$42,300 \$48,350 \$54,400 \$60,400 50%AMI \$50,760 \$58,020 \$65,280 \$72,480 | | | | FURNISHED: Major appliances only (stove and refrigerator). *On *On *On *Co *Co *Co *Co | | | Applications: Online only, at https://www.eahhousing.org/apartments/artspa e-lofts/ *On-site washer and dryer facilities *Community room *Courtyard with playground and community gardens *On-site management office | | |
| | | | | | | | | | |
| ERSON MAXIM | UM MONTH | ILY INCOM | E: | 0 | | k | | | |
| ERSONS MAXI | | | | 0 | | | | | |

| OJECT NAME: | OLAL | OA RETI | REMENT | | (| I | PROJECT TYPE: | Retirement | |
|---|--|--|---|--|---|--|--|--------------------------------------|--|
| ADDRESS: | 95-1050 | Makaikai St. | | | | | PHONE: 626-232 | 3 | |
| CITY: | Mililani | | STATE: HI | ZIP: | 96789 | | FAX: 626-280 | 0 | |
| MANAGER | R: Corneli | us Dobber | | | APPLY AD | | | | |
| APPLY TO: | | | | | Look in Su realtor | nday paper or co | ntact a | OUT-OF-STA APPLICATIO ACCEPTED | |
| APPLY ATTN | N: | | | | | | | YES | |
| APPLY PHONE | E: | | | F | EMAIL: olaloa.info@hawaii.rr.com FAX: 626-2800 www.olaloaretirement.com | | | | |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| S | Studio: | 45 | 900 | | 380 | 1 | 2 | YES | |
| One | Bdrm: | 103 | 1100 | | 529 | 1 | 2 | YES | |
| Two | Bdrm: | 212 | 1450 | | 748 | 1 | 2 | YES | |
| Three | Bdrm: | | | | | | | | |
| Four | Bdrm: | | | | | | | NO | |
| dditional mainter a size of unit Re andlord to detern purchasd or re GE CRITERIA: I residents must | ental price mine actua ented by or | s based on ma al rental price. wner. | rket value. | Water | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY | (Months): | |
| | | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO: | P | ETS OK: YES | |
| AN OWN RESI | | SET LIMITS: | NONE | Parking included | , | One dog (20 Two cats. L | e dog (20 inches in height) o cats. Up to landlord if allowed. | | |
| SSET LIMIT INF | | | | | | | for sale/rent by in | dividual owners. | |
| ICOME CRITERIA: lax income - NONE | | | Call a 2) Ola privat 3)The Fitnes emerginous | | | Call a realtor or watch for ad. 2) Olaloa DOES NOT handle the rental of their privately owned units. 3)There are no assisted living services. Fitness room, restaurant, community center.1 emergency push button transmitters staffed 24 hours to respond (no doctors or nurses) 4) Each unit has lanai (not included in sq. ft.) | | | |
| | | | | Partly furnishedmajor appliances only *This | | | This property does not keep a waitlist, thus, no aitlist updates necessary* | | |

| | | Last Compl | ete Update: | 7/16/2020 | | | AREA: | Downtown |
|-------------------|-----------------|-----------------------------|-------------|-----------------------------------|---|--|------------------------------------|-----------------------|
| PROJECT NAME: | OLD | VINEYAR | D | | | | PROJECT TYPE: | Family |
| ADDRESS: | 265 Sou | uth Vineyard St. | | | | | PHONE: 524-273 | 31 x 3609 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96813 | | FAX: 545-521 | 4 |
| | - | | - | ee, COS 524-2731 | APPLY AD 50 S. Beret Honolulu, H | ania St. C101 | | OUT-OF-STATI |
| - | | Real Estate Co | | | , | | | ACCEPTED: YES |
| APPLY ATTN | | ng Management '31 x 3609 | Department | F | 4X : 545-5214 | EMAIL: | None | |
| | - | | | | | | | |
| | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | 14 | 0 | NO | | | 2 | YES |
| | Bdrm: | 13 | 0 | NO | | 2 | 4 | YES |
| Three | Bdrm: | 5 | 0 | NO | | 3 | 6 | YES |
| Four | Bdrm: | | | | | | | NO |
| RENT INFO: RE | NT 15 30 | % OF INCOME | YES | Water | DED: | _ | MINIMUM W ESTIMATE MAXIMUM W | (Months): 60 |
| AGE CRITERIA: | | | | je | | | ESTIMATE TO REMAIN ON W | |
| Head of household | d must be | e 18 years or ol | der | WAITLIST | FOR PARKING: | | CALL EVERY | |
| | | | | PARKING INFO: Parking included | | PET INFO | : F | PETS OK: NO |
| | AS | SSET LIMITS: | NONE | | | | | |
| AN OWN RESI | | | | | | GENERAL | . INFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | Funding: | ng: Section 8 100% | |
| | | | | 1 year | | Applicatio Send requent envelope | n: uest with self addres | ssed stamped |
| INCOME CRITERIA: | | | | | 20NSE IN 2020. LA 03/19/2019 | ST COMPLETED | | |
| -PERSON MAXIM | | NTHLY INCOM | | 2042 | |] | | |
| -PERSONS MAXI | мим мо | ONTHLY INCOM | ИЕ: | 2333 | | | | |

Oahu Housing Guide

A product of Catholic Charities Hawai'i, Housing Assistance Program, under a contract with the Elderly Affairs Division, City & County of Honolulu

| | Last Compl | ete Update: | | | | AREA | Honolulu |
|-----------------|------------------------------------|-------------|---------------------|--------------|---------------------|-----------------------|---|
| PROJECT NAME: | One Kalakaua | | | | | PROJECT TYPE | |
| ADDRESS: | (information pending) | | | | | PHONE: | , |
| CITY: |) | STATE: | ZIP: | 0 | | FAX: | |
| | J | ļ | ļ | | | | |
| MANAGER | : | | | APPLY ADI | DRESS: | | |
| APPLY TO | : | | | | | | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : | | | | | | |
| APPLY PHONE | : | | F | AX: | EMAIL: | | |
| | | | Minimum | | MINIMUM | MAXIMUM | |
| Unit | Type: Number of UNITS: | RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | CAREGIVER Allowed: |
| S | tudio: | 0 | | | | | |
| | Bdrm: | 0 | | | | | |
| | Bdrm: | 0 | | | | | |
| Three | | 0 | | | <u> </u> | | |
| Four l | Bdrm: | 0 | | | | | |
| RENT INFO: RE | NT IS 30% OF INCOME | | UTILITIES INCLU | JDED: | | TOT | AL UNITS: |
| | | | | | | MINIMUM V ESTIMATE | |
| | | | | | | MAXIMUM V | |
| AGE CRITERIA: | | | | | | TO REMAIN ON V | la construction of the second s |
| | | | WAITLIS | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: | | PET INFO: | | PETS OK: |
| 1 | | | | | | | |
| AN OWN RESI | ASSET LIMITS: DENTIAL PROPERTY: | | | | , GENERAL | INFO: | |
| ASSET LIMIT INF | 0: | | LEASE: | | | | |
| | | | | | | | |
| | | | | | | | |
| INCOME CRITER | IA: | | FURNISHED: | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I-PERSON MAXIM | IUM MONTHLY INCOMI | E: | 0 | | J | | |
| 2-PERSONS MAXI | MUM MONTHLY INCOM | ME: | 0 | | | | |

| | · . | 12/14/2021 | | | AREA: | Kalaeloa |
|--|---|---|--|--|---|--|
| ONELAU'ENA - | Hope for | [.] a New Begi | nning | | PROJECT TYPE: | Emergency/Transi |
| i0 Belleau Woods St. | | | | | PHONE: 782-434 | 2 |
| Kapolei | STATE: HI | ZIP: | 96707 | | FAX: 682-542 | 8 |
| - | ve Director | | 87-132 Fa | rrington Hwy | | OUT-OF-STATE |
| No action required unle | ess updating co | ontact info | | | | ACCEPTED: |
| 782-4342 | 1 0 | | AX : 682-5428 | EMAIL: | t.tehotu@kwohawai | i.org |
| ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| idio: | | | | | | |
| drm: | | | | | | |
| drm: | | | | | | |
| drm: | | | | | | |
| drm: | | | | | | NO |
| nt) dorm; Female (sing udio (1-3 ppl); ADA stuc pl); Family unit (1-4ppl) 6ppl) | le lio (1-3ppl) | UTILITIES INCLUDED: | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): |
| must be 18 at time of a | oplication | | | | | |
| leted upon eligibility of | blacement. | PARKING INFO: | | | : P | ETS OK: UNKNO |
| ASSET LIMITS: | | | | | | |
| ENTIAL PROPERTY: | | | | GENERAL | . INFO: | |
| : | | LEASE: | | Need to g | o through Kealahou | West Oʻahu |
| | | | | | | |
| : | | FURNISHED: | | adult child and single Applicatio Pick up fre | lren (18+), couples v es n: om Kealahou West (| vith no children, |
| | 0 Belleau Woods St. (apolei Tanya Tehotu, Executiv Kealahou West O'ahu No action required unler 782-4342 ype: Number of UNITS: dio: | 0 Belleau Woods St. (apolei STATE: HI Tanya Tehotu, Executive Director Kealahou West O'ahu No action required unless updating co 782-4342 ype: Number of UNITS: RENT: dio: RENT: im: RENT: im: NO TIS 30% OF INCOME: NO nt) dorm; Female (single udio (1-3 ppl); ADA studio (1-3ppl) opl); Family unit (1-4ppl) 6ppl) 0% household total income must be 18 at time of application eted upon eligibility of placement. re verifiable residential history. 12ppl) \$150/mo ASSET LIMITS: SNTIAL PROPERTY: | 0 Belleau Woods St. Iapolei STATE: HI ZIP: Tanya Tehotu, Executive Director Kealahou West O'ahu No action required unless updating contact info 782-4342 F. ype: Number of UNITS: RENT: Imm: Imminum INCOME Required: irm: Imminum INCOME Indic (1-3 ppl); ADA studio (1-3ppl) oppl) Imminum Income intic (1-4ppl) Imminum Income intic verifiable residential history. Imminum Income intic verifiable residential history. Imminum Income intic signed parking Imminum Income intic signed parking Imminum Income intic signed parking Imminum Income intic signed parking Imminum Income intic signed | Eapolei STATE: HI ZIP: 96707 Tanya Tehotu, Executive Director APPLY AI 87-132 Fa Kealahou West O'ahu No action required unless updating contact info 782-4342 FAX: 682-5428 ype: Number of UNITS: RENT: NCOME Required: SQ FT: dio: Imm: SQ FT: SQ FT: SQ FT: dio: Imm: SQ FT: SQ | 0 Belleau Woods St. iapolei STATE: HI ZIP: 96707 Tanya Tehotu, Executive Director APPLY ADDRESS: 87-132 Farrington Hwy Waianae, HI 96792 Kealahou West O'ahu No action required unless updating contact info 782-4342 FAX: 682-5428 YPE: Number of UNITS: Minimum INCOME Required: SQ FT: MINIMUM Number of People dio: Imm: Immediate SQ FT: MINIMUM Number of People dio: Immediate Immediate Immediate Immediate Ifm: Ifm: Immediate | D Belleau Woods St. PHONE: 782-434 iapolei STATE: HI ZIP: 96707 Tanya Tehotu, Executive Director APPLY ADDRESS: 87-132 Farrington Hwy Waianae, HI 96792 No action required unless updating contact info EMAIL: t.tehotu@kwohawai 782-4342 FAX: 682-5428 YPP: Number: Minimum Imm: Immediate SQ FT: Winimum MAXIMUM Number of People Imm: Immediate SQ FT: Imm: Immediate Immediate Imm: Immediate |

| OJECT NAME: ONEMALU - Transition | nal shelter | | | PROJECT TYPE: | Transitional | |
|--|--|--|-------------------------------------|---|--|--|
| ADDRESS: 48 Belleau Woods St. | | | | PHONE: 682-586 | 1 | |
| | | | | FAX: 682-542 | | |
| CITY: Kapolei STATE: | HI ZIP: | 96707 | | , | | |
| MANAGER: Tanya Tehotu | | | | | OUT-OF-STA | |
| APPLY TO: | | | P.O. Box 75349 Kapolei, HI 96707 | | APPLICATIO ACCEPTED | |
| APPLY ATTN: | | | | | NO | |
| APPLY PHONE: 682-5868 | F | FAX: 682-5428 | EMAIL: | | | |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: 11 | | 267 | 2 | 4 | | |
| One Bdrm: 5 | | 329 | 3 | 5 | | |
| Two Bdrm: 26 | | 535 | 4 | 8 | | |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | J | | | |
| INT INFO: RENT IS 30% OF INCOME: YES | UTILITIES INCLU | - | | ΤΟΤΑ | L UNITS: 42 | |
| hit size determined by family size. No Singles. Just be family with at least one child 0 to 17 years of e. Il units rent based on 30% of client income arket rate: \$750/month | | Water and electric | | MINIMUM WAIT LIST ESTIMATE (Months): | | |
| | p. | | | ESTIMATE | · · · | |
| E CRITERIA: and of household must be 18 years or older at time | | T FOR PARKING: | | TO REMAIN ON W CALL EVERY | - | |
| application submission. plication is provided to head of household upon | PARKING INFO: | - | PET INFC |): F | ETS OK: NO | |
| ASSET LIMITS: NONE | Must provide cur check, insurance license. | | | | | |
| | | | | RAL INFO: | | |
| SET LIMIT INFO: | LEASE: | | verified | B clearance, inc veri | | |
| | | may be renewed monthly. Commur unit. Exp | | | nts must participate in housing plan. unal kitchen, but micro + minifridge in xpress bus from Kapolei transit center to lu takes app. 30 min Funding: State | |
| COME CRITERIA: ust provide verification of monthly income that | FURNISHED | | Stipend 1 | | | |
| firms the applicant's ability to afford the monthly ogram fee while meeting basic needs of the nily. No max income limits. | Yes. Beds allow | Yes. Beds allowed after inspection. No large, bulky A homel | | ap Units - studio (1) + 2 bedroom (1) eless verification letter needs to be ed if referral accepts placement. | | |
| | | | | | | |

| Last Complete Update: | 11/24/2021 | AREA: Waianae |
|--|--|--|
| PROJECT NAME: PAI'OLU KAIAULU (Wa | PROJECT TYPE: Emergency/Transi | |
| ADDRESS: 85-638 Farrington Hwy. | | PHONE: 664-1400 696-6775 |
| CITY: Waianae STATE: | H ZIP: 96792 | FAX: 696-6711 |
| MANAGER: Operations Manager: Nicole Ander Program Director: Tanya Brown | son APPLY ADD | OUT-OF-STATE |
| APPLY TO: Need to be assessed by Service Pound Info below) if homeless unsheltered | | APPLICATION ACCEPTED: NO |
| APPLY ATTN: | | |
| APPLY PHONE: 664-1400 | FAX: 696-6711 | EMAIL: |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: SQ FT: | MINIMUM Number of People People: CAREGIVER Allowed: |
| Studio: | | |
| One Bdrm: | | |
| Two Bdrm: | | |
| Three Bdrm: | | |
| Four Bdrm: | | |
| RENT INFO:RENT IS 30% OF INCOME:NOSmall (45) - 8 ftx10 ft (80 sq ft) \$120 - 1 personMedium (20) - 10ftx12ft (120 sq ft) \$150 - 2 personsLarge (32) - 12ftx12ft (144 sq ft) \$150 - 3 personsNo Transitional Units. Emergency Shelter only. | UTILITIES INCLUDED: Electricity, water, and sewer. Public telephones on-site. | TOTAL UNITS: 102 MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): |
| AGE CRITERIA: | | |
| 0-60+, minors are accompanied by legal guardians | WAITLIST FOR PARKING: PARKING INFO: NO | CALL EVERY (Months): |
| ASSET LIMITS: NONE | Parking for vehicles with valid safety check, registration, & insurance. | |
| AN OWN RESIDENTIAL PROPERTY: ASSET LIMIT INFO: | | GENERAL INFO: |
| None | None | Service Providers: Waianae Coast Comprehensive Health Center: (p) 696-1559; 696-1586 |
| ļ | | Waianae Community Outreach: (p) 696-5667 |
| INCOME CRITERIA: | | Waikiki Health Center - Care-A-Van |
| None | FURNISHED: 1 bed, additional cots. Shelving/drawer may be provided. No power outlets. Coin operated W/D on-site. | Administered by US Veterans Initiative Cubicle like units. Community bathrooms, Community Meals |
| 1-PERSON MAXIMUM MONTHLY INCOME: | | |

| | Last Cor | nplete Update: | 7/16/2020 | | | AREA: | Kapolei |
|-------------------|------------------------------|----------------|---|---------------------|--------------------------------|------------------------------------|--------------------------|
| PROJECT NAME: | PALEHUA TI | ERRACE PH | .1 | | | PROJECT TYPE: | · |
| ADDRESS: | 92-1074 Palahia St. | | | | | PHONE: 672-560 |)2 |
| CITY: | Kapolei | STATE: HI | ZIP: | 96707 | | FAX: 672-564 | 46 |
| MANAGER | t: Ann Suan | | | | DRESS: retania St. #200 | Hon. HI | OUT-OF-STATE |
| APPLY TO | : Management Spec | ialists Co. | | 96814 | | | APPLICATION ACCEPTED: |
| APPLY ATTN | I: Affordable Housing | g Dept. | | | | | YES |
| APPLY PHONE | : 949-7611 x131 | | F | AX: 946-0572 | EMAIL: r | nschousing@hawa | aii.rr.com |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: | | | | | | |
| Two | Bdrm: 76 | 1050 | 2363 | 819 | | | YES |
| Three | | 1200 | 2700 | 1037 | | | YES |
| Four Four | Bdrm: | | |] | | | |
| RENT INFO: RE | NT IS 30% OF INCO | ME: NO | UTILITIES INCLU Water | JDED: | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 12 AIT LIST |
| AGE CRITERIA: | | | p. | | | ESTIMATE TO REMAIN ON W | AITLIST |
| Head of household | d must be 18 years o | r older | WAITLIST | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: Parking included | | PET INFO: | F | PETS OK: NO |
| la. | ASSET LIMIT | S: NONE | | | | | |
| | DENTIAL PROPERT | Y: NO | | | GENERAL | | |
| ASSET LIMIT INF | 0: | | LEASE: | | Funding: F Accepts Se | RHTF ection 8 | |
| | | | 1 year | | Credit cheo | ks through Equifa | x |
| | | | <u> </u> | | NO RESPO | ONSE IN 2021 | |
| INCOME CRITER | IA: son \$40,260; 2 perso | ons \$46,020 | FURNISHED: Partly furnished appliances only | major | | | |
| I-PERSON MAXIM | IUM MONTHLY INCO | DME: | 3355 | | ļ | | |
| 2-PERSONS MAXI | MUM MONTHLY INC | COME: | 3835 | | | | |

| | | Last Comp | lete Update: | 7/16/2020 | | | AREA: | Kapolei |
|------------------------------------|-----------------|---------------------|--------------|---|-------------------------------|--------------------------------|--|--|
| PROJECT NAME: | PALE | | RACE PH | . 2 | | | PROJECT TYPE: | Family |
| ADDRESS: | 92-1074 | Palahia St. | | | | | PHONE: 672-560 |)2 |
| CITY: | Kapolei | | STATE: HI | ZIP: | 96707 | | FAX: 672-560 |)2 |
| MANAGER | t: Ann Su | lan | | | APPLY AD 1330 S. Be | DRESS: eretania St. #200 |) Hon. HI | OUT-OF-STATE |
| APPLY TO |): Manage | ement Speciali | sts Co. | | 96814 | | | APPLICATION ACCEPTED: |
| | I: Afforda | ble Housing D | ept. | | | | | YES |
| APPLY PHONE | : 949-76 | 11 x131 | | | FAX: 946-0572 | EMAIL: | mschousing@hawa | aii.rr.com |
| | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | | | | | | | |
| | Bdrm: | 57 | 1030 | 2.25xRent | 778 | | | |
| Three | Bdrm: | 7 | 1150 | 2.25xRent | 948 | | | |
| Four | Bdrm: | | | | | | | |
| 7 units at 30% AV | 11; 57 unit | S at 60% Ami | | Water | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V | (Months): 12 AIT LIST (Months): 36 |
| Head of household | d must be | e 18 years or o | lder | WAITLI | ST FOR PARKING: | | CALL EVERY | |
| <u></u> | | | | PARKING INFO | 0: | PET INFO: | | PETS OK: NO |
| | | SSET LIMITS: | | | | GENERAL | | |
| AN OWN RESIL | | PROPERTT. | | LEASE: | | | y Room, Picnic Are | ea |
| | | | | 1 year | | | ave 2 bathrooms ck through Equifax ection 8 | |
| INCOME CRITER 60% of AMI: 1 per | | 260; 2 persons | \$46,020 | FURNISHED: Partly furnishe appliances onl | | Funding: I | RHTF ONSE IN 2021 | |
| I-PERSON MAXIM | IUM MON | ITHLY INCOM | E: | 3355 | | Į. | | |
| 2-PERSONS MAXI | МОМ МС | ONTHLY INCO | ME: | 3835 | | | | |

| Last Complete Update: | 11/24/2021 | AREA: Palolo |
|--|---------------------------------------|--|
| PROJECT NAME: PALOLO CHINESE HO | PROJECT TYPE: Retirement | |
| ADDRESS: 2459 10th Ave. | | PHONE: 737-2555 |
| CITY: Honolulu STATE: | HI ZIP : 96816 | FAX: 748-4916 |
| | 50010 | |
| MANAGER: Darlene Nakayama Hansel Purugganan & Jury Requile Coordinators APPLY TO: Call 748-4911 during office hours | | RESS: OUT-OF-STATE APPLICATION ACCEPTED: |
| for tour of facility. APPLY ATTN: Additional phone lines: 564-5227; | 564-5226 | |
| APPLY PHONE: 748-4911 | FAX: | EMAIL: http://palolohome.org |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: SQ FT: | MINIMUM MAXIMUM Number Number of of People People: CAREGIVER Allowed: |
| Studio: | | |
| One Bdrm: | | |
| Two Bdrm: | | |
| Three Bdrm: Four Bdrm: | | NO |
| RENT INFO: RENT IS 30% OF INCOME: | UTILITIES INCLUDED: | TOTAL UNITS: |
| Adult Residential Care Home: \$4004 to \$8822/month plus Registration Fee | | MINIMUM WAIT LIST ESTIMATE (Months): |
| Intermediate Care: \$412 - \$500/day Overnight Respite: \$412/per day Adult Day Care: \$88-99/day + registration fee | | MAXIMUM WAIT LIST ESTIMATE (Months): 0 |
| AGE CRITERIA: | _ | TO REMAIN ON WAITLIST |
| Serves primarily frail edlers, but has no age minimums or limits. Admission is based on | WAITLIST FOR PARKING: | CALL EVERY (Months): |
| functional abilities and nursing care needs. Physical exam & TB clearance required. | PARKING INFO: | PET INFO: PETS OK: UNKNO |
| ASSET LIMITS: | 7 | |
| AN OWN RESIDENTIAL PROPERTY: | | GENERAL INFO: |
| ASSET LIMIT INFO: | LEASE: | 113 Beds - Intermediate/Skilled Nursing Care Res. |
| | | 17 - Adult residential care home 40 - Day Care |
| INCOME CRITERIA: | ļ | |
| | FURNISHED: | |
| | | |
| | | |
| | | |
| r | | r |

| | Last Comp | lete Update: | 12/15/2021 | | | AREA | Palolo | |
|---|--|--------------|---|--------------------------|--------------------------------|--|--|--|
| ROJECT NAME: PA | LOLO VALL | EY HOME | ES (HPHA-ho | <mark>on) - NOT A</mark> | CCE | PROJECT TYPE | Family | |
| ADDRESS: 2107 | Ahe St. | | | | | PHONE: 733-91 | 13 | |
| CITY: Hono | blulu | STATE: HI | ZIP: | 96816 | | FAX: | | |
| MANAGER: Kel | sie Tilton | | | APPLY AD 1002 North | | | OUT-OF-STATE | |
| APPLY TO: HPI NO | HA T ACCEPTING AF | PLICATIONS | | Honolulu, H | | CATIONS | APPLICATION ACCEPTED: | |
| APPLY ATTN: Oah NO | nu applications offi T ACCEPTING AF | | | | EMAUL | abaiabarafaryou | NO | |
| APPLY PHONE: 832 | -5961 | | F | AX: 832-3461 | EMAIL: | nphaishereforyou. | Jig | |
| Unit Type | of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio One Bdrm | | 0 | | 513 | 1 | 4 | YES | |
| Two Bdrm | : 34 | 0 | | 676 | 2 | 6 | YES | |
| Three Bdrm | : 40 | 0 | | 1045 | 3 | 8 | YES | |
| Four Bdrm | : 32 | 0 | | 1147 | 4 | 10 | YES | |
| AGE CRITERIA: | 5 Bedroom Units also available Minimum Rent: \$0 for Federal Low Income projects ********CLOSED 8/2/2016****** AGE CRITERIA: Head of household must be 18 years or older | | | FOR PARKING: | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): 36 /AIT LIST (Months): 60 VAITLIST (Months): | |
| | | | PARKING INFO: Included | NO | PET INFO: With Permi | | PETS OK: YES | |
| | ASSET LIMITS: | NONE | | | | - | | |
| AN OWN RESIDENT | IAL PROPERTY: | NO | | | GENERAL | - | | |
| ASSET LIMIT INFO: | | | 1 year displ | | | PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. Funding: Fed Low Inc Pub Hsing 100% | | |
| INCOME CRITERIA: | | | | | | ons must be 3 yrs hamphetamine or | | |
| 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, no carpet | | | | | |
| -PERSON MAXIMUM N | NONTHLY INCOM | E: | 4570 | | P | | | |
| P-PERSONS MAXIMUM | MONTHLY INCO | ME: | 5220 | | | | | |

| | Last Comp | lete Update: | 11/24/2021 | | | AREA: | Palolo | |
|--|---|--------------|--|---------------------|------------------------------------|---|--|--|
| ROJECT NAME: PAL | OLO VALL | EY HOM | ESI | | | PROJECT TYPE: | Family | |
| ADDRESS: 2170 A | he St. | | | | | PHONE: 733-86 | 50 | |
| CITY: Honolu | lu | STATE: H | I ZIP: | 96816 | | FAX: 735-52 | 11 | |
| | | | APPLY ADDRESS: 2170 Ahe St. Honolulu, HI 96816 | | | | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN: APPLY PHONE: 733-80 | 850 | | - | AX: 735-5211 | EMAIL: | | | |
| APPLY PHONE: 753-66 | 000 | | | AX: 735-5211 | | | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | | | | | | | | |
| One Bdrm: | 9 | 568 | | 485 | 1 | 4 | YES | |
| Two Bdrm: | 64 | 721 | | 604 | 2 | 6 | YES | |
| Three Bdrm: | 9 | 907 | | 860 | 3 | 8 | YES | |
| Four Bdrm: | | | | J | J | | NO | |
| renters names are taken fr AGE CRITERIA: Head of household must b applying. Applicants must have verii | be 18 years or ol | der when | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | AIT LIST (Months): 72 VAITLIST | |
| | | | Every unit given | only 1 stall | Service A | vice Animals Only - MD Note Required | | |
| A | SSET LIMITS: | YES | | | J | | | |
| AN OWN RESIDENTIAL PROPERTY: NO SSET LIMIT INFO: cannot own a house. Assets limited to two times the pplicable income for admission or three times that mit for continued occupancy. | | | LEASE: 1 year; then month-to-month Applic | | Funding: Funding: Applicatio | NERAL INFO: nding: LIHTC nding: RHTF plications: ailable through Section 8 office | | |
| NCOME CRITERIA: | | | r | | | | | |
| Maximum Annual Income: 2 persons - \$29,010; 3 per 4 persons - \$36,240; 5 per 6 persons - \$42,060; 7 per 8 persons - \$47,850; 9 per | rsons - \$32,640; rsons - \$39,150; rsons - \$44,940; | | FURNISHED: Partly furnished appliances only | major | | | | |
| -PERSON MAXIMUM MO | NTHLY INCOM | E: | 2115 | | ţ | | | |
| -PERSONS MAXIMUM M | ONTHLY INCO | ME: | 2417 | | | | | |

| | Last C | omplete Update: | 11/24/2021 | | | AREA: | Palolo | |
|---|--|-------------------------|---|------------------------|--------------------------------|--|--------------------------|--|
| OJECT NAME: P | ALOLO V | ALLEY HOM | ES II | | | PROJECT TYPE: | Family | |
| ADDRESS: 21 | 70 Ahe St. | | | | | PHONE: 733-865 | 0 | |
| CITY: He | onolulu | STATE: H | I ZIP: | 96816 | | FAX: 735-521 | 1 | |
| , | | , | į | | | | | |
| MANAGER: | Vanda Samson, | Property Mgr. | | APPLY AD 2170 Ahe S | | | OUT-OF-STAT | |
| | /lutual Housing / lomes, L.P. | Association of Haw | aii dba Palolo Valley | Honolulu, F | | | APPLICATION ACCEPTED: | |
| APPLY ATTN: | | | | | | | | |
| APPLY PHONE: 7 | 733-8650 | | F | AX: 735-5211 | EMAIL: | | | |
| Unit Ty | /pe: Number of UNITS | | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Stuc | tio: 5Bdrm 8 | 3 1284 | | 1345 | 5 | 12 | | |
| One Bd | rm: 16 | 568 | | 478 | 1 | 4 | YES | |
| Two Bd | rm: 64 | 721 | | 647 | 2 | 6 | YES | |
| Three Bd | rm: 76 | 907 | | 880 | 3 | 8 | YES | |
| Four Bd | rm: 60 | 1093 | | 1100 | 4 | 10 | NO | |
| lled from Section 8 full handicapped u ailable E CRITERIA: ad of household m | units, additional p | | | FOR PARKING: | | ESTIMATE (MAXIMUM WA ESTIMATE (TO REMAIN ON W CALL EVERY (| AIT LIST Months): 72 | |
| plying. plicants must have | e verifiable resid | ential history. | PARKING INFO: | | PET INFO | r: P | ETS OK: NO | |
| | | | Every unit given | only 1 stall | Service A | vice Animal ONLY - MD note required | | |
| | ASSET LIM | | | | ļ | | | |
| AN OWN RESIDEI SET LIMIT INFO: | NTIAL PROPER | TY: NO | | | | | | |
| nnot own a house. plicable income fo it for continued oc | r admission or th | | 1 year; then month-to-month | | Funding: | Funding: LIHTC Funding: RHTF | | |
| | cupancy. | | | | Program | plications available through Section 8 ogram | | |
| COME CRITERIA: | | | | | NO RESP | PONSE 2021 | | |
| aximum Annual Inc persons - \$29,010; persons - \$36,240; persons - \$42,060; persons - \$47,850; | 3 persons - \$32 5 persons - \$39 7 persons - \$44 | ,640; ,150; ,940; | FURNISHED: Partly furnished appliances only | major | | | | |
| ERSON MAXIMUN | M MONTHLY INC | COME: | 2115 | | p. | | | |
| ERSONS MAXIMU | JM MONTHLY IN | NCOME: | 2417 | | | | | |

| | Last Compl | ete Update: | 12/15/2021 | | | AREA: | McCully | |
|---|---------------------|-------------|--|---------------------|--------------------------------|---|--------------------------|--|
| ROJECT NAME: PAO | AKALANI | (HPHA-ho | on) - NOT AC | | APPLI | PROJECT TYPE: | Elderly | |
| ADDRESS: 1583 K | alakaua Ave. | | | | | PHONE: 973-019 | 93 | |
| CITY: Honolu | llu | | ZIP: | 96826 | | FAX: 973-019 | 97 | |
| MANAGER: loane | Ah Sam | | | APPLY AD | DRESS: | | OUT-OF-STAT | |
| APPLY TO: HPHA | A ACCEPTING AP | PLICATIONS | | Honolulu, I | | LICATIONS | APPLICATION ACCEPTED: | |
| APPLY ATTN: Oahu | applications offic | | 6 | | | hada tahara ƙasara | NO | |
| APPLY PHONE: 832-5 | 961 | | F. | AX: 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: | |
| Studio: | 90 | 0 | | 315 | 1 | 2 | YES | |
| One Bdrm: | 60 | 0 | | 465 | 1 | 4 | YES | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | 1 | | | | | | | |
| Four Bdrm: | | | | | | | | |
| AGE CRITERIA: Head of household or spo older, or disabled | | years or | WAITLIST PARKING INFO: Included | FOR PARKING | PET INFC | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY D: F is under 25 lbs. only | AIT LIST (Months): 60 | |
| , | ASSET LIMITS: | NONE | | | Cintai por | | | |
| | | | | | GENERA | L INFO: | | |
| AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: Cannot own a house on Oahu | | | LEASE: 1 year If el | | | PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. If elder dies, under age 62 spouse may rent unit. Funding: Fed Low Inc Pub Hsing 100% | | |
| INCOME CRITERIA: | | | | | | - | - | |
| 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, r | | | All convictions must be 3 yrs ago, unless it's crystal methamphetamine or sex offender | | |
| -PERSON MAXIMUM MC | ONTHLY INCOM | E: | 4570 | | ļ | | | |
| 2-PERSONS MAXIMUM M | IONTHLY INCOM | ME: | 5220 | | | | | |

| | Last Comple | ete Update: | 7/16/2020 | | | AREA: | Chinatown |
|--|---|---------------|---|------------------------------|---|--|----------------------------|
| ROJECT NAME: | PAUAHI HALE | | | | | PROJECT TYPE: | Family |
| ADDRESS: | 126 North Pauahi St. | | | | | PHONE: 524-723 | 33 |
| CITY: | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: | |
| MANAGER | 2: Bill Hanrahan, Manage | r | | APPLY AI 1221 Kapi | DDRESS: olani Blvd., Suite | 345 | OUT-OF-STAT |
| _ | : Mental Health Kokua | | | | | | ACCEPTED: |
| APPLY PHONE | I: Melby Albano | | F | AX: | EMAIL: r | nalbano@mhkhaw | aii.org |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: 38 Bdrm: | 760 | | 120 | 1 | 1 | YES |
| | Bdrm: | | | | | | |
| Three I Four I | Bdrm: Bdrm: | | | | | | |
| Minimum rent \$30 15 units must be c \$300 minimum rer | ENT INFO: RENT IS 30% OF INCOME: YES finimum rent \$300. Maximum rent \$760 5 units must be offered to those eligible to pay the 300 minimum rent payment. Security deposit is quivalent of one month rent. | | UTILITIES INCLU Electricity and wa | | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| AGE CRITERIA: | OCCUPANCY (SRO) | | | | | TO REMAIN ON W CALL EVERY | AITLIST |
| Must be over the a | | | WAITLIST FOR PARKING: PARKING INFO: PI Not included. Available next | | PET INFO: | | PETS OK: NO |
| AN OWN RESI | ASSET LIMITS: | | door for \$40/mon | | GENERAL | INFO: | |
| ASSET LIMIT INF | SSET LIMIT INFO: | | I year | | Shared me kitchen on | | occupancy. athrooms and |
| | | 200 (h a la u | | | Funding: U Application Pick up from | | e |
| Maximum Annual 50% area AMI) | Income: 1 person - \$40,2 | WOIDEIOW | FURNISHED: Unfurnished. | | NO RESPO | DNSE IN 2021 | |
| -PERSON MAXIN | IUM MONTHLY INCOME | : | 3355 | | | | |

| | Last Compl | ete Update: | 11/24/2021 | | | AREA: | Makiki | |
|--------------------|---|-------------|--|-------------------------|-----------------------------------|---|--------------------------|--|
| PROJECT NAME: | PIIKOI VISTA | | | | | PROJECT TYPE: | Elderly | |
| ADDRESS: | 1326 Piikoi St. | | | | | PHONE: 521-711 | 1 | |
| CITY: | Honolulu | STATE: HI | ZIP: | 96814 | | FAX: 521-689 | 7 | |
| MANAGER | : Peggy Zayasu, Reside | ent Manager | | APPLY AD P.O. Box 22 | | | OUT-OF-STATE | |
| APPLY TO | : Locations | | | Honolulu, H | - | | APPLICATION ACCEPTED: | |
| APPLY ATTN | I: Property Management | Division | | | | | YES | |
| APPLY PHONE | : 738-3100 | | | FAX: 735-1978 | | http://www.locations ble-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: | |
| | tudio: Bdrm: 47 | 1058 | 2xrent | 420 | | | | |
| Two I | Bdrm: | | | | | | | |
| Three I | Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | YES | |
| Food stamps can | NT IS 30% OF INCOME be used to meet min. ind te holders need not mee uirement. | come. | UTILITIES INC Electric, water | - | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 3 AIT LIST | |
| AGE CRITERIA: | | | le. | | | ESTIMATE TO REMAIN ON W | | |
| All residents must | be 55 or older. /erifiable residential histo | | WAITL | IST FOR PARKING: | | CALL EVERY | (Months): | |
| | | , y | PARKING INF \$40 fee for pa | | PET INFO | : P | ETS OK: NO | |
| | ASSET LIMITS: | NONE | \$40 lee loi pa | ikiig | | | | |
| AN OWN RESID | DENTIAL PROPERTY: | YES | | | GENERAL | INFO: | | |
| | O: ssets is counted to deter | mine | LEASE: | | Opened 2 | | | |
| eligibility. | | | | | Funding: I Has Victo | INIC | ntry doors, | |
| I | IA: | | ļ | | | ty room for activities undry room on 8th fl | | |
| 50% AMI: 1 perso | n \$42,300; 2 persons \$4 | 8,350 | FURNISHED: Partly furnishe appliances on | | Ask mana Send requ envelope | n: from website gement to mail it lest with self-addres om Manager's office | | |
| -PERSON MAXIM | IUM MONTHLY INCOM | E: | 3525 | | J. | | | |
| 2-PERSONS MAXI | MUM MONTHLY INCOM | ME: | 4029 | | | | | |

| | Last Com | plete Update: | 11/24/2021 | | | AREA: Makiki | | |
|--|--|--|--|-----------------------------|--------------------------------|---|--|--|
| ROJECT NAME: | PLAZA AT PU | | -Ret./Assist | ed Living | | PROJECT TYPE: Retirement | | |
| ADDRESS: | 918 Lunalilo St. | | | | | PHONE: 792-8800 | | |
| CITY: | Honolulu | STATE: HI | ZIP: | 96822 | | FAX: 538-9616 | | |
| | Cherie Andrade: Adr Sasha Nishimura: B www.plazaassistedli | usiness Office Ma | nager | APPLY ADD | RESS: | OUT-OF-STA APPLICATIO | | |
| | I: Linda Barnoski: Sale | Ū | | | | ACCEPTEI YES | | |
| APPLY PHONE | | | F/ | AX: 538-9616 | | ashley@plazaassistedliving.com uilani@plazaassistedliving.com | | |
| S One Two Three | Type: Number of UNITS: tudio: 38 Bdrm: 27 Bdrm: 3 Bdrm: 1 | RENT: 5075 6400 9825 | Minimum INCOME Required: | SQ FT: 277 415 833 | MINIMUM Number of People | MAXIMUM Number of People: CAREGIVER Allowed: 2 | | |
| 68 Independent u 5125+. 20 Assis private; \$6975+ p 5890+ semi-priva nontly rate/30 + 1 AGE CRITERIA: No minimum age | NT IS 30% OF INCOM nits: STUDIO: \$3990+ ted living units: \$5250 rivate. 20 Memory Car ate; \$7550+ private. R 0% \$250 WL fee at Plaza Punchbowl verifiable residential his | ; 1 BD: H+ semi e units: espite Care: | UTILITIES INCLU Water, trash and s standard cable WAITLIST PARKING INFO: | | PET INFO | TOTAL UNITS: 108 MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): TO REMAIN ON WAITLIST CALL EVERY (Months): PETS OK: YES | | |
| ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY: NO | | TIAL PROPERTY: NO LEASE: Month-to-mont | | | | GENERAL INFO: 3 meals/day, weekly house cleaning + linen towel service, activities. Routine transporta provided for medical appts, shopping, other activities. Flexible assisted living services. | | |
| | O: | | LEASE: Month-to-month r written 30 day ten | | towel serv provided f | ice, activities. Routine transportatior or medical appts, shopping, other | | |

| ROJECT NAME: POH | AI NANI G | OOD SAN | IARITAN | | | PROJECT TYPE | Retirement |
|--|-------------------------------------|-----------------|--------------------------------|----------------------------|--------------------------------|--|-------------------------------|
| ADDRESS: 45-090 | Namoku St. | | | | | PHONE: 247-62 | 11 or |
| CITY: Kaneoh | ie | STATE: HI | ZIP: | 96744 | | FAX: 236-20 | 01 |
| | - | ļ | , | | | | |
| MANAGER: Patrici www.p | a Camero, Exec oohainani.org | cutive Director | | APPLY AD On-Site | DRESS: | | OUT-OF-STA |
| APPLY TO: John (7835 c | | lanager | 236- | - | | | APPLICATIO ACCEPTED YES |
| APPLY ATTN: | | | | | | | 125 |
| APPLY PHONE: 808-23 | 36-7835 | | F | AX: 236-7828 | EMAIL: | jgruhler@good-sa | m.com |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 139 | 3185 | | 305 | 1 | 2 | |
| One Bdrm: | 35 | 4463 | | 490 | 1 | 2 | |
| Two Bdrm: | 10 | 6924 | | 866 | 1 | 2 | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | |
| nit size range from 305-8 ome - \$7,373 oartments/Cottages have servation fee \$2,300 + re \$500; waitlist fee \$100 r | e non-refundable efundable secur | e | All except phone | | | MINIMUM V ESTIMATE MAXIMUM V ESTIMATE | (Months): |
| GE CRITERIA: | | | | | | | |
| l residents must be 55 o | r older | | - | FOR PARKING | | CALL EVERY | · · · |
| | | | PARKING INFO: \$25/month | | PET INFO | : allowed in Cottage | PETS OK: YES |
| | SSET LIMITS: | | φ20/month | | | | |
| AN OWN RESIDENTIAL SSET LIMIT INFO: | PROPERTY: | YES | | | GENERAL Wellness | transportation and | activities |
| | | | LEASE: Month-to-month | | programs Monthly fe | available. | ieals a day, weekly |
| | | | J | | NO RESF | ONSE IN 2021 | |
| COME CRITERIA: nce private pay facility, r | nust have suffic | ient | FURNISHED: | | | | |
| come and assets to pay | | | | | | | |
| | | | | | | | |

| CITY: Hindling STATE: Hindling ZIP: 96813 FAX: 744-65 MANAGER: DeAnn Auwae, Manager APPLY ADDRESS: On-Site Ste. #101 APPLY TO: Hawaii Alfordable Properties Inc. APPLY ATTN: EMAIL: http://hawaiiafford.properties/ Imply Phone: 744-6563 FAX: 744-6582 EMAIL: http://hawaiiafford.properties/ Imply Phone: | Elderly | PROJECT TYPE: | | | | DERLY | ULANI EL | CT NAME: POH |
|--|-----------------------|---|--|--------------------------------|--|--------------|-------------------|------------------------|
| CITY: Honolulu STATE: H ZIP: 96813 MANAGER: DeAnn Auwae, Manager APPLY ADDRESS: On-Site Ste. #101 APPLY TO: Hawaii Affordable Properties Inc. APPLY ADDRESS: On-Site Ste. #101 APPLY ATTN: EMAIL: http://hawaiiafford: PPLY PHONE: 744-6063 FAX: 744-6582 Unit Type: Number of UNITS: RENT: Required: SQ FT: Studio: 128 1350 2,525 454 1 2 One Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: Image: Image: Image: Image: Image: Image: Four Bdrm: Image: |)63 | PHONE: 744-6063 | | | | | al St. | ADDRESS: 626 Cor |
| MANAGER: DeAnn Auwae, Manager APPLY ADDRESS: On-Site Ste. #101 APPLY TO: Hawaii Affordable Properties Inc. On-Site Ste. #101 APPLY TTN: EMAIL: http://hawaiiafford: properties/ PPLY PHONE: 744-6063 FAX: 744-6582 Unit Type: Number Unit Type: Number IIIINUMUM MAXIMUM Waithurg: RENT: Studio: 128 135 1450 2.288 425 Two Bdrm: 135 Three Bdrm: Image: Studio Colore Bdrm: Four Bdrm: Image: Studio Colore Bdrm: Studio required unless updating contact trmation or in response to inquiry by Pohulani staff Image: Studio Color Bdrm: ASSET LIMITS: NONE NOWN RESIDENTIAL PROPERTY: YES EASE: Image: Studio ColoreBdrm: I year< | 582 | FAX: 744-6582 | | 96813 | ZIP: | STATE: HI | u | CITY: Honolul |
| APPLY TO: Hawaii Affordable Properties Inc. APPLY ATTN: PPLY PHONE: 744-6063 Unit Type: Unit Typ | | | | | J | ļ | - | <u> </u> |
| APPLY TO: Hawaii Affordable Properties Inc. APPLY ATTN: PLY PHONE: 744-6063 EMAIL: http://hawaiiafford: properties/ Image: Imag | OUT-OF-ST/ | | | | | ger | Auwae, Manag | MANAGER: DeAnn |
| PPLY PHONE: 744-6063 FAX: 744-652 EMAIL: http://hawaliafford. properties/ Unit Type: Number Number Minimum Studio: 128 1350 2,288 425 1 2 One Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: Image: Studio: Image: Stud | APPLICATIO | | . #101 | On-Sile Sile | | perties Inc. | Affordable Pro | APPLY TO: Hawaii |
| PPLY PHONE: 744-6063 FAX: 744-6582 properties/ Unit Type: Number Number MINIMUM MAXIMUM Studio: 128 1350 2,288 425 1 2 One Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: Image: Studio: Image: Studio:< | NO | | | | | | | PPLY ATTN: |
| Unit Type: Number of UNITS: RENT: INCOME Required: SQ FT: Number of People Number People: Studio: 128 1350 2,288 425 1 2 One Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: Image: Sign of People Image: Sign of People Image: Sign of People Image: Sign of People People Two Bdrm: Image: Sign of People People People People Image: Sign of People | able.com/residenti | • | | AX: 744-6582 | F | | 63 | LY PHONE: 744-60 |
| One Bdrm: 135 1450 2,525 454 1 2 Two Bdrm: Two Bdrm: Image: Construction of the second of the sec | CAREGIVER Allowed: | Number of | Number | SQ FT: | INCOME | RENT: | | Unit Type: |
| Two Bdrm: Three Bdrm: Three Bdrm: Image: Solution of the second seco | YES | 2 | 1 | 425 | 2,288 | 1350 | 128 | Studio: |
| Three Bdrm: Image: Section 8 Four Bdrm: Image: Section 8 action required unless updating contact rmation or in response to inquiry by Pohulani staff Image: Section 8 Image: Section 8 Image: Section 8 action required unless updating contact rmation or in response to inquiry by Pohulani staff Image: Section 8 Image: Section 8 Image: Section 8 action required unless updating contact rmation or in response to inquiry by Pohulani staff Image: Section 8 Sectification. Caregiver allowed over age 18. Is not require verifiable residential history. Image: Section 8 ASSET LIMITS: NONE NOWN RESIDENTIAL PROPERTY: YES Set LIMIT INFO: Image: Section 8 Image: Nown a majority interest in residential property se simple or leasehold, usuitable for a dwelling within the same county. Image: Section 8 OME CRITERIA: FURNISHED: OME CRITERIA: FURNISHED: Image: reson - \$67,520 arson - \$67,520 arson s - \$77,120 FURNISHED: | YES | 2 | 1 | 454 | 2,525 | 1450 | 135 | One Bdrm: |
| Four Bdrm: UTILITIES INCLUDED: TOT. INT INFO: RENT IS 30% OF INCOME: NO UTILITIES INCLUDED: TOT. oosit=same as rent; accepts section 8 Electricity and water MINIMUM v ESTIMATE action required unless updating contact Electricity and water MINIMUM v ESTIMATE mousehold members must be 62 at time of WAITLIST FOR PARKING: PARKING INFO: YES ECRITERIA: VAITLIST FOR PARKING: PET INFO: 2 yr wait for on-site parking \$42 MONE NOWN RESIDENTIAL PROPERTY: YES YES ELEASE: Intersection to shopping a Catholic Charities Hawaii OME CRITERIA: for a dwelling FURNISHED: Partly furnishedmajor appliances only, carpeted Set cdck with lap pool, joggi plots, multipurpose room | | | | | | | | Two Bdrm: |
| IT INFO: RENT IS 30% OF INCOME: NO osit=same as rent; accepts section 8 IT IITTES INCLUDED: TOT. action required unless updating contact Electricity and water MINIMUM v rmation or in response to inquiry by Pohulani staff Electricity and water MINIMUM v iccation required unless updating contact MINIMUM v ESTIMATE mousehold members must be 62 at time of MITLIST FOR PARKING: PARKING INFO: YES 2 yr wait for on-site parking; \$42 MONE PARKING INFO: YES 2 yr wait for on-site parking; \$42 Mont; parking at Kauhale Kaaako for \$50/mo (call District prking - 597-1789) PET INFO: EET LIMIT INFO: YES LEASE: I year Cargivers are allowed in bott with MD letter; cannot work of Emerg. Call system; Studio I elevators OME CRITERIA: FURNISHED: Partly furnished-major appliances only, carpeted Catholic Charities Hawaii Funding: State Rental Assist opened 1992 Rec deck with lap pool, joggi plots, multipurpose room | | | | | | | | Three Bdrm: |
| osit=same as rent; accepts section 8 action required unless updating contact mation or in response to inquiry by Pohulani staff Electricity and water MINIMUM W ESTIMATE MAXIMUM W ESTIMATE CRITERIA: MINIMUM W ESTIMATE MINIMUM W ESTIMATE iousehold members must be 62 at time of ication. Caregiver allowed over age 18. s not require verifiable residential history. TO REMAIN ON V CALL EVERY ASSET LIMITS: NONE YES ET LIMIT INFO: YES ET LIMIT INFO: YES I year GENERAL INFO: DME CRITERIA: FURNISHED: DME CRITERIA: FURNISHED: Imum Annual Income: rsron - \$67,520 rsron - \$67,520 rsron - \$77,120 FURNISHED: | YES | ļ | | ļ | | | | Four Bdrm: |
| Ousehold members must be 62 at time of ication. Caregiver allowed over age 18. CALL EVERY Image: s not require verifiable residential history. VAITLIST FOR PARKING: ASSET LIMITS: NONE ASSET LIMITS: NONE Image: NOWN RESIDENTIAL PROPERTY: YES ET LIMIT INFO: YES Image: Now a majority interest in residential property e simple or leasehold, usuitable for a dwelling within the same county. LEASE: OME CRITERIA: Image: year Image: now a \$67,520 FURNISHED: rson - \$67,520 Partly furnishedmajor appliances only, carpeted | VAIT LIST | ESTIMATE (I MAXIMUM WA ESTIMATE (I | | | | | | |
| ication. Caregiver allowed over age 18. WAITLIST FOR PARKING: PET INFO: S not require verifiable residential history. PARKING INFO: YES ASSET LIMITS: NONE Yes N OWN RESIDENTIAL PROPERTY: YES Zi yr wait for on-site parking; \$42 month; parking at Kauhale PARKING INFO: PET INFO: N OWN RESIDENTIAL PROPERTY: YES Zi yr wait for on-site parking; \$42 month; parking at Kauhale GENERAL INFO: ET LIMIT INFO: YES LEASE: I year GENERAL INFO: DME CRITERIA: Information of \$67,520 FURNISHED: Catholic Charities Hawaii Funding: State Rental Assistion pened 1992 Partly furnishedmajor appliances only, carpeted Rec deck with lap pool, joggi plots, multipurpose room | | O REMAIN ON WA | - | | | o of | int ha 62 at time | |
| ASSET LIMITS: NONE ASSET LIMITS: NONE NOWN RESIDENTIAL PROPERTY: YES ET LIMIT INFO: Interest in residential property not own a majority interest in residential property LEASE: I year Cargivers are allowed in both Within the same county. I year OME CRITERIA: FURNISHED: Immu Annual Income: FURNISHED: Partly furnishedmajor appliances only, carpeted | PETS OK: NO | | | | | 3. | ved over age 18 | ation. Caregiver allow |
| NOWN RESIDENTIAL PROPERTY: YES ET LIMIT INFO: prking - 597-1789) not own a majority interest in residential property LEASE: in the same county. 1 year OME CRITERIA: 1 year imum Annual Income: FURNISHED: orsons - \$67,520 Partly furnishedmajor appliances only, carpeted Partly furnished-major appliances only, carpeted pots, multipurpose room | | | | ite parking; \$42 t Kauhale | 2 yr wait for on-si month; parking at | | | · |
| ET LIMIT INFO: LEASE: not own a majority interest in residential property e simple or leasehold, usuitable for a dwelling within the same county. LEASE: 1 year I year OME CRITERIA: FURNISHED: imum Annual Income: FURNISHED: Partly furnishedmajor appliances only, carpeted Partly furnishedmajor appliances only, carpeted | | | GENERAL I | | | | | |
| not own a majority interest in residential property e simple or leasehold, usuitable for a dwelling within the same county. DME CRITERIA: imum Annual Income: rson - \$67,520 rsons - \$77,120 FURNISHED: Partly furnishedmajor appliances only, carpeted | | re allowed in both s | Cargivers a | | | | | |
| JME CRITERIA. imum Annual Income: grson - \$67,520 Partly furnishedmajor appliances only, carpeted | has lanai; 3 | l system; Studio ha neal site ion to Shopping ava | Emerg. Cal elevators Services: r Transporta | | | | usuitable for a | simple or leasehold, |
| Partly furnishedmajor appliances only, carpeted Porter 1992 Rec deck with lap pool, joggi plots, multipurpose room | tance 100% | ate Rental Assistan | Funding: S | | | | | |
| | ing path, garden | ith lap pool, jogging | Rec deck w | | Partly furnished | | | on - \$67,520 |
| e: Minimum Income Required is 2.5 x the imum rent | | | | | | the | equired is 2.5 x | |
| RSON MAXIMUM MONTHLY INCOME: 5626 | | | Į. | | 5626 | E: | NTHLY INCOM | |

| | | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Kapalama |
|--|-----------------------------------|---------------------------------|--------------|--|--|--|---|--|
| PROJECT NAME: | PUA | | MES I (HP | HA) - NOT | ACCEPTING | APP | PROJECT TYPE: | Family |
| ADDRESS: | 1638 - 1 | 699 Ahiahi Pl. | | | | | PHONE: 832-333 | 6 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 832-338 | 5 |
| MANAGER APPLY TO | | /iggett CCEPTING AF | PPLICATIONS | | APPLY AD 1002 North Honolulu, H NOT AC | School St. II 96817 | PLICATIONS | OUT-OF-STATE APPLICATION ACCEPTED: |
| | (Oahu | CCEPTING AF applications of | | | | EMAIL | : hphaishereforyou.o | NO |
| APPLY PHONE | : 832-59 | 61 | | | FAX: 832-3461 | | | |
| | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: | | | | | | | |
| | Bdrm: | | | | | | | |
| Three | Bdrm: | | | | | | | |
| Four | Bdrm: | 14 | 0 | | 1116 | 4 | 10 | YES |
| RENT INFO: RE 14 five bdrm units Minimum Rent: Or Three Bdrm - \$15 funding source: st | . (1202 s ne Bdrm 2; Four B | qft) - \$108; Two Bo | | UTILITIES INC Water and allo and gas | CLUDED: | _ | MINIMUM W ESTIMATE MAXIMUM W | (Months): 36 |
| AGE CRITERIA: | | ೧/ フ∩1 ᠺ******* * | **** | ls. | | | ESTIMATE | |
| Head of household | d must be | e 18 years or o | lder | | IST FOR PARKING: | | TO REMAIN ON W CALL EVERY | |
| | | | | PARKING INF | | PET INFO |): F | PETS OK: NO |
| | A | SSET LIMITS: | YES | | | | | |
| AN OWN RESI | | PROPERTY: | NO | | | GENERA | L INFO: | |
| ASSET LIMIT INF Cannot own a hou times the applicab times that limit for | use on Oa ble incom | e for admissior | | LEASE: 1 year | | 1.)The E Veterans Families was dete | HOUSING PREFERE Iderly 2.) The Displac w/ service connecte of deceased veteran ermined to be service eterans 6.) Families re | ed 3.) Disabled d disabilities 4.) s whose death connected. 5.) |
| INCOME CRITER | | | | | | | nal Shelters 7.) All ot | |
| 50% AMI: 1 perso persons \$42,800; | | | 38,050; 3 | FURNISHED: Partly furnishe appliances on | | Funding: | State Pub Hsing 100 ctions must be 3 yrs o | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 3450 | | J | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 4895 | | | | |

| _ | Last Con | nplete Update: | 12/15/2021 | | | AREA | Kapalama |
|-------------------------------------|--|----------------|--|----------------------------|--|---|---|
| | PUAHALA HO | OMES II (HP | PHA) - NOT A | ACCEPTING | | | · · |
| ADDRESS: A | hiahi PI. | | | | | PHONE: 832-33 | |
| | lonolulu | STATE: HI | ZIP: | 96817 | | FAX: 322-06 | 32 |
| MANAGER: | Julie Wiggett | | | APPLY ADD | DRESS: PTING APPLIC | ATIONS | OUT-OF-STA |
| APPLY TO: | NOT ACCEPTING | APPLICATIONS | | 1002 North Honolulu, Hi | School St. | | APPLICATIO ACCEPTEI |
| | NOT ACCEPTING (Oahu applications | | | | EMAUL | nhaiaharafaryou | NO |
| APPLY PHONE: | 832-5961 | | F | AX: 832-3461 | EMAIL: N | phaishereforyou. | org |
| Unit T | ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stu | dio: | | | | | | |
| One Bo | drm: | | | | | | |
| Two Bo | 12 12 | 0 | | 676 | 2 | 6 | YES |
| Three Bo | drm: 8 | 0 | | 940 | 3 | 8 | YES |
| Four Bo | drm: | | | | | | |
| ding source: state | Four Bdrm - \$180 e _OSED 8/2/2016**** | **** | and gas | | | ESTIMATE MAXIMUM W ESTIMATE | /AIT LIST (Months): |
| E CRITERIA: ad of household r | must be 18 years or | older | | | Т | O REMAIN ON V CALL EVERY | - |
| | 2 | | PARKING INFO: | FOR PARKING: | PET INFO: | | PETS OK: NO |
| | ASSET LIMITS | S: YES | Included | | | | |
| | ENTIAL PROPERTY | /: NO | | | GENERAL I | NFO: | |
| es the applicable | : e on Oahu. Assets income for admissi ontinued occupancy | ion or three | LEASE: 1 year | | 1.)The Elde Veterans w Families of was determ | USING PREFERI rly 2.) The Displa / service connecte deceased veteral ined to be service ans 6.) Families | ced 3.) Disabled ed disabilities 4.) ns whose death e connected. 5.) |
| OME CRITERIA | | | | | Transitional | | others - Indefinate |
| % AMI: 1 person sons \$42,800; 4 | \$33,300; 2 persons person \$47,550. | \$38,050; 3 | FURNISHED: Partly furnished- appliances only | -major | | ate Pub Hsing 10 ons must be 3 yrs | |
| ERSON MAXIMU | M MONTHLY INCC | DME: | 3450 | | ļ | | |
| RSONS MAXIM | UM MONTHLY INC | OME: | 4895 | | | | |

| | | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Kapalama |
|--|-----------------------------|---------------------------------|--------------|---|---------------------------------|---|--|--|
| PROJECT NAME: | PUA | HALA HOI | MES III (H | PHA) NOT / | ACCEPTING | APP | PROJECT TYPE: | Family |
| ADDRESS: | , Ahiahi F | 기. | | | | | PHONE: 832-333 | 6 |
| CITY: | Honolul | u | | ZIP: | 96817 | | FAX: 832-338 | 5 |
| MANAGER APPLY TO | | | | | 1002 North | PTING APPLI School St. | ICATIONS | OUT-OF-STATE APPLICATION |
| APPLY ATTN | - | CCEPTING AF | | | Honolulu, H | | hphaishereforyou.or | ACCEPTED: NO |
| APPLY PHONE | : 832-59 | 961 | | | FAX: 832-3461 | | | |
| | туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: | | | | | | | YES |
| | Bdrm: | 10 | 0 | | 504 | 1 | 4 | YES |
| | Bdrm: | 14 | 0 | | 676 940 | 2 | 6 | YES |
| Three | | 16 | 0 | | 340 | | | |
| Four | Bdrm: | | | | J | J | ļ | |
| RENT INFO: RE Minimum Rent: Ou Three Bdrm - \$15 funding source sta | ne Bdrm 2; Four B ate | - \$108; Two Bo 3drm - \$180 | Irm - \$128; | UTILITIES INCI Water and allow and gas | LUDED: wance for electricity | | 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 ol | der | PARKING INFO | ST FOR PARKING: | PET INFO | CALL EVERY | (Months): 12 ETS OK: NO |
| ļ | | | | Included | | | | |
| AN OWN RESI | DENTIAL | SSET LIMITS: . PROPERTY: | | | | GENERAL | | NOFO |
| Cannot own a hou times the applicab | use on Oa ble incom | e for admissior | | LEASE: 1 year | | 1.)The Ele Veterans Families e was deter | OUSING PREFERE derly 2.) The Displac w/ service connecter of deceased veteran rmined to be service terans 6.) Families re | ed 3.) Disabled d disabilities 4.) s whose death connected. 5.) |
| INCOME CRITER | IA: | | | | | | nal Shelters 7.) All ot | |
| 50% AMI: 1 perso persons \$42,800; | | | 38,050; 3 | FURNISHED: Partly furnished appliances only | | Funding: | State Pub Hsing 100 tions must be 3 yrs o | |
| I 1-PERSON MAXIN | IUM MOI | NTHLY INCOM | E: | 3450 | | Į | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 4895 | | | | |

| | Last Comple | ete Update: | 12/15/2021 | | | AREA: | Kapalama |
|---|--------------------------------------|------------------------|---|------------------------------|---|--|--|
| DJECT NAME: PUA | HALA HON | <mark>IES IV (H</mark> | PHA) - NOT | ACCEPTING | GAP | PROJECT TYPE: | Family |
| ADDRESS: School | St. and Lanakila | Ave. | | | | PHONE: 832-333 | 6 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96817 | | FAX: 322-063 | 2 |
| MANAGER: Julie V | Viggett | | | | PTING APPLI | CATIONS | OUT-OF-STA |
| APPLY TO: NOT A HPHA | | PLICATIONS | | 1002 North S Honolulu, HI | | | |
| APPLY ATTN: NOT A Oahu | ACCEPTING API applications offic | | | | EMAU . | habaiabarafariyay a | NO |
| APPLY PHONE: 832-59 | 961 | | F | AX: 832-3461 | EMAIL: | hphaishereforyou.or | rg |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | YES |
| One Bdrm: | 4 | 0 | | 519 | 1 | 4 | YES |
| Two Bdrm: | 32 | 0 | | 662 | 2 | 6 | YES |
| Three Bdrm: | 4 | 0 | | 808 | 3 | 8 | TES |
| Four Bdrm: | | | | | ļ | J | |
| ree Bdrm - \$152 ******CLOSED 8/2 E CRITERIA: ad of household must b | | | PARKING INFO: | FOR PARKING: | PET INFO | ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| AIT LIST (Months): |
| ٨ | SSET LIMITS: | VES | Included | | | | |
| N OWN RESIDENTIAL | | | | | , GENERAL | INFO: | |
| SET LIMIT INFO: nnot own a house on O es the applicable incom es that limit for continue | ahu. Assets limi ne for admission | ted to two | LEASE: 1 year | | 1.)The Elo Veterans Families o was deter | OUSING PREFERE derly 2.) The Displac w/ service connected of deceased veterans mined to be service evence 6.) Expedies re | ed 3.) Disabled d disabilities 4.) s whose death connected. 5.) |
| OME CRITERIA: | | | r | | Transition | erans 6.) Families re al Shelters 7.) All ot | |
| % AMI: 1 person \$33,30 sons \$42,800; 4 persor | | 3,050; 3 | FURNISHED: Partly furnished appliances only | major | | State Pub Hsing 100 tions must be 3 yrs o | |
| ERSON MAXIMUM MO | NTHLY INCOME | :: | 3450 | | <u> </u> | | |
| ERSONS MAXIMUM M | ONTHLY INCOM | IE: | 4895 | | | | |

| | Last Comp | lete Update: | 11/24/2021 | | | AREA: | Palama |
|---------------------|--|--------------|---|----------------------------|--------------------------------|--|--|
| PROJECT NAME: | PUALANI MAN | IOR | | | | PROJECT TYPE: | Family |
| ADDRESS: | 1216 Pua Lane | | | | | PHONE: 841-565 | 57 |
| CITY: | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: | |
| MANAGER APPLY TO | | | | APPLY ADD Get applicati | DRESS: ion onsite; bring | g I.D. | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | I: | | | | | | YES |
| APPLY PHONE | : 841-5657 | | | FAX: | EMAIL: N | lone | |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: 62 | 0 | NO | 565 | 2 | 4 | YES |
| Two | Bdrm: | | | | | | |
| | Bdrm: | | | | | | NO |
| | NT IS 30% OF INCOMI itlist, WRITE IN, every 6 | | UTILITIES INCL Water | UDED: | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 48 AIT LIST |
| AGE CRITERIA: | | | | | - | TO REMAIN ON W | 1 |
| Head of household | d must be 18 years or o | lder | WAITLIS PARKING INFO Parking include | | PET INFO: | CALL EVERY | (Months): 6 PETS OK: NO |
| AN OWN RESID | ASSET LIMITS: DENTIAL PROPERTY: | | r arking include | u | GENERALI | NFO: | |
| ASSET LIMIT INF | O: | · | LEASE: | | Funding: S | Section 8 100%. | |
| | | | 1 year | | | | |
| INCOME CRITER | | | | | | | |
| | Income: 50% AMI. to new HUD guidelines | | FURNISHED: Partly furnished appliances only | | | | |
| P | | | , | | 1 | | |

| | | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Makiki |
|---|--|--|--------------|---|---------------------------|---------------------------------------|---|---|
| PROJECT NAME: | PUM | <mark>EHANA (</mark> | IPHA-hon |) - NOT ACC | EPTING AF | PLIC | PROJECT TYPE: | Elderly |
| ADDRESS: | , 1212 Ki | nau St. | | | | | PHONE: 586-972 | 4 |
| CITY: | l Honolul | u | STATE: HI | ZIP: | 96814 | | FAX: 973-019 | 7 |
| MANAGER | | ntouo | | | APPLY AD | | | |
| APPLY TO | : HPHA | | | | 1002 North Honolulu, H | School St. | CATIONS | OUT-OF-STATE APPLICATION ACCEPTED: |
| APPLY ATTN | : Oahu a | CCEPTING AF | се | | | | | NO |
| APPLY PHONE | - | | TEICATIONS | r | FAX: 832-3461 | EMAIL: | hphaishereforyou.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: | 98 | 0 | | 454 | 1 | 2 | YES |
| One E | 3drm: | 40 | 0 | | 553 | 1 | 4 | YES |
| Two E | 3drm: | 1 | 0 | | | | | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | | | | |
| AGE CRITERIA: Head of household disabled | | | lder, or | WAITLIS | T FOR PARKING: | PET INFO | MINIMUM WA ESTIMATE (MAXIMUM WA ESTIMATE (TO REMAIN ON W CALL EVERY (| (Months): 24 AIT LIST (Months): 60 AITLIST |
| | | | | Included | | | s under 25 lbs. only | |
| | A | SSET LIMITS: | NONE | | | | | |
| AN OWN RESID | | PROPERTY: | NO | | | GENERAL | . INFO: | |
| ASSET LIMIT INFO | - | ahu | | LEASE: 1 year | | homeless displaced If elder die | ENCES: Domestic V in transitional shelte es, under age 62 spo ling: Fed Low Inc Pu | ers; involuntary |
| INCOME CRITERI | | | | | | | tions 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:)0; 3 per)0; 5 per)0; 7 per | 1 person - \$53, sons - \$68,500; sons - \$82,200; | | FURNISHED: Partly furnished- appliances only, | | | ethamphetamine or s | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4570 | | k | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 5220 | | | | |

| Last Complete Update: | 12/15/2021 | | | AREA: | Makiki |
|--|-----------------------------------|---------------------------------------|--|--|-----------------------|
| ROJECT NAME: PUNCHBOWL HOMES | (HPHA-hon) | - NOT ACCI | | PROJECT TYPE: | Elderly |
| ADDRESS: 730 Captain Cook Ave. | | | | PHONE: 586-97 | 24 |
| CITY: Honolulu STATE: | II ZIP: | 96813 | | FAX: 586-97 | 28 |
| p p | , | | | | |
| MANAGER: Sol Sentous | | | | | |
| APPLY TO: HPHA NOT ACCEPTING APPLICATIONS | S | 1002 North Honolulu, H NOT ACCE | OUT-OF-STATI APPLICATION ACCEPTED: | | |
| APPLY ATTN: Oahu applications office | 2 | | | | NO |
| NOT ACCEPTING APPLICATIONS APPLY PHONE: 832-5961 | 5 | FAX: 832-3461 | EMAIL: | hphaishereforyou.c | org |
| | Minimum | | MINIMUM | MAXIMUM | |
| Unit Type: Number of UNITS: RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | YES |
| One Bdrm: 97 0 Two Bdrm: 58 0 | | 548 | 1 | 4 | YES |
| Two Bdrm: 58 0 Three Bdrm: 1 0 | | 711 | 2 | 6 | |
| Four Bdrm: | | | | | |
| RENT INFO: RENT IS 30% OF INCOME: YES Minimum Rent: \$0 for Federal Low Income projects | UTILITIES INC | LUDED: wance for utilities | | TOT/ MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 24 |
| AGE CRITERIA: | | | | TO REMAIN ON V | |
| Head of household or spouse must be 62 years or older, or disabled | WAITLI | ST FOR PARKING: | | CALL EVERY | (Months): 12 |
| | PARKING INFO | D: NO | PET INFO | | PETS OK: YES |
| | | | Small pet | s under 25 lbs. only | |
| ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: NO | - | | GENERAL | | |
| ASSET LIMIT INFO: | LEASE: | | PREFER | ENCES: Domestic | |
| Cannot own a house on Oahu | 1 year | | homeless displaced | in transitional shelt | ters; involuntary |
| | | | | es, under age 62 sp | |
| INCOME CRITERIA: | | | | ding: Fed Low Inc P | 0 |
| ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; | FURNISHED: | | | tions must be 3 yrs ethamphetamine or | |
| 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 furnishe appliances onl | | Transport Catholic (| tation to Shopping a Charities Hawaii | vailable through |
| -PERSON MAXIMUM MONTHLY INCOME: | 4570 | | k | | |
| 2-PERSONS MAXIMUM MONTHLY INCOME: | 5220 | | | | |

| | Last Comple | ete Update: | 12/15/2021 | | | AREA: | Aiea |
|--|---|-------------|---|-------------------------|--------------------------------|--|---|
| | WAI MOMI | (HPHA-h | on) - NOT / | | APP | PROJECT TYPE: | Family |
| ADDRESS: 99-132 | | • | - | | | PHONE: 483-255 | 0 |
| CITY: Aiea | | STATE: HI | ZIP: | 96701 | | FAX: 483-255 | 2 |
| | | • | | 50701 | | | |
| MANAGER: Marcu | is Asami | | | APPLY ADI 1002 North | | | OUT-OF-STAT |
| APPLY TO: HPHA NOT A | | PLICATIONS | | Honolulu, H | | CATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN: Oahu NOT A | applications offic | | | | | | NO |
| APPLY PHONE: 832-59 | 961 | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.or | ·g |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 48 | 0 | | 550 | 1 | 4 | YES |
| Two Bdrm: | 86 | 0 | | 724 | 2 | 6 | YES |
| Three Bdrm: | 88 | 0 | | 1080 | 3 | 8 | YES |
| Four Bdrm: | 38 | 0 | | 1158 | 4 | 10 | YES |
| GE CRITERIA: | | der | WAITLIS PARKING INFC | ST FOR PARKING: | PET INFO | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (: P nimals ok, but only c | Months): 36 AIT LIST (Months): 60 AITLIST (Months): 12 ETS OK: YES |
| А | SSET LIMITS: | NONE | | | the catego | ories listed below: under 25 lbs) or cat | |
| AN OWN RESIDENTIAI | | NO | | | GENERAL | . INFO: | |
| SSET LIMIT INFO: annot own a house on O | ahu | | LEASE: 1 year | | homeless displaced | ENCES: Domestic V in transitional shelte Fed Low Inc Pub Hs | ers; involuntary |
| ICOME CRITERIA: | | | ļ | | | tions must be 3 yrs a | |
| come Eligibility = 80% of aximum Annual Income: persons - \$60,900; 3 per persons - \$76,100; 5 per persons - \$88,300; 7 per persons - \$100,450 | 1 person - \$53,2 rsons - \$68,500; rsons - \$82,200; | | FURNISHED: Partly furnished appliances only | | | ethamphetamine or s | |
| PERSON MAXIMUM MO | NTHLY INCOME | ≣: | 4570 | | | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | /E: | 5220 | | | | |

| | Last Compl | | 9/30/2021 | | | AREA: | Downtown |
|------------------------------------|---------------------|-----------|--|------------------------------|--------------------------------|---|-----------------------|
| | | | ENTS | | | PROJECT TYPE: | |
| ADDRESS: 1270 Q | UEEN EMMA S | TREET | | | | PHONE: 900-714 | .9 |
| CITY: Honolul | u | STATE: HI | ZIP: | 96813 | | FAX: | |
| MANAGER: | | | | APPLY AD | DRESS: | | OUT-OF-STA |
| APPLY TO: Cambr | ridge Manageme | ent, Inc. | | | | | APPLICATIO ACCEPTE |
| APPLY ATTN: | | | | | | | |
| PPLY PHONE: 900-71 | 149 | | F | AX: | | Website: www.queenemmaa | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | 0 | | | | | |
| One Bdrm: | | 0 | | | | | |
| Two Bdrm: | | 0 | | | | | |
| Three Bdrm: | | 0 | | | | | |
| Four Bdrm: | | 0 | | | | | |
| ion 8 vouchers accept CRITERIA: | | | ļ | | | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | AIT LIST (Months): |
| | | | WAITLIST | FOR PARKING: | | CALL EVERY | (Months): |
| | | | PARKING INFO: Limited, on-site p available, howeve | arking er, a waitlist for | PET INFO: Pets not a | | PETS OK: NO |
| ہ I OWN RESIDENTIAL | SSET LIMITS: | | parking is unknov | wn. | J GENERAL | INFO: | |
| ET LIMIT INFO: | | | LEASE: | | Engaging ceiling win | social spaces, new idows, 9 ft. ceilings, e flooring, some unit | large closets, |
| OME CRITERIA: | | | FURNISHED: | | | | |
| | | | | | | | |
| RSON MAXIMUM MOI | NTHLY INCOME | E: | 0 | | <u> </u> | | |
| RSONS MAXIMUM MO | ONTHLY INCOM | IE: | 0 | | | | |

| Last Complete Update | | AREA | , | | |
|--|---|--|---|--|--|
| OJECT NAME: RHF PAUAHI KUPUNA | HALE | PROJECT TYPE | Elderly | | |
| ADDRESS: 167 North Pauahi St. | | PHONE : 524-5 | | | |
| CITY: Honolulu STATE: | HI ZIP : 968 | FAX: 949-2 | 554 | | |
| MANAGER: Sue Stacey APPLY TO: Retirement Housing Foundation | 911 ľ Long | LY ADDRESS: N. Studebaker Rd. J Beach, CA. 90815-4900) 257-5100 | OUT-OF-STA APPLICATIO ACCEPTED | | |
| APPLY ATTN: | (002) | , 201 0100 | YES | | |
| APPLY PHONE: 524-5844 | FAX: | EMAIL: www.rhf.org | | | |
| Unit Type:Number of UNITS:RENT:Studio:120One Bdrm:360Two Bdrm:Three Bdrm:Four Bdrm: | Minimum INCOME Required: SQ F1 539 579 | of People People 1 1 | CAREGIVER Allowed: YES YES | | |
| ENT INFO: RENT IS 30% OF INCOME: YES 121 Update: No action required unless updating intact information GE CRITERIA: ead of household must be 62 years or older, or | UTILITIES INCLUDED: Water, sewer & trash | MINIMUM V ESTIMATI MAXIMUM V | E (Months): 7 WAIT LIST E (Months): 9 WAITLIST | | |
| sabled (mobility impaired) | WAITLIST FOR PAR PARKING INFO: Parking not available | | PETS OK: YES | | |
| ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: NO SSET LIMIT INFO: | LEASE: | GENERAL INFO: Caregivers are allowed with outside home. If elderly ten 62 spouse may rent the unit Services: meal site next do | ant dies, under age | | |
| COME CRITERIA: | | Funding: Section 202 | | | |
| aximum Annual Income: 1 person - \$34,750; 2 ersons - \$39,700. | FURNISHED: Partly furnishedmajor appliances only. Carpets | waitlist. Application: | | | |

| OJECT NAME: RH | F PHILIP ST | TREET AP | ARTMENTS | | F | ROJECT TYPE: | Elderly |
|---|--------------------------------------|-----------------------|---|---------------------|--|---|---|
| ADDRESS: 1605 | Philip St. | | | | F | PHONE: 949-255 | 692-2011 |
| CITY: Hono | lulu | STATE: HI | ZIP: 96826 | | | FAX: 949-255 | 54 |
| MANAGER: Sue | <i>,,</i> 3 | | | | ebaker Rd. , CA. 90815-490 | 10 | OUT-OF-STA APPLICATIO |
| | rement Housing F | oundation | | (562) 257-5 | 100 | | ACCEPTED YES |
| APPLY ATTN: | 2555 | | F | AX: 949-2554 | EMAIL: w | ww.rhf.org | |
| | | | | | | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio | 10 | 0 | NO | 550 | 1 | 1 | YES |
| One Bdrm: | 24 | 0 | NO | 575 | 1 | 2 | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | ļ | J | NO |
| ENT INFO: RENT IS 21 Update: No action intact information or in om project GE CRITERIA: | required unless u response to com | pdating munication | UTILITIES INCLU | | т | TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE O REMAIN ON W CALL EVERY | (Months): 9 AIT LIST (Months): 12 /AITLIST |
| e member of the hous ouse/partner must be ousehold may be 18+. | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO: | | |
| usenolu may be to+. | | | Available | 1125 | PET INFO: PETS OK: YES One small pet only | | |
| AN OWN RESIDENTI | ASSET LIMITS: | | | | J GENERAL IN | IFO: | |
| SET LIMIT INFO: | | | LEASE: | | Caregivers a | are allowed with M | 1D letter; can work |
| | | | 1 year, then mon | th to month | | e. If elderly tenar hay rent unit. | nt dies, under age |
| | | | | | Opened 199 | 3 | |
| COME CRITERIA: | | | | | Funding: Se | ction 202 100% | |
| aximum Annual Incom persons - \$38,350. | e: 1 person - \$33, | ,550; | FURNISHED: Partly furnishedmajor appliances only. | | Application: Ask management to mail it Send request with self-addressed stamped envelope Pick up from manager's office | | |

| Last Complete Upd | late: 11/24/2021 | AREA: Chinatown | | |
|--|---|--|--|--|
| OJECT NAME: RIVER PAUAHI (NOT | taking applications) | PROJECT TYPE: Family | | |
| ADDRESS: 1155 River St. | | PHONE: 538-1621 | | |
| CITY: Honolulu STAT | E: HI ZIP: 96817 | FAX: None | | |
| MANAGER: Luis; Ste. 111 APPLY TO: River Pauahi Apt. c/o United H | APPLY ADDRE Not currently tak | | | |
| APPLY ATTN: Certified Occupancy Specialis | t (Lv message) | YES | | |
| APPLY PHONE: 892-1812 | FAX: 892-1801 | | | |
| Unit Type: Number of UNITS: REI | NT. INCOME SO ET. N | INIMUM Number of People: CAREGIVER Allowed: | | |
| | | 1 YES | | |
| One Bdrm: 41 0 Two Bdrm: 7 0 | | | | |
| Three Bdrm: | | 3 5 125 | | |
| Four Bdrm: | | | | |
| INT INFO: RENT IS 30% OF INCOME: YES | UTILITIES INCLUDED: | TOTAL UNITS: 48 | | |
| | Electricity and water | MINIMUM WAIT LIST ESTIMATE (Months): 6 MAXIMUM WAIT LIST | | |
| | Į. | ESTIMATE (Months): | | |
| GE CRITERIA: ead of household must be 18 years or older | | TO REMAIN ON WAITLIST CALL EVERY (Months): | | |
| , | WAITLIST FOR PARKING: PARKING INFO: | | | |
| | \$40/month | | | |
| ASSET LIMITS: NONE | | | | |
| | | GENERAL INFO: | | |
| SSET LIMIT INFO: | LEASE. | Funding: Section 8 100% | | |
| | 1 year | 3 handicap units 2 - 1 bdrm & 1 - 2 bdrms | | |
| COME CRITERIA: | I | | | |
| aximum Annual Income: 1 person - \$33,250; persons - \$38,000; 3 persons - \$42,750; persons - \$47,500; 5 persons - \$51,300. | FURNISHED: Partly furnishedmajor appliances only. No carpet | | | |
| ERSON MAXIMUM MONTHLY INCOME: | 2771 | | | |
| ERSONS MAXIMUM MONTHLY INCOME: | 3167 | | | |

| Last Co | mplete Update: | 11/24/2021 | | | AREA: | Makiki | |
|---|---|---|--|---|----------------------------------|---------------------------------|--|
| ROJECT NAME: ROYAL KIN | AU | | | - | PROJECT TYPE: | Elderly | |
| ADDRESS: 728 Kinau St. | | | | | PHONE: 521-36 | 78 | |
| CITY: Honolulu | STATE: H | ZIP: | 96813 | | FAX: 521-29 | 31 | |
| MANAGER: Charles Tracy | | | APPLY AD 728 Kinau | DRESS: Street, Honolulu, | HI 96813 | OUT-OF-STATE | |
| APPLY TO: Royal Kinau Apart | tments | | | | | APPLICATION ACCEPTED: YES | |
| APPLY ATTN: Attn: Charles Trac | су. | | | EMAIL: ro | oyalkinau@levyre | | |
| APPLY PHONE: 521-3678 | | F | AX: 521-2931 | | | | |
| Unit Type: Number of UNITS: Studio: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One Bdrm: 60 | 952 | 1.5 x rent | 541 | | 2 | YES | |
| Two Bdrm: 24 | 1325 | 1.5 x rent | 741 | | 4 | YES | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | NO | |
| RENT INFO: RENT IS 30% OF INCO 2021 UPDATE: No action is required u contact information Section 8 certificate holders need not | UTILITIES INCLUDED: Electric, water, and sewer | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 2 | | |
| AGE CRITERIA: All residents must be 62 or older | | | | | O REMAIN ON V CALL EVERY | | |
| | | WAITLIST PARKING INFO: | FOR PARKING: YES | PET INFO: | | | |
| ASSET LIMIT | IS: NONE | Parking included, some covered | , | | | Į, C | |
| AN OWN RESIDENTIAL PROPERT | TY: YES | | | GENERAL II | - | | |
| ASSET LIMIT INFO: | | LEASE: | h to month | | opened 1998 units have lanais | | |
| | | 1 year; then mont | n-io-montn | Funding: LII Funding: R | HTC, Section 8 HTF | | |
| INCOME CRITERIA: | | | | 8 handicapp | bed access | | |
| 50% AMI: 1 person \$42,200; 2 person persons \$54,250: 4 persons \$60,250 | s \$48,200; 3 | FURNISHED: Partly furnished appliances only | Send reque envelope Pick up fron | Application: Send request with self addressed stamped envelope Pick up from manager's office Email request royalkinaul@levyre.com | | | |
| -PERSON MAXIMUM MONTHLY INC | OME: | 3516 | | J | | | |
| P-PERSONS MAXIMUM MONTHLY IN | COME: | 4016 | | | | | |

| | Last Comp | lete Update: | 11/24/2021 | | | AREA: | Downtown | |
|--|--|----------------|---------------------|---------------------------|-------------------------|--|-----------------------------|--|
| PROJECT NAME: | SAFE HAVEN/ | MENTAL I | HEALTH KOI | KUA | | PROJECT TYPE: | Emergency/Transi | |
| ADDRESS: | 126 N. Pauahi St. | | | | | PHONE: 524-7233 | | |
| CITY: | Honolulu | STATE: HI | ZIP: | 96817 | | FAX: 524-035 | 3 | |
| | J | ļ | ļ | | | | | |
| MANAGER | : Bill Hanrahan | | | APPLY AD | | | | |
| | | | | 126 N Paua Honolulu, H | | | OUT-OF-STATE APPLICATION | |
| | : Mental Health Kokua Intake Monday - Frida | y from 1pm - 4 | om | | | | ACCEPTED: | |
| APPLY ATTN | : | | | | | | NO | |
| | | | | | EMAIL: | | | |
| APPLY PHONE | : 524-7233 | | F | AX: 524-0353 | | | | |
| Unit | Type: Number | | Minimum | | MINIMUM | MAXIMUM | CAREGIVER | |
| | of UNITS: | RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | Allowed: | |
| SI | tudio: 25 | | | 80 | 1 | 1 | | |
| One E | Bdrm: | | | | | | | |
| Two E | Bdrm: | | | | | , | | |
| Three E | | | | | | | | |
| | | | | | | | | |
| Four E | sarm: | | | J | J | | | |
| RENT INFO: REI | NT IS 30% OF INCOME | | UTILITIES INCLU | DED: | | ΤΟΤΑ | L UNITS: 25 | |
| Rooms with share Includes 3 meals p | d bath and communal d | lining. | All utilities | | | MINIMUM WAIT LIST | | |
| Homeless mentally | y ill. (bi-polar, Schizoph | renia, | | | | ESTIMATE (Months): 2 | | |
| depression). 18 yrs | s or older. | | | | | MAXIMUM WA | | |
| AGE CRITERIA: | | | - | | | | | |
| | d must be 18 years or o | lder | | | | TO REMAIN ON W CALL EVERY | | |
| | | | PARKING INFO: | FOR PARKING: | PET INFO | : P | ETS OK: NO | |
| | | | No parking | , | | | | |
| | ASSET LIMITS: | | | | | | | |
| AN OWN RESID | DENTIAL PROPERTY: | NO | | | GENERAL | INFO: | | |
| ASSET LIMIT INFO | 0: | | LEASE: | | | must be homeless and severely | | |
| | | | Month-to-month | | | HUD Continuum of (| | |
| | | | | | provided: | & C Esg; State HPH/ residential, Case Model | | |
| | ۸. | | J | | Plcmt Ser Activity C | vices, enter (waiting list) - p | provides social | |
| INCOME CRITERI Max income limits | | | FURNISHED: | | rehab, | med/psych svcs, ch dency treatment, cor | emical | |
| | | | | | integratio | n | | |
| | | | | | service Intake M- | | | |
| | | | | | NO RESP | PONSE IN 2021 | | |
| | | | | | ļ | | | |

| | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Salt Lake | |
|--|--|--------------|---|--|--------------------------------|--|--|--|
| PROJECT NAME: SAL | <mark>T LAKE (</mark> H | PHA-hon | - NOT ACCI | EPTING AP | PS | PROJECT TYPE: | Family | |
| ADDRESS: 2907 A | la Ilima St. | | | | | PHONE: 483-255 | 0 | |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96818 | | FAX: 483-255 | 2 | |
| MANAGER: Marcu APPLY TO: HPHA | | | APPLY ADDRESS: 1002 North School St. Honolulu, HI 96817 | | | ICATIONS | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN: Oahu | ACCEPTING AF applications offi ACCEPTING AF | се | | | - | : hphaishereforyou.or | NO | |
| APPLY PHONE: 832-59 | 961 | | F. | AX: 832-3461 | | | - | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One Bdrm: | 28 | 0 | | 642 | 1 | 4 | YES | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | | | J | | | |
| Minimum Rent: \$0 for Fed ********* CLOSED 8/2/201 AGE CRITERIA: Head of household must b | 6***** | | Water and allowa | FOR PARKING: | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| Months): 36 AIT LIST (Months): 60 AITLIST | |
| ļ | | | Included | | | multiple animals ok, but only one from each of the categories listed below: | | |
| | SSET LIMITS: | | | | one doa | (under 25 lbs) or cat | | |
| AN OWN RESIDENTIAL ASSET LIMIT INFO: | _ PROPERTY: | NO | ļ | | GENERA | | iolence victims: | |
| Cannot own a house on O | LEASE: 1 year disp | | | PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. Funding: Fed Low Inc Pub Hsing 100% | | | | |
| INCOME CRITERIA: | | | | | | ctions must be 3 yrs a ethamphetamine or s | | |
| ncome Eligibility = 80% of Maximum Annual Income: 2 persons - \$60,900; 3 per 4 persons - \$76,100; 5 per 6 persons - \$88,300; 7 per 8 persons - \$100,450 | 1 person - \$53, rsons - \$68,500 rsons - \$82,200 | - - - | FURNISHED: Partly furnishedmajor appliances only some carpets | | | | | |
| I-PERSON MAXIMUM MO | NTHLY INCOM | E: | 4570 | | μ | | | |
| 2-PERSONS MAXIMUM M | ONTHLY INCO | ME: | 5220 | | | | | |

| | | Last Compl | ete Update: | 3/17/2020 | | | AREA: | Waianae | |
|--|----------------------------------|--|-----------------------------|--|-------------|--|---|--|--|
| PROJECT NAME: | SEA ' | WINDS AF | PARTME | NTS, H & J W | einberg | | PROJECT TYPE: | Emergency/Transi | |
| ADDRESS: | 85-295 I | Kauiokalani Pl. | | | | | PHONE: 696-006 | 61 | |
| CITY: | Waiana | e | STATE: Hi | i ZIP: | 96792 | | FAX: | | |
| | : Pick up | | : main office, ² | 10a.m. to 2pm, most Ivailable by email | Apartment | DRESS: anager, Sea V s, 85-295 Kau anae, Hawaii S | iokalani PI. | OUT-OF-STATE APPLICATION ACCEPTED: NO | |
| APPLY ATTN: | : Jesse | Smith | | | | EMAIL | : jesse@hsiservices | | |
| APPLY PHONE: | : 696-00 | 061 | | FA | X: | | | | |
| | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | Number of People: | CAREGIVER Allowed: | |
| One B | udio: | 20 | 975 | 1600 | 400 | 1 | 4 | | |
| Two B | | 30** | 1295 | 2000 | 770 | | 7 | | |
| Three B | | 30 | 1295 | 2000 | 770 | 4 | | | |
| Four B | | | | | | | | NO | |
| <u> </u> | | | J | , | , | , | , | | |
| RENT INFO: REN 20 Transtional stud stay. Rents range **30 permanent 2 have sliding scale | dio units from \$6 bdrm to | with 36 month r 50 - \$975 wnhouse rentals | naximum | UTILITIES INCLUI Water, sewer, tras | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 6 | |
| AGE CRITERIA: | | | | le. | | | ESTIMATE TO REMAIN ON V | | |
| 18 and older | | | | WAITUST | FOR PARKING | | CALL EVERY | | |
| | | | | PARKING INFO: | | PET INFO | | PETS OK: YES | |
| ļ | | | | \$25 month | | | Allows typical household pets, EXCEPT DOGS. See pet agreement for details. | | |
| AN OWN RESID | | SSET LIMITS: | | | | , GENERA | L INFO: | | |
| AN OWN RESIDENTIAL PROPERTY: ASSET LIMIT INFO: | | | | LEASE: 1 year A p Pre in a 2 u har | | | A program of Housing Solutions, opened 2011. Preference is given if applicant is homeless or in a homeless shelter. 2 units (includes 1 studio) are adapted for handicapped; 2 units (includes 1 studio) adapted for hearing disabled. | | |
| INCOME CRITERI \$2000 minimum gr food stamps) for 2 gross monthly inco | oss mor bdrm. | \$1600 | t including minimum | FURNISHED: Drapes, tiled floors and major appliances (refrigerator and | | | Application: Pick up from manager's office Email request to Jesse@hsiservices.net NO RESPONSE IN 2021 | | |
| 1-PERSON MAXIM | | NTHLY INCOME | : | 3665 | | | | | |
| 2-PERSONS MAXIN | | ONTHLY INCOM | 1E: | 4185 | | | | | |

| | Last Comple | ete Update: | 11/24/2021 | | | AREA: | |
|---|---|-----------------------------|--------------------------------|-----------------|--------------------------------|--|--------------------------|
| PROJECT NAME: | SECTION 8 (CI | <mark>FY) - CLOS</mark> | ED | | | PROJECT TYPE: | N/A |
| ADDRESS: 8 | 342 Bethel St., First Flo | or | | | | PHONE : 768-709 | 6 |
| | lonolulu | STATE: HI | ZIP: | 96813 | | FAX: 768-703 | 9 |
| MANAGER: | | | | APPLY ADD | DRESS: | | OUT-OF-STATE |
| APPLY TO: | | | | | | | APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | | | | |
| APPLY PHONE: | 768-7096 | | | FAX: 768-7039 | EMAIL: | www.honolulu.gov/d | cs/housing.htm |
| Unit T | ype: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Stu | idio: | | | | | | |
| One Bo | | | | | | | |
| Two Bo | | | | | | | |
| Four Bo | | | | | | | |
| Provides Section 8 rentals); participant of adjusted income WAITLIST CLOSEE pre-applicants were | T IS 30% OF INCOME: Vouchers (for private la family must minimally p or \$50, whichever is gre 0 6/18/21, after 2000 randomly selected and | ndlord bay 30% bater. | TILITIES INCI | LUDED: | | MINIMUM WA ESTIMATE (MAXIMUM WA ESTIMATE (| Months): |
| AGE CRITERIA: | | | WAITI IS | ST FOR PARKING: | | TO REMAIN ON W CALL EVERY (| - |
| | | P | ARKING INFC | | PET INFO | P | ETS OK: UNKNO |
| | ASSET LIMITS: | | | | GENERAL | INFO: | |
| ASSET LIMIT INFO | | [| EASE: | | | | |
| INCOME CRITERIA | | | | | | | |
| | ι. <u></u> | F | URNISHED: | | | | |
| | | | | | | | |

| | | Last Comp | lete Update: | 11/24/2021 | | | AREA | Hawaii | |
|---|----------|-----------------------------|------------------------|--------------------------------|---|---|--|--|--|
| PROJECT NAME: | SEC | TION 8 (S | <mark>FATE) - C</mark> | LOSED | | | PROJECT TYPE | N/A | |
| ADDRESS: | 1002 N. | School St. P. | O. Box 17907 | | | | PHONE: 832-60 | | |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 832-34 | 61 | |
| MANAGER | R: | | | | APPLY ADI | DRESS: | | OUT-OF-STATE | |
| APPLY TO |): | | | | | | | APPLICATION ACCEPTED: | |
| APPLY ATTN | 1: | | | | | | | | |
| APPLY PHONE | : 832-60 |)40 | | | FAX: 832-3461 | EMAIL: | hphas8office@hav | vaii.gov | |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| S | tudio: | | 1386 | | | | | | |
| One | Bdrm: | | 1511 | | | | | | |
| Two | Bdrm: | | 1991 | | | | | | |
| Three | | | 2934 | | | | | | |
| Four | Bdrm: | | 3367 | <u> </u> | | | ļ | | |
| RENT INFO: RENT IS 30% OF INCOME: YES Provides Section 8 Vouchers (for private landlord rentals); tenant pays 30% of income (up to a max of 40% at entry.) LONG wailists Applicants must respond to communication by S8 to remain on waitlist AGE CRITERIA: 18 and older | | | o a max of | | e on per case basis IST FOR PARKING: | | MINIMUM WAIT LIST ESTIMATE (Months): MAXIMUM WAIT LIST ESTIMATE (Months): TO REMAIN ON WAITLIST CALL EVERY (Months): | | |
| | | . , | | PARKING INF | 0: | PET INFO: | | PETS OK: | |
| AN OWN RESIE | DENTIAL | SSET LIMITS: . PROPERTY: | | | | GENERAL | | | |
| | 0. | | | LEASE: 1 year initially | | 8/16/16 ar homeless, violence. household ncome tov | ucher choice application and closed 8/18/16 w displaced or victin Elderly and disable s paying more that ward rent are also t | vith preference for n of domestic ed persons or n 50% of their argeted for the | |
| INCOME CRITERIA: Maximum income is based on 30%AMI and vary by county. Maximum for Honolulu county is listed below. | | | | FURNISHED: | | program. Rents listed are the maximum amount allowed for that apartment size. | | | |
| ' I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 2116 | | μ | | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 2416 | | | | | |

| | | Last Comp | lete Update: | 11/24/2021 | | | AREA | Iwilei |
|---|---|-----------------------|----------------|---|--|--|------------------------------------|-----------------------|
| PROJECT NAME: | SENI | | DENCE A | TIWILEI | | | PROJECT TYPE | Elderly |
| ADDRESS: | 888 Iwile | ei Road | | | | | PHONE: 888-08 | 876 |
| CITY: | Honolulı | u | STATE: HI | ZIP: | 96817 | | FAX: 521-11 | 92 |
| MANAGER | | ons Residence at l | | | APPLY AD Manager's 888 Iwilei R | | OUT-OI | |
| | | | wiiei | | | | | ACCEPTED: |
| APPLY ATTN | I: Manag | er's Office | | | | EMAIL: | | |
| APPLY PHONE | : 738-31 | 00 | | F | AX: | EWAIL. | | |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | itudio: | | | | | | | |
| | Bdrm: | 146 | 1200 | 2.5rent | | | | |
| | Bdrm: | 13 | 1300 | 2.5 rent | | | | |
| Three | | | | | | | | |
| Four | Bdrm: | | | | | | | |
| 1 bdrm (50% AMI 1 bdrm (60% AMI | RENT INFO: RENT IS 30% OF INCOME: 1 bdrm (50% AMI) - \$920 1 bdrm (60% AMI) - \$1004 - \$1054 2 bdrm (60% AMI) - \$1,124 | | | UTILITIES INCLUDED: Water and sewer | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 2 |
| | | | | Į. | | | | (Months): 6 |
| AGE CRITERIA: 62+ | | | | | | | TO REMAIN ON V CALL EVERY | - |
| | | | | PARKING INFO: | FOR PARKING: | PET INFO: | | PETS OK: NO |
| ļ | | | | 87 stalls | | | | |
| | | SSET LIMITS: | | | | ļ | | |
| AN OWN RESI | | PROPERTY: | NO | | | GENERAL Application | | |
| ASSET LIMIT INFO: 2021 UPDATE: No changes to contact information | | | One-year Ask r | | Ask manag | gement to mail it m manager's offic | e | |
| INCOME CRITER | IA: | | | ļ. | | | | |
| 50% AMI \$44,100 3 ppl 60% AMI \$52,920 3 pppl | 1 persor | | | FURNISHED: Partly furnished appliances only | -major | , , | | |
| I-PERSON MAXIM | IUM MON | NTHLY INCOM | E: | 4410 | | μ | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 5040 | | | | |

| | | Last Compl | ete Update: | 7/16/2020 | | | AREA: | Kaneohe | | |
|---|---|-----------------------|-------------|--|---------------------------------|--|---|-----------------------|--|--|
| PROJECT NAME: | SEN | IOR RESID | DENCE AT | KANEOHE | | | PROJECT TYPE: Elderly | | | |
| ADDRESS: | 45-705 | Kamehameha H | łwy. | | | | PHONE: 235-289 | 98 | | |
| CITY: | Kaneoł | ne | STATE: HI | ZIP: | 96744 | | FAX: 235-089 |)7 | | |
| MANAGER APPLY TO | | ons Property Ma | anagement | | APPLY AD Mail to proj | | OUT-OF-STATE APPLICATION ACCEPTED: | | | |
| APPLY ATTN | : | | | | | | | YES | | |
| APPLY PHONE | : 235-2 | 898 | | F | AX: 235-0897 | EMAIL: | | | | |
| | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | | |
| | tudio: | | | | | | | YES | | |
| | Bdrm: Bdrm: | 74 | 775 | 1519 | 428 | | | | | |
| Three | | | | | | | | | | |
| Four I | Bdrm: | | | | | | | NO | | |
| *44 (HUD) Rents a *30 (LIHTC) units Deposit same as r Section 8 certificat | RENT INFO: RENT IS 30% OF INCOME: YES *44 (HUD) Rents are 30% of income; waitlist 1-3 yrs *30 (LIHTC) units are \$775; waitlist 1-3 yrs. Deposit same as rent. Must be below 60% MI Section 8 certificate holders need not meet the min gross income requirement | | | UTILITIES INCLUDED: Water & Sewer | | | TOTAL UNITS: 74 MINIMUM WAIT LIST ESTIMATE (Months): 12 MAXIMUM WAIT LIST ESTIMATE (Months): 36 | | | |
| AGE CRITERIA: | | | | | | | TO REMAIN ON W | AITLIST | | |
| All residents must | be 62 o | r older | | WAITLIST | FOR PARKING: | | CALL EVERY | | | |
| | A | SSET LIMITS: | NONE | PARKING INFO: Monthly Rent DC parking stalls | 48 First | LIHTC - N | PET INFO: PETS OK: | | | |
| AN OWN RESID | | L PROPERTY: | YES | Come First Serv | ed | GENERAL | _ INFO: | | | |
| ASSET LIMIT INFO: | | | | LEASE: 6 months | | Washer/c Opened 2 extra stor floor near | Community room. Washer/dryer common area with kitchen Opened 2001 extra storage compartments available on first floor near laundry room Units have lanais | | | |
| | | A AA AA | | | | onsite so | cial worker | | | |
| HUD Units 50% Al \$41,850 LIHTC units: (60% 2 persons - \$50,22 | 5 AMI) 1 | | | Partly furnishedmajor Fur appliances only (24 Tra Cat | | | Funding: LIHTC (30 units), Section 8 (30 units), Funding: RHTF, Section 202 (44 units), Home (24 units) Transportation to Shopping available through Catholic Charities Hawai'I | | | |
| | | | | | | INO RESI | PONSE IN 2021 | | | |
| 1-PERSON MAXIM | IUM MO | INTHLY INCOM | E: | 3635 | | | | | | |
| 2-PERSONS MAXI | MUM M | ONTHLY INCOM | ME: | 4185 | | | | | | |

| | Last Comple | te Update: | 12/3/2021 | | | AREA: | Kapolei | |
|---|---|----------------|--------------------------------|---|--|---|--|--|
| | SENIOR RESID | ENCE AT K | | 1&2 | I | PROJECT TYPE: | Elderly | |
| ADDRESS: 9 | 1-1034 Namahoe St. | | | | | PHONE: 674-293 | 37 | |
| CITY: K | Capolei | STATE: HI | ZIP: | 96707 | | FAX: 674-293 | 38 | |
| ļ | | ļ | J | | | | | |
| MANAGER: | Cat Suan, Resident Ma | nager | | APPLY ADD | | | | |
| APPLY TO: | Bob Tanaka Inc. | | | 1055 Kalo Place Ste 103 Honolulu, HI 96826 | | | OUT-OF-STATE APPLICATION ACCEPTED: | |
| APPLY ATTN: | Ext 24 | | | | | | YES | |
| APPLY PHONE: | 949-4111 | | | FAX: 949-7211 | EMAIL: | | | |
| Unit T | of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| | dio: | | | | | | | |
| One Bo | | 0 | ļ | 463-500 | 1 | 3 | | |
| | | | | | | | | |
| Three Bo | | | | | | | | |
| Four Bo | arm: | J | 1 | ļ | J | J | NO | |
| RENT INFO: RENT IS 30% OF INCOME: YES 60 unit @ 30% AMGI at Kapolei 1 - 91-1024 Namahoe St. 20 units @ 50% AMGI at Kapolei 2 - 91-1098 Namahoe St. Gross maximum rent: \$725/778 month or 30% of income (if qualified) Monthly amount is Subject to Change Security Deposit - 1 monthly rent AGE CRITERIA: All residents 62+. Caregiver allowed with MD letter. | | | | | | TOTAL UNITS: 79 MINIMUM WAIT LIST ESTIMATE (Months): 12 MAXIMUM WAIT LIST ESTIMATE (Months): 12 TO REMAIN ON WAITLIST CALL EVERY (Months): 12 PET INFO: PETS OK: YES | | |
| AN OWN RESIDE | ASSET LIMITS: | NONE | arking include | | GENERAL I | NFO: | | |
| ASSET LIMIT INFO: Must not wholly own real estate. | a majority interest in re | esidential 📃 🗖 | EASE: One-year | | Opened 6/2009 HUD PRAC 202 RHTF Ammenities include: screen doors, secured property, on bus route, laundry room, ceiling fans. Access to the recreation center w/pool | | | |
| | : on \$25,400; 2 persons \$ on \$42,300; 2 persons \$ | | JRNISHED: | | (not on-site; about a 10 minute walk). Any criminal conviction = ineligible | | | |
| 1-PERSON MAXIMU | M MONTHLY INCOME | : 3 | 525 | | | | | |
| 2-PERSONS MAXIM | UM MONTHLY INCOM | E: 4 | 029 | | | | | |

| L | ast Complete Update: | 3/5/2020 | | | AREA: | Wahiawa |
|---|---------------------------|---|-----------------------------|--|---|---------------------------------------|
| PROJECT NAME: SILVER | CREST | | | | PROJECT TYPE: | Elderly |
| ADDRESS: 520 Pine St | | | | | PHONE: 622-278 | 5 |
| CITY: Wahiawa | STATE: HI | ZIP: | ZIP: 96786 | | FAX: 621-778 | 1 |
| | s-Harris - Property Admin | istrator | APPLY ADD On-Site #116 | | | OUT-OF-STATE APPLICATION |
| APPLY TO: | | | | | | ACCEPTED: YES |
| APPLY ATTN: | | | | | | |
| APPLY PHONE: 622-2785 | | F | FAX: 621-7781 | EMAIL: | | |
| | umber UNITS: RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | |
| One Bdrm: | 78 0 | NO | 500 | | 3 | YES |
| Two Bdrm: | | | | | | |
| Three Bdrm: | | | | | | |
| Four Bdrm: | | | ļ | | | NO |
| RENT INFO: RENT IS 30% C 30% of Adjusted Income After application is received, a sent. ALL HAP WORKERS MUST S ON THE APPLICATION | confirmation letter is | UTILITIES INCLU Water, Sewer, Tr utility allowance. | JDED: rash Removal, \$56 | _ | MINIMUM WA ESTIMATE MAXIMUM WA | (Months): 12 |
| AGE CRITERIA: | | μ. | | | ESTIMATE TO REMAIN ON W | · · · · · · · · · · · · · · · · · · · |
| Head of Household must be 62 | | | T FOR PARKING: | | CALL EVERY | - |
| (companion) 18+, minor childre legal custody. Adult children n | | PARKING INFO: | | PET INFO: | P | ETS OK: YES |
| over 18 allowed. | | Parking included | l if available | 1 animal | | |
| AN OWN RESIDENTIAL PR | | | | GENERAL | NFO: | |
| ASSET LIMIT INFO: | | LEASE: | | Any convic | tion in the last 7 ye | |
| | | 1 year | | Violent, dru automatic d | licant or caregiver) Ig, and sex offense denial - regardless cept any evictions/s Is. | s will result in of time. |
| INCOME CRITERIA: | | | | Opened 19 Funding: S | 95 ection 202 PRAC | |
| Maximum Annual Income: cha | nges per HUD | FURNISHED: Refrigerator, sto | ve, carpet, blinds | Library, con Laundry Fa Application Ask manag Send reque envelope | mmunity room, Lan icilities | sed stamped |

| | Last Comp | lete Update: | 11/24/2021 | | | AREA: | Chinatown |
|---|--|--------------|--|------------------------|--------------------------------|--|--------------------------|
| PROJECT NAME: SMI | TH BERET | ANIA | | | | PROJECT TYPE: | Family |
| ADDRESS: 1170 M | Nuuanu Ave. | | | | | PHONE: 521-648 | 36 |
| CITY: Honold | ulu | STATE: H | I ZIP: | 96817 | | FAX: 531-660 | 05 |
| MANAGER: Ko N | orasing-Yun | | | APPLY AD On-Site St | | | OUT-OF-STATE |
| APPLY TO: Show | ve Management | | | | | | APPLICATION ACCEPTED: |
| APPLY ATTN: | ***WAITLIST | CLOSED SING | CE 2018*** | | | | |
| APPLY PHONE: 521-6 | 6486 | | F | AX: 531-6605 | EMAIL: | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 82 | 0 | NO | 548 | 1 | 2 | YES |
| Two Bdrm: | 82 | 0 | NO | 719 | 2 | 4 | |
| Four Bdrm: | | | | | | | NO |
| RENT INFO: RENT IS 3 2021 Update: No change Temtative New Owner by No action required unless timely response to comm | s 2022 s updating contac | t info or in | UTILITIES INCLU Water | DED: | _ | MINIMUM W ESTIMATE MAXIMUM W | (Months): 24 |
| AGE CRITERIA: | | | jt. | | | ESTIMATE | |
| Head of household must | be 18 years or ol | der. | WAITLIST | FOR PARKING | : | CALL EVERY | |
| | | | PARKING INFO: Parking included | | PET INFO | : 1 | PETS OK: NO |
| | ASSET LIMITS: | NONE | | | | | |
| | L PROPERTY: | YES | | | GENERAL | | |
| ASSET LIMIT INFO: | | | LEASE: 1 year | | Two weel | new applicants only is after announcemported and accepted | ent, applications |
| | | | | | A lottery i the waitlis | s performed to select. | ct applicant's # for |
| INCOME CRITERIA: Maximum Annual Income 2 persons - \$41,850; 3 pe 4 persons - \$52,300; 5 pe 6 persons - \$60,700; 7 pe 8 persons - \$69,050 | ersons - \$47,100; ersons - \$56,500; | | FURNISHED: Partly furnished appliances only, o | | Funding: | Section 8 100% | |
| I I-PERSON MAXIMUM MO | ONTHLY INCOM | E: | 3517 | | ļ | | |
| 2-PERSONS MAXIMUM N | IONTHLY INCO | ME: | 4017 | | | | |

| | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Makiki |
|---|---|-----------------------|--|---------------------------------------|--------------------------------|--|--------------------------------------|
| ROJECT NAME: SPE | NCER HO | <mark>USE (HPH</mark> | <mark>A-hon) - NO</mark> | T ACCEPTI | NG A | PROJECT TYPE: | Family |
| ADDRESS: 1035 S | pencer St. | | | | | PHONE: 586-972 | 24 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96822 | | FAX: 586-972 | 28 |
| MANAGER: Sol So | entous | | | | | | |
| APPLY TO: HPHA NOT / | ACCEPTING A | PPLICATIONS | | 1002 North Honolulu, F NOT ACCE | | CATIONS | OUT-OF-STA APPLICATIO ACCEPTED |
| APPLY ATTN: Oahu NOT | applications off ACCEPTING AF | | | | EMAIL - | hphaishereforyou.c | NO |
| APPLY PHONE: 832-5 | 961 | | F | AX: 832-3461 | | inpriaisnereioryou.o | ig |
| 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: | 1 | 0 | | | | | YES |
| Three Bdrm: | 16 | 0 | | 798 | 3 | 8 | YES |
| Four Bdrm: | | | | | | | |
| ******* CLOSED 8/2/201 GE CRITERIA: ead of household must b | | lder | electricity | FOR PARKING: | | ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | AIT LIST (Months): 60 |
| | | | PARKING INFO: | | PET INFO | : F | PETS OK: YES |
| A | SSET LIMITS: | NONE | | | the catego | nimals ok, but only o pries listed below: under 25 lbs) or_cat | |
| AN OWN RESIDENTIA | L PROPERTY: | NO | | | GENERAL | . INFO: | |
| SSET LIMIT INFO: annot own a house on C | Pahu | | LEASE: 1 year | | homeless displaced | ENCES: Domestic \ in transitional shelt Fed Low Inc Pub Hs | ers; involuntary |
| COME CRITERIA: | | | P | | | tions must be 3 yrs | |
| come Eligibility = 80% of faximum Annual Income persons - \$60,900; 3 pe persons - \$76,100; 5 pe persons - \$88,300; 7 pe persons - \$100,450 | : 1 person - \$53 rsons - \$68,500 rsons - \$82,200 | ; ; | FURNISHED: Partly furnished appliances only, o | | crystal me | ethamphetamine or | sex offender |
| PERSON MAXIMUM MC | NTHLY INCOM | IE: | 4570 | | ļ | | |
| PERSONS MAXIMUM M | ONTHLY INCO | ME: | 5220 | | | | |

| | | Last Comp | lete Update: | 3/4/2020 | | | AREA: | Mililani |
|------------------------------------|------------------|---------------------|--------------|---|---|--------------------------------|--|--------------------------|
| PROJECT NAME: | THE | | ARDS AT N | | IAUKA | | PROJECT TYPE: | Family |
| ADDRESS: | 95-1015 | 5 Koolani Dr. | | | | | PHONE: 626-945 | 55 |
| CITY: | Mililani | | STATE: HI | ZIP: | 96789 | | FAX: 626-945 | 56 |
| MANAGER | R: David | Smith | | | APPLY ADI ATTN: Man | DRESS: agement Office | 95-1015 | OUT-OF-STATE |
| APPLY TO | : The Co | ourtyards at Mil | iani Mauka | | | Mililani, Hi. 96 | | APPLICATION ACCEPTED: |
| APPLY ATTN | l: | | | | | | | YES |
| | :: 626-94 | 155 | | | FAX: 626-9456 | | http://www.locations ble-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: |
| | tudio: | | | | | | | |
| | Bdrm: Bdrm: | 12 | 975 | 2.25xRent | 636 | | | |
| Three | | 24 | 1147 | 2.25xRent 2.25xRent | 841 | | | |
| | Bdrm: | | 1319 | | | | | YES |
| | | | | Water | | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 24 |
| | | | | Į | | | ESTIMATE | (Months): 36 |
| AGE CRITERIA: Head of household | d must b | e 18 years or o | lder | | | | TO REMAIN ON W CALL EVERY | |
| | | - | | PARKING INFO | ST FOR PARKING: D: NO | PET INFO: | F | PETS OK: NO |
| | A | SSET LIMITS: | NONE | | l; Max 2 stalls, but d to have 2nd stall | | | |
| AN OWN RESI | | PROPERTY: | NO | | | GENERAL | INFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | LIHTC | | |
| | | | | 1 year | | | ection 8 & Rent Su | pplement |
| | | | | | | | from website | |
| INCOME CRITER 60% of AMI: 1 per | | ,640; 2 persons | \$57,840 | FURNISHED: Partly furnishe appliances onl | | | m manager's office DNSE IN 2021 | 3 |
| -PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4220 | | J | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 4820 | | | | |

| | Last Complete Update: | 3/3/2020 | | | AREA: | Kalihi |
|--|--|---|---------------------------------------|--------------------------------|--|-----------------------|
| PROJECT NAME: THE | TOWERS AT KUHI | O PARK | | | PROJECT TYPE: | Family |
| ADDRESS: 1475 Li | inapuni St. | | | | PHONE: 888-28 | 16 |
| CITY: Honolu | Iu STATE: HI | ZIP: | 96819 | | FAX: 888-06 | 31 |
| | | ļ | | | | |
| Tyron | w Kopecky, Manager -Tower e Colding, Manager -Tower B- lichaels Organization | | APPLY AD | DRESS: | | OUT-OF-STATE |
| | | | | | | ACCEPTED: YES |
| APPLY ATTN: | | | | FMAIL - | towers@tmo.com | |
| APPLY PHONE: 888-28 | 816 | | FAX: 888-0631 | | | |
| Unit Type: | Number of UNITS: RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| One Bdrm: | 1356 | 3280 | 579 | | | |
| Two Bdrm: | 1627 | 3937 | 792 | | | |
| Three Bdrm: | 1880 | 4268 | 944 | | | |
| Four Bdrm: | | | | | | |
| RENT INFO: RENT IS 30 Rent listed is for Tax Cred The Towers at Kuhio Park Subsidized units - apply vi Authority | it units. Apply directly to for market units. | UTILITIES INC | | | TOT/ MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 0 |
| AGE CRITERIA: | | | | | TO REMAIN ON V | |
| Head of household must b | e 18 years or older | WAITL | IST FOR PARKING | : | CALL EVERY | (Months): |
| | | PARKING INF | | PET INFO | : ا | PETS OK: NO |
| | SSET LIMITS: | Parking includ 2 unassigned open lot. | led. Each unit has stalls. Parking is | | | |
| AN OWN RESIDENTIAI ASSET LIMIT INFO: | PROPERTY: UNKNOW | ļ | | GENERAL Newly ren | | |
| If asset generates income income | , then it is counted toward | LEASE: One-year | | Fitness ce Social Se | enter rvices program for a unty Section 8 okay | |
| INCOME CRITERIA: | | | | 24-hour m | naintenance and se | curity |
| 2x rent | | FURNISHED: | | _ NO RESF | PONSE IN 2021 | |
| I-PERSON MAXIMUM MO | NTHLY INCOME: | 4220 | | ţ | | |
| 2-PERSONS MAXIMUM M | ONTHLY INCOME: | 4820 | | | | |

| Last | Complete Update: | 12/16/2021 | | | AREA: | Downtown |
|--|---------------------|--|----------------|--------------------------------|--|---|
| ROJECT NAME: THOMAS | BUILDING | | | | PROJECT TYPE: | Family |
| ADDRESS: Unknown | | | | | PHONE: | |
| CITY: Honolulu | STATE: HI | ZIP: | 0 | | FAX: | |
| J | ļ | ļ | | | | |
| MANAGER: | | | APPLY ADI | DRESS: | | OUT-OF-STAT |
| APPLY TO: Housing Soluti | ons, Inc. | | | | | APPLICATION ACCEPTED: |
| APPLY ATTN: BUILDING IS | NOT OPEN OR IN OPEF | RATION | | | | |
| APPLY PHONE: | | F | AX: | | Website: https://ww Email: Unknown | w.hsiservices.net/ |
| Unit Type: Numb of UNI | | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | 0 | | | | | |
| One Bdrm: | 0 | | | | | |
| Two Bdrm: | 0 | | | | | |
| Three Bdrm: | 0 | | | | | |
| Four Bdrm: | 0 | | | | ļ | |
| RENT INFO: RENT IS 30% OF I | | UTILITIES INCLU WAITLIST PARKING INFO: | f for parking: | PET INFO: | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY | (Months): C AIT LIST (Months): C AITLIST |
| | | | | | | r |
| ASSET LI | | | | J | | |
| AN OWN RESIDENTIAL PROPE SSET LIMIT INFO: | ERTY: | | | GENERAL | INFO: y, century-old struc | turo in downtown |
| | | LEASE: | | Honolulu. | Residential floors of hrooms, opening 2 | of 25 units with |
| NCOME CRITERIA: | | | | | | |
| | | FURNISHED: | | | | |
| PERSON MAXIMUM MONTHLY | INCOME: | 0 | | ļ | | |
| PERSONS MAXIMUM MONTHLY | INCOME: | 0 | | | | |

| Last | t Complet | e Update: | 12/16/2021 | | | AREA: | Manoa | |
|---------------------------------|---|--|--|---|--|---|--|--|
| VANCOU | VER HO | OUSE | | | | PROJECT TYPE: | Permanent | |
| 2019 Vancouve | er Drive | | | | | PHONE: 947-718 | ; ;1 | |
| Honolulu | | STATE: HI | ZIP: | 96822 | | FAX: 944-3976 | | |
| R: Jen Yu | iona Ina | | | Referred by | outreach age | ncy or | OUT-OF-STAT APPLICATIO | |
| - | 10113, 1110. | | | | | | ACCEPTED NO | |
| •. <u>=:</u> 947-7181 | | | I | FAX: 944-3976 | EMAIL: | jen@hsiservices.ne | t | |
| | | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: 25 | | 965 | | 460 | 2 | 4 | | |
| Bdrm: 8 | ; | 1150 | | 580 | 5 | 7 | | |
| Bdrm: | | | | | | | NO | |
| | | | | | 9 | MINIMUM W ESTIMATE MAXIMUM W | AIT LIST (Months): | |
| least 1 minor ch hs pregnant | ild (18 and | under) | - | - | | TO REMAIN ON W CALL EVERY | (Months): | |
| | | | PARKING INFO Approx 6-12 | YES | PET INFO | : F | PETS OK: NO | |
| | | 0 | | | GENERAL | . INFO: | | |
| :O: | | | LEASE: Month to Month | | Homeless | families with at leas | st one minor child | |
| | | | <u> </u> | | | | vorking at least 19 | |
| RIA: MI | | | FURNISHED: | | emergenc | | f being homeless | |
| | VANCOUV 2019 Vancouve Honolulu R: Jen Yu D: Housing Solut I: I: I: I: I: I: I: I: I: I: | VANCOUVER HO 2019 Vancouver Drive Honolulu R: Jen Yu D: Housing Solutions, Inc. I: 2: 947-7181 Type: Number of UNITS: itudio: Bdrm: 25 Bdrm: 25 Bdrm: 8 Bdrm: 9 ENT IS 30% OF INCOME: \$1150 for 2-bdrm least 1 minor child (18 and hs pregnant ASSET LIMITS: NO C: IA: | Honolulu STATE: HI Honolulu Honolulu STATE: HI Rent: Housing Solutions, Inc. Bdrm: 25 Bdrm: 25 Bdrm: 25 Bdrm: 25 Bdrm: 8 1150 for 2-bdrm IA: IA: | VANCOUVER HOUSE 2019 Vancouver Drive Honolulu STATE: HI Honolulu STATE: HI ZIP: Honolulu STATE: HI ZIP: Reprint Participation Reprint Housing Solutions, Inc. It: Studio: Participation Bdrm: Participation Reprint Bdrm: Participation Reference Statistic Reprint Participation Reference Required: Required: Required: Required: Statistic Bdrm: Bdrm: Bdrm: Statistic Statistic Statistic Statistic Reprint Bdrm: Statistic Reprint: Statistic Statistic Statistic Reprint Reprint <td>VANCOUVER HOUSE 2019 Vancouver Drive Honolulu STATE: Hi ZIP: 96822 Honolulu STATE: Hi ZIP: 96822 R: APPLY ADI Referred by homeless states and the second by homelesstates and the second by homeless and the s</td> <td>VANCOUVER HOUSE 2019 Vancouver Drive Honolulu STATE: H ZIP: 96822 Honolulu STATE: H ZIP: 96822 R: Jen Yu APPLY ADDRESS: Referred by outreach age homeless shelter P: Housing Solutions, Inc. EMAIL: It: EMAIL: R: 2947-7181 FAX: 944-3976 Type: Number of UNITS: RENT: Bdrm: 25 965 Bdrm: 25 Bdrm: 8 Bdrm: 1150 Bdrm: Electricity, water, sewer, and refuse St11S0 for 2-bdrm UTILITIES INCLUDED: St11S0 for 2-bdrm UTILITIES INCLUDED: St11S0 for 2-bdrm UTILITIES INCLUDED: ASSET LIMITS: PARKING INFO: YES ASSET LIMITS: ELEASE: Month to Month Homeless under 18 Head of I- Homeless Min FURNISHED:</td> <td>VANCOUVER HOUSE PROJECT TYPE: 2019 Vancouver Drive PHONE: 947-718 Honolulu STATE: HI ZIP: 96822 t: Jen Yu APPLY ADDRESS: Referred by outreach agency or homeless shelter b: Housing Solutions, Inc. Referred by outreach agency or homeless shelter MINIMUM Number of People: t: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: Bdrm: SQ FT: :: Minimum Number of People: :: Bdrm: 1150 :: Bdrm: 1150 Bdrm: UTILITIES INCLUDED: TOTA X1150 for 2:bdrm UTILITIES INCLUDED: TOTA Misposal WAITLIST FOR PARKING: PET INFO: F ASSET LIMITS: ELASE: Month to Month GENERAL INFO: F ASSET LIMITS: LEASE: Month to Month GENERAL INFO: F Area: Head of Household must be v Houres a verentif unshelte energenory shelter or at risk.</td> | VANCOUVER HOUSE 2019 Vancouver Drive Honolulu STATE: Hi ZIP: 96822 Honolulu STATE: Hi ZIP: 96822 R: APPLY ADI Referred by homeless states and the second by homelesstates and the second by homeless and the s | VANCOUVER HOUSE 2019 Vancouver Drive Honolulu STATE: H ZIP: 96822 Honolulu STATE: H ZIP: 96822 R: Jen Yu APPLY ADDRESS: Referred by outreach age homeless shelter P: Housing Solutions, Inc. EMAIL: It: EMAIL: R: 2947-7181 FAX: 944-3976 Type: Number of UNITS: RENT: Bdrm: 25 965 Bdrm: 25 Bdrm: 8 Bdrm: 1150 Bdrm: Electricity, water, sewer, and refuse St11S0 for 2-bdrm UTILITIES INCLUDED: St11S0 for 2-bdrm UTILITIES INCLUDED: St11S0 for 2-bdrm UTILITIES INCLUDED: ASSET LIMITS: PARKING INFO: YES ASSET LIMITS: ELEASE: Month to Month Homeless under 18 Head of I- Homeless Min FURNISHED: | VANCOUVER HOUSE PROJECT TYPE: 2019 Vancouver Drive PHONE: 947-718 Honolulu STATE: HI ZIP: 96822 t: Jen Yu APPLY ADDRESS: Referred by outreach agency or homeless shelter b: Housing Solutions, Inc. Referred by outreach agency or homeless shelter MINIMUM Number of People: t: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: EMAIL: jen@hsiservices.ne :: Bdrm: SQ FT: :: Minimum Number of People: :: Bdrm: 1150 :: Bdrm: 1150 Bdrm: UTILITIES INCLUDED: TOTA X1150 for 2:bdrm UTILITIES INCLUDED: TOTA Misposal WAITLIST FOR PARKING: PET INFO: F ASSET LIMITS: ELASE: Month to Month GENERAL INFO: F ASSET LIMITS: LEASE: Month to Month GENERAL INFO: F Area: Head of Household must be v Houres a verentif unshelte energenory shelter or at risk. | |

| | | | 11/24/2021 | | | AREA: PROJECT TYPE: | Ewa Beach |
|---|-----------------------------------|-----------|---|--------------------------|--------------------------------|--|--------------------------------------|
| | | MOA'E KU | J - PHASE I | | | | · · |
| ADDRESS: 91-165 | o Panika St. | | | | | PHONE: 681-300 | |
| CITY: Ewa Be | ach | STATE: HI | ZIP: | 96706 | | FAX : 681-300 | 4 |
| MANAGER: Gary I | wasaki, Mgr; Ja do, Admin Asst | | sing Agent; Betty | APPLY AD | | | |
| APPLY TO: EAH - | | | 91-1655 Pahika St. Ewa Beach HI 96706 | | | | OUT-OF-STA APPLICATIC ACCEPTEI |
| APPLY ATTN: | | | | | | | YES |
| APPLY PHONE: 681-30 | 000 | | F/ | AX: 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: |
| Studio: | | | | | | | |
| One Bdrm: | 6 | 1279 | 2.5x rent | 674 | 1 | 3 | |
| Two Bdrm: | 32 | 1524 | 2.5x rent | 797 | 2 | 5 | |
| Three Bdrm: | 25 | 1750 | 2.5x rent | 1119 | 3 | 7 | |
| Four Bdrm: | | | | ļ | | ļ | |
| Change % - 30/50/60 E CRITERIA: | | | | | | ESTIMATE MAXIMUM WA ESTIMATE TO REMAIN ON W | AIT LIST (Months): |
| Multi-Family Property | | | WAITLIST | FOR PARKING: | | CALL EVERY | |
| | | | PARKING INFO: | | PET INFO | | ETS OK: NO |
| A | SSET LIMITS: | YES | Assigned on an "/ basis. Current dr insurance, safety | ivers license, check, | Notify ma Assistanc | nagement if have a s e animal | Service or |
| N OWN RESIDENTIAL | PROPERTY: | | registration requir | ed | GENERAL | - | |
| SET LIMIT INFO: pends on inputed incom | ne | | LEASE: | | | king property - smok on the property, inc | |
| | | | 1 year | | Laundry F | nd/Totlot, Community Room, Picnic Area, d | |
| OME CRITERIA: | | | | | | RHTF, LIHTC, CDB | G, NSP, HOME, |
| ximum monthly income nually | limits subject to | o change | FURNISHED: Refrigerator, stove blinds | e, rangehood, | HMMF | PONSE IN 2021 | |
| | | | | | | | |
| RSON MAXIMUM MO | NTHLY INCOM | E: | 4220 | | | | |
| RSONS MAXIMUM M | ONTHLY INCO | ME: | 4820 | | | | |

| | - | lete Update: | 11/24/2021 | | | AREA: | Ewa Beach | |
|--|---|--------------|--|--|--------------------------------|---|--------------------------------------|--|
| DJECT NAME: VI | | MOA'E KI | J - PHASE II | | | PROJECT TYPE: | , · | |
| ADDRESS: 91- | 1655 Pahika St. | | | | | PHONE: 681-3000 | | |
| | a Beach | STATE: HI | ZIP: | 96706 | | FAX : 681-300 | 4 | |
| Me | ary Iwasaki, Mgr; Ja ercado, Admin Asst. \H - Villages of Moa | | using Agent; Betty | APPLY AD 91-1655 Pa Ewa Beach | ahika St. | | OUT-OF-STA APPLICATIO ACCEPTED | |
| APPLY ATTN: | | | | | | | YES | |
| APPLY PHONE: 68 | 1-3000 | | F | AX: 681-3004 | EMAIL: | www.eahhousing.or | g | |
| Unit Typ | e: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studie | 0: | | | | | | | |
| One Bdrn | n: 9 | 1222 | 2.5xrent | | 1 | 3 | | |
| Two Bdrn | n: 37 | 1457 | 2.5xrent | | 2 | 5 | | |
| Three Bdrn | n: 29 | 1671 | 2.5xrent | | 3 | 7 | | |
| Four Bdrn | n: | | | | | | YES | |
| ax rent is around 55% /II % - 30/50/55 ised on 2020 MTSP/ 21 Update: Waitlist i | VLI income limits | | Water/sewer/trash | 1 | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 12 | |
| SE CRITERIA: | | | | | | TO REMAIN ON W CALL EVERY | | |
| ;+ | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO | | ETS OK: NO | |
| | ASSET LIMITS: | | Assigned on an " basis. Current dr insurance, safety | As needed" ivers license, check, | | | | |
| AN OWN RESIDEN | TIAL PROPERTY: | | registration requir | ed | GENERAL | | | |
| SET LIMIT INFO: epends on inputed in | come | | LEASE: 1 year | | Laundry F high spee | nd/Totlot, Community Room, Picnic Area, C d internet ing on Property | | |
| COME CRITERIA: aximum monthly inco nually | ome limits subject to | o change | FURNISHED: Refrigerator, stov blinds | e, rangehood, | Funding: | RHTF, LIHTC, CDB | g, home, hmmf | |
| ERSON MAXIMUM | MONTHLY INCOM | E: | 4042 | | ļ | | | |

| | | Last Comp | lete Update: | 3/5/2020 | | | AREA: | Ewa Beach |
|--|-----------------|--|--------------|---|-------------------------|---------------------------------------|--|------------------------------------|
| PROJECT NAME: | VILL | AGES OF | MOA'E K | <mark>U - PHASE III</mark> | | | PROJECT TYPE: | Family |
| ADDRESS: | 91-1655 | 5 Pahika Street | | | | | PHONE: 681-300 | 0 |
| CITY: | Ewa Be | ach | STATE: HI | ZIP: | 96706 | | FAX: | |
| | Merca | wasaki, Mgr; Ja do, Admin Assi Villages of Moa | stant | easing Agent; Betty | | DRESS: ahika Street a, HI 96706 | | OUT-OF-STATE |
| APPLY ATTN | | | | | | | | ACCEPTED: YES |
| | | 000 | | F/ | 4X : 681-3004 | EMAIL: | www.eahhousing.or | g |
| | | | | | | | | |
| | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | | 0 | | 074 | | | |
| | Bdrm: | 28 | 1279 | 2.5x rent | 674 | 2 | 3 | |
| Three | | 20 | 1750 | 2.5x rent | 1119 | 3 | 7 | |
| | Bdrm: | 20 | 0 | | | | | YES |
| , , | | | | | | | | , |
| RENT INFO: RE Based on 2019 M change AMI % - 30/50/60 | | | | UTILITIES INCLU Water/Sewer/Tras | | | MINIMUM WA ESTIMATE MAXIMUM WA ESTIMATE | (Months): 12 AIT LIST |
| AGE CRITERIA: | | | | | | | TO REMAIN ON W | |
| 18+ Multi-Family F | Property | | | WAITLIST | FOR PARKING: | | CALL EVERY | (Months): 0 |
| | | | | PARKING INFO: | | PET INFO | | ETS OK: NO |
| 1 | A | SSET LIMITS: | | Assigned on an " basis. Current dri insurance, safety | vers license, check, | Notify ma Assistanc | nagement if have a S e animal | Service or |
| AN OWN RESID | | PROPERTY: | | registered require | a | GENERAL | | |
| ASSET LIMIT INF | | e | | LEASE: | | Non-Smo anywhere | king property - smok on the property, inc | ing not allowed luding inside apts |
| ļ | | | | | | Laundry F | nd/Tot lot, Communit Room, Picnic Area, C d internet | |
| INCOME CRITER | | Bastan and the sec | | | | Funding:F | RHTF, LIHTC, CDBG | , HOME, HMMF |
| Maximum monthly annually | / income | limits subject t | o cnange | FURNISHED: Refrigerator, stov blinds | e, rangehood, | Applicatio Download | on: I from website | |
| | | | | | | NO RESP | PONSE IN 2021 | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4220 | | Į. | | |
| 2-PERSONS MAXI | MUM MO | ONTHLY INCO | ME: | 4820 | | | | |

| I | ast Compl | ete Update: | 3/2/2020 | | | AREA: | Kapolei |
|--|--|----------------------------------|---|--|--------------------------------|--|---|
| OJECT NAME: VILLAS | AT A'E | LOA | | | | PROJECT TYPE: | Family |
| ADDRESS: 91-1118 Na | mahoe St. (| Mailing addres | s: 91-1130 Nama | ahoe St.) | | PHONE: 674-424 | 5 |
| CITY: Kapolei | | | ZIP: | 96707 | | FAX: 674-424 | .6 |
| MANAGER: Amanda M | lercado | | | APPLY AD 91-1130 Na Kapolei, HI | imahoe St. | | OUT-OF-STAT |
| APPLY TO: Locations | LLC | | | Rapolei, III | 30101 | | ACCEPTED: |
| APPLY ATTN: Affordable | Housing De | ept. | | | | | |
| APPLY PHONE: 674-4245 | | | | FAX: 674-4246 | r | ocationsrentals.cor entals.aspx | n/affordable- |
| | umber UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 19 | 929 | | 637 | | | |
| Two Bdrm: | 32 | 1100 | | 841 | | | |
| Three Bdrm: | 20 | 1376 | | 1068 | | | |
| Four Bdrm: | | | | | | | YES |
| come requirement. ust be below 50% & 60% AN inimum Income Requirement bdrm: \$2182.50-\$2322.50 bdrm: \$2567 50 \$2750 00 GE CRITERIA: ead of household must be 18 | ts: | dor | | | | MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE TO REMAIN ON W CALL EVERY | (Months): 12 AIT LIST (Months): 1 /AITLIST |
| | years of on | | | ST FOR PARKING: | | | ETS OK: NO |
| | | | PARKING INF | O: NO | PET INFO: | Г | EIS OK. NO |
| ASSE | T LIMITS: | NONE | | - | | | |
| AN OWN RESIDENTIAL PR | OPERTY: | NO | | | GENERAL | INFO: | |
| SSET LIMIT INFO: | | | LEASE: | | LIHTC Fun | ding | |
| | | | 1 year; then m | onth to month | Accepts Se | ection 8 | |
| | | | | | 71 units for 9 units for | | |
| COME CRITERIA: | · • | | | | Maximum I | Monthly Income be | low based on 60% |
| 0% AMI:1 person \$50,640; 2p 55,100; 4ppl \$72,300; 5ppl \$7 5pl \$89,700; 8ppl \$95,460 50 42,200; 2ppl \$48,200; 3ppl \$8 5pl \$65,100; 6ppl \$69,900; 7p 79,550 | 78,120; 6ppl % AMI:1 pe 54,250; 4 pp | \$83,880; rson I \$60,250; | FURNISHED: Partly furnishe appliances onl | | | : I from website m manager's office | |
| | | | J | | NO RESPO | ONSE IN 2021 | |
| PERSON MAXIMUM MONTH | ILY INCOME | ≣: | 4220 | | | | |
| PERSONS MAXIMUM MONT | | ΛE: | 4820 | | | | |

| Last Comple | te Update: | 7/16/2020 | | | AREA: | Kapolei | |
|---|------------|--|---------------------|--------------------------------|--|---------------------------------------|--|
| ROJECT NAME: VILLAS AT MAL | U'OHAI | | | | PROJECT TYPE: | Family | |
| ADDRESS: 91-1025 Kaiau Ave. | | | | | PHONE: 674-060 |)1 | |
| CITY: Kapolei | STATE: HI | ZIP: | 96707 | | FAX: 674-0605 | | |
| MANAGER: Ella Duarte | | | APPLY AD | DRESS: retania St. #200 | | OUT-OF-STATE | |
| APPLY TO: Management Specialist | s Co. | | Hawaii 968 | | , Honolaia, | APPLICATION ACCEPTED: | |
| APPLY ATTN: | | | | | | YES | |
| APPLY PHONE: 943-9314 | | FÆ | X : 946-0572 | EMAIL: | mschousing@hawa | lii.rr.com | |
| Unit Type: Number of UNITS: Studio: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One Bdrm: | | | | | | | |
| Two Bdrm: 55 | 960 | 2.25xrent | 713 | | | | |
| Three Bdrm: 16 | 1200 | 2.25xrent | 940 | | | | |
| Four Bdrm: | | | | | | NO | |
| Minimum income requirements waived with voucher. Applications available outside of t building AGE CRITERIA: | | water, sewer | | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): 12 AIT LIST (Months): | |
| Head of Household 18+ | | WAITI IST | FOR PARKING: | | CALL EVERY | | |
| | | PARKING INFO: Parking included | | PET INFO: | F | PETS OK: NO | |
| ASSET LIMITS: | NONE | | | | | | |
| AN OWN RESIDENTIAL PROPERTY: | 10 | | | GENERAL | | | |
| | | LEASE: 1 year | | | oom, air conditionir schools and recrea | | |
| | | | | Applicatior Pick up ou | n: Itside of building ne | ar entry door. | |
| NCOME CRITERIA: | | | | NO RESP | ONSE IN 2021 | | |
| 50% of AMI: 1 person \$33,550; 2 persons \$ persons \$43,150 Must be below 60% AMI 1 person: \$40,260; 2 persons: \$46,020 3 persons: \$51,780; 4 persons: \$57,480 5 persons: \$66,780; 6 persons: \$71,700 7 persons: \$76,680; 8 persons: \$81,600 | 38,350; 3 | FURNISHED: Partly furnishedr appliances only | major | | | | |
| PERSON MAXIMUM MONTHLY INCOME: | : | 3355 | | | | | |
| -PERSONS MAXIMUM MONTHLY INCOM | E: | 3835 | | | | | |

| | | Last Comp | lete Update: | 7/16/2020 | | | AREA: | Liliha |
|---|-----------------|---------------------|--------------|--------------------------------|--|--------------------------------|------------------------------------|-----------------------------|
| PROJECT NAME: | WAE | NA APAR | TMENTS | | | | PROJECT TYPE: | Family |
| ADDRESS: | 1320 Aa | ala St. | | | | | PHONE: 550-044 | 0 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 525-681 | 1 |
| | | Oschin, on-site | manager | | APPLY ADI 1320 Aala S Honolulu, H | St. | | OUT-OF-STATE APPLICATION |
| APPLY TO |): | | | | | | | ACCEPTED: |
| APPLY ATTN | l: | | | | | EMAU - | | |
| APPLY PHONE | : 550-04 | 140 | | | FAX: 525-6811 | EMAIL: | | |
| | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | tudio: Bdrm: | 60 | 1680 | 2.5x rent | 543 | | | |
| | Bdrm: | 196 | 1840 | 2.5x rent | 745 | <u> </u> | | |
| Three | | 150 | 2040 | 2.5x rent | 823 | | | |
| Four | Bdrm: | 55 | 2320 | 2.5x rent | 1046 | | | |
| RENT INFO: RE Rent subject to ch market value. The 2/13/15 | ange on | a daily basis d | ue to | UTILITIES INC | LODED. | | MINIMUM W ESTIMATE MAXIMUM W | (Months): 0 |
| AGE CRITERIA: | | | | je | | | ESTIMATE TO REMAIN ON W | |
| Head of Househol | d 18+ | | | WAITI I | ST FOR PARKING: | | CALL EVERY | |
| | | | | PARKING INF | 0: | PET INFO | :: F | PETS OK: NO |
| • | A | SSET LIMITS: | | | | | | |
| AN OWN RESID | | PROPERTY: | | | | GENERAL | INFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | NO RESP | PONSE IN 2021 | |
| | | | | 6 or 12 month | lease | | | |
| INCOME CRITERI | IA: | | | ļ | | | | |
| Max income limits | - 140% / | AMI | | FURNISHED: | | | | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 7828 | | I | | |
| 2-PERSONS MAXI | MUM MC | ONTHLY INCO | ME: | 8948 | | | | |

| | | Last Compl | ete Update: | 12/15/2021 | | | AREA: | Wahiawa |
|--|--|--|-------------|---|---|---|--|---------------------------------------|
| ROJECT NAME: | WAH | IAWA TEF | RRACE (H | PHA-cen) - | NOT ACCEP | | PROJECT TYPE: | Family |
| ADDRESS: | 337 Pal | m St. | | | | | PHONE: 622-636 | 0 |
| CITY: | Wahiaw | <i>l</i> a | STATE: HI | ZIP: | 96786 | | FAX: 622-636 | 2 |
| MANAGER: | : Jimary | Quinones | | | | DRESS: | | |
| APPLY TO: | | | PLICATIONS | | 1002 North S Honolulu, HI NOT ACCEF | | CATIONS | OUT-OF-STAT APPLICATIO ACCEPTED |
| APPLY ATTN: | : Oahu a | applications office | ce | | | | | NO |
| APPLY PHONE: | 832-59 | 961 | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.oi | g |
| Unit ⁻ | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| St One B | udio: 8drm: | 12 | 0 | | 547 | | 4 | YES |
| Two B | Bdrm: | 16 | 0 | | 691 | 2 | 6 | YES |
| Three B | Bdrm: | 24 | 0 | | 936 | 3 | 8 | YES |
| Four B | Bdrm: | 8 | 0 | | 1200 | 4 | 10 | YES |
| inimum Rent: \$0 | | | | and gas | vance for electricity | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 36 |
| GE CRITERIA: ead of household | l must b | e 18 vears or ol | der | | | | TO REMAIN ON W CALL EVERY | - |
| | i iliuot b | | | WAITLIS PARKING INFC | ST FOR PARKING: | PET INFO: | | ETS OK: YES |
| | Δ | SSET LIMITS: | NONE | | , | the catego | imals ok, but only c ries listed below: Inder 25 lbs) or cat | ne from each of |
| AN OWN RESID | | | NO | | | GENERAL | | |
| SSET LIMIT INFC annot own a hous | | ahu | | LEASE: 1 year | | homeless displaced. | NCES: Domestic V in transitional shelte | ers; involuntary |
| | | | | | | , i i i i i i i i i i i i i i i i i i i | ed Low Inc Pub Hs | 0 |
| ICOME CRITERI/ come Eligibility = aximum Annual li persons - \$60,90 persons - \$76,10 persons - \$88,30 persons - \$100,4 | 80% of ncome: 0; 3 per 0; 5 per 0; 7 per | 1 person - \$53, sons - \$68,500; sons - \$82,200; | | FURNISHED: Partly furnishec appliances only | | | ions must be 3 yrs a thamphetamine or s | |
| PERSON MAXIM | UM MOI | NTHLY INCOM | E: | 4570 | | h | | |
| PERSONS MAXIN | | ONTHLY INCOM | ME: | 5220 | | | | |

| | | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Waianae |
|---|---|---|--------------|--|-------------------------|---------------------|--|--|
| PROJECT NAME: | WAIN | IAHA/SU | NFLOWE | <mark>R (HPHA-le</mark> | e) - CLOSED | | PROJECT TYPE: | Family |
| ADDRESS: | 85-186 | McArthur St. | | | | | PHONE: 697-717 | 1 |
| CITY: | Waiana | e | STATE: HI | ZIP: | 96792 | | FAX: 697-717 | 4 |
| | , | | | , | | | | |
| MANAGER | R: Mandy | Miyamoto | | | APPLY ADI 1002 North | | | OUT-OF-STATE |
| APPLY TO |): HPHA | | | | Honolulu, H | | CATIONS | APPLICATION ACCEPTED: |
| | I: Oahu a | applications off | ice | | | | | NO |
| APPLY PHONE | : 832-59 | 61 | | | FAX: 832-3461 | EMAIL: | hphaishereforyou.oi | ſġ |
| | | | | Minimum | | MINIMUM | MAXIMUM | |
| | t Type: | Number of UNITS: | RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | CAREGIVER Allowed: |
| | itudio: Bdrm: | 52 | 0 | | 513 | | 4 | YES |
| | Bdrm: | 46 | 0 | | 650 | 2 | 6 | YES |
| Three | | 32 | 0 | | 991 | 3 | 8 | YES |
| | Bdrm: | 32 | | | | | | |
| <u> </u> | | | | ļ | , | , | , | J |
| RENT INFO: RE Minimum Rent: \$5 Security Deposit is ************************************ | 50 for Feo s equal to SED 8/2/2 | deral Low Incor o rent amount 016***** | me projects | UTILITIES INC | wance for electricity | | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 36 AIT LIST (Months): 60 |
| AGE CRITERIA: Head of household | d must be | e 18 years or o | older | | | | TO REMAIN ON W CALL EVERY | - |
| | | · | | VALLE PARKING INF | IST FOR PARKING: O: | PET INFO: | Р | ETS OK: YES |
| | | | | Included | | Subject to | approval | t. |
| | A | SSET LIMITS: | NONE | | | ļ | | |
| AN OWN RESIL | | PROPERTY: | NO | | | GENERAL | - | |
| ASSET LIMIT INF | 0: | | | LEASE: 1 year | | | NCES: Domestic V in transitional shelte | |
| | | | | | | Funding: F | Fed Low Inc Pub Hs | ing 100% |
| INCOME CRITER | IA: | | | , | | | ions must be 3 yrs a | |
| ncome Eligibility = Maximum Annual 2 persons - \$60,9 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100, | Income: 00; 3 per: 00; 5 per: 00; 7 per: | 1 person - \$53 sons - \$68,500 sons - \$82,200 |);); | FURNISHED: Partly furnishe appliances on | | crystal me | thamphetamine or s | sex offender |
| I-PERSON MAXIN | 10M MUI | NTHLY INCOM | 1E: | 4570 | | jt | | |
| 2-PERSONS MAX | | ONTHLY INCO | ME: | 5220 | | | | |

| | Last Compl | lete Update: | 7/16/2020 | | | AREA: | Waimanalo |
|---|---------------------------------------|--------------|---|---|---------------------------------------|--|-----------------------|
| | | APARTME | ENTS | | | PROJECT TYPE: | Family |
| ADDRESS : 41-545 | Hihimanu St. | | | | | PHONE: 259-564 | 19 |
| CITY: Waima | inalo | STATE: H | ZIP: | 96795 | | FAX: 259-970 |)5 |
| J | | | | | | | |
| MANAGER: Terri V | · | Ū | | APPLY AD 41-545 Hih Hawaii 967 | imanu Street, W | 'aimanalo, | |
| | | | | | | | ACCEPTED: YES |
| APPLY ATTN: APPLY PHONE: 259-5 | 649 | | | FAX: 259-9705 | | vaimanalo2@hawa vaimanaloapartme | |
| | | | Materia | | | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | YES |
| One Bdrm: | 37 | 1177 | 2.5xrent | 576 | | 3 | YES |
| Two Bdrm: | 28 | 1413 | 2.5xrent 2.5xrent | 864 | | 5 | YES |
| Three Bdrm: | 8 | 1632 | 2.5x rent | 1134 | | 9 | |
| Four Bdrm: | 2 | 1821 | 2.5x Territ | 1134 | J | 9 | YES |
| ENT INFO: RENT IS 3 | 0% OF INCOME | : NO | UTILITIES INC | LUDED: | | ΤΟΤΑ | L UNITS: 80 |
| Rent range - bdrm - \$1093 - \$1312 bdrm - \$1312 - \$1575 bdrm - \$1516 - \$1819, 2 bdrm - \$1691 - \$2029, 2 | | | Electricity and | water | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| GE CRITERIA: | | | | | | TO REMAIN ON W | |
| lead of household must b | be 18 years or ol | der | WAITLI | ST FOR PARKING: | | CALL EVERY | (Months): |
| | | | PARKING INF | | PET INFO: | F | PETS OK: NO |
| A | SSET LIMITS: | NONE | | | | | |
| AN OWN RESIDENTIA | | | | | GENERAL | NFO: | |
| SSET LIMIT INFO: | | - | LEASE: | | | ct does not maintain a waitlist; vacancies ed on a first-come, first-serve basis. | |
| | | | 6 months | | | area, on bus line | |
| | | | | | http://www. | waimanaloapartme | ents.com/ |
| COME CRITERIA: | | | | | onsite mgm | nt by Cambridge M | lgmt. Inc. |
| laximum Annual Income persons - \$55,980; 3 pe persons - \$69,960; 5 pe ersons - \$81,180; 7 pers ersons - \$92,400 | rsons - \$63,000; rson - \$75,600; | | FURNISHED: Partly furnishe appliances onl | | Send reque envelope Pick up fro | : jement to mail it est with self-addres m manager's office rough waimanaloa |) |
| PERSON MAXIMUM MC | NTHLY INCOM | E: | 4085 | | jr - | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | ME: | 4665 | | | | |

| | Last Compl | ete Update: 1 | 1/24/2021 | | | AREA: | Waimanalo |
|-----------------------------------|------------------------------------|---------------|---|-----------------------------------|--------------------------------|---|-----------------------------|
| PROJECT NAME: | Waimanalo Em | ergency Sh | <mark>elter; pre</mark> | eviously Wei | nber | PROJECT TYPE: | Emergency |
| ADDRESS: | 41-490 Saddle City Rd. | | | | | PHONE: 204-098 | 2 |
| CITY: | Waimanalo | STATE: HI | ZIP: | 96795 | | FAX: 744-061 | 6 |
| MANAGER | Zabrina Spencer: Site | Manager | | APPLY ADD | DRESS: | | OUT-OF-STATE APPLICATION |
| APPLY TO | | | | | | | ACCEPTED: |
| APPLY ATTN | : | | | | | | |
| APPLY PHONE | : 204-0982 | | | FAX: 744-0616 | EMAIL: | www.kahumana.org | |
| Unit | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| S | tudio: 8 | | | 180 | 2 | 4 | |
| One I | Bdrm: 8 | | | 420 | 3 | 4 | |
| Two B | Bdrm: 7 | | | 550 | 3 | 6 | |
| Three B | Bdrm: 7 | | | 950 | 5 | 10 | |
| Four I | Bdrm: | | | | | | NO |
| RENT INFO: RE Emergency Shelte | NT IS 30% OF INCOME | | TILITIES INCL | LUDED: | | TOTAI MINIMUM WA ESTIMATE (MAXIMUM WA ESTIMATE (| Months): 0 |
| AGE CRITERIA: | | | | | | TO REMAIN ON W | |
| | | | WAITLIS | ST FOR PARKING: | | CALL EVERY (| |
| | | P/ | ARKING INFC |): | PET INFO | : Р | ETS OK: NO |
| AN OWN RESIE | ASSET LIMITS: DENTIAL PROPERTY: | NO | | | GENERAL | INFO: | |
| ASSET LIMIT INFO | 0: | LE | ASE: | | Must parti casework | cipate in programs a er. | s determined by |
| | | 90 | 0 Days | | | d on site. w Program Rules. /illing to work if not d | isabled. |
| INCOME CRITERI | IA: | S | JRNISHED: tove, refrigera flatable mattre | itor, no carpet, ess if needed | | | |
| J | | | | | ļ | | |

| | Last Comp | lete Update: | 12/15/2021 | | | AREA: | Waimanalo | | |
|---|--|--------------|-------------------------------------|-------------------------|--------------------------|--|--|--|--|
| PROJECT NAME: 🔽 | VAIMANALO I | HOMES I & | II (HPHA-v | wind) - NOT | ACC | PROJECT TYPE: | Family | | |
| ADDRESS: H | lumuniki St. & Humun | a Pl. | | | | PHONE: 233-376 | 6 | | |
| | laimanalo | STATE: HI | ZIP: | 96795 | | FAX: 233-3769 | | | |
| | Daharia Kabala | | | | | | | | |
| MANAGER: I | Roberta Kahele | | | APPLY AD 1002 North | School St. | | OUT-OF-STATI | | |
| APPLY TO: I | HPHA NOT ACCEPTING AF | PLICATIONS | | Honolulu, H NOT ACCE | II 96817 PTING APPLIC | ATIONS | APPLICATION ACCEPTED: | | |
| | Oahu applications offi NOT ACCEPTING AF | | | | | NO | | | |
| APPLY PHONE: 8 | | | | FAX: 832-3461 | EMAIL: h | phaishereforyou.o | rg | | |
| Unit Ty | ype: Number | | Minimum | | MINIMUM | MAXIMUM | CAREGIVER | | |
| | of UNITS: | RENT: | INCOME Required: | SQ FT: | Number of People | Number of People: | Allowed: | | |
| Stu | dio: | | | | | | | | |
| One Bd | | | | | | | | | |
| Two Bd | | 0 | | 877 | 2 | 6 | YES | | |
| Three Bd | | 0 | | 1171 | 4 | 10 | YES | | |
| | 4 | 0 | J | ļ | | J | 1123 | | |
| ********CLOSED 8/2 AGE CRITERIA: Head of household n | 2/2016***** nust be 18 years or of | lder | and gas WAITLIS PARKING INFO | T FOR PARKING: | PET INFO: | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (P mals ok, but only c | (Months): 36 AIT LIST (Months): 60 AITLIST (Months): 12 ETS OK: YES | | |
| | ASSET LIMITS: | NONE | | | the categor | es listed below: der 25 lbs) or cat | | | |
| | NTIAL PROPERTY: | NO | | | GENERAL I | | | | |
| ASSET LIMIT INFO: Cannot own a house | | | LEASE: | | victims; hor | PREFERENCES:(A) domestic violence victims; homeless in transitional shelter; invol. Displaced. (B) substandard hsing; rent >50% | | | |
| | | | 1 year | | of income. | (C) others = indefined | nite wait. | | |
| INCOME CRITERIA: | : | | 1 | | | ed Low Inc Pub Hs | - | | |
| ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; | | | FURNISHED: | | . | jibility=80% of AMI | | | |
| 2 persons - \$60,900; 4 persons - \$76,100; | ; 3 persons - \$68,500 ; 5 persons - \$82,200 ; 7 persons - \$94,350 | | Partly furnished appliances only | | | ons must be 3 yrs a namphetamine or s | | | |
| -PERSON MAXIMUI | M MONTHLY INCOM | E: | 4570 | | p. | | | | |
| 2-PERSONS MAXIMI | UM MONTHLY INCO | ME: | 5220 | | | | | | |

| | | Last Comp | lete Update: | 1/5/2022 | | | AREA: | Waipahu | |
|--|---------------------------|-------------------------------------|--|--|--|--|--|---|--|
| PROJECT NAME: | WAIF | PAHU HAI | L ELDERI | _Y | | | PROJECT TYPE: | Elderly | |
| ADDRESS: | 94-1060 |) Waipahu St. | | | | | PHONE: 671-3801 | | |
| CITY: | Waipah | u | STATE: HI | ZIP: | 96797 | | FAX: 680-045 | 6 | |
| | Kelsey): Camb | | nior Community I sistant Communi ient Inc. | | APPLY AD Waipahu H 94-1060 Wa Waipahu, H | all aipahu St., Offi | ce | OUT-OF-STATE APPLICATION ACCEPTED: YES | |
| APPLY PHONE | | 301 | | F | AX: 680-0456 | EMAIL: | waipahu@cmiweb.r | net | |
| | Туре: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| One | itudio: Bdrm: Bdrm: | 72 | 0 | | 636 | | 3 | YES | |
| Three Four | Bdrm: Bdrm: | | | | | | | NO | |
| RENT INFO: RE Max rent is \$1465 | | 0% OF INCOM | E: YES | UTILITIES INCLU | | | TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE | (Months): 18 AIT LIST | |
| AGE CRITERIA: Head of household disabled. Other m children, grandchi of age and older. | nembers | of the househo | ld may be | WAITLIST PARKING INFO: Parking included | FOR PARKING: | PET INFO: | | | |
| AN OWN RESI | DENTIAL | SSET LIMITS: PROPERTY: | | | | GENERAL | | | |
| ASSET LIMIT INF | 0: | | | LEASE: | th-to-month | Bbq Area Recreation A gated co On-site ma | enter & social activit & lush landscaping n room with tv ommunity on busline anagement ercom system | | |
| INCOME CRITER Maximum annual 2 persons - \$46,02 | income: | 1 person - \$40, sons - \$51,780 | 260; | FURNISHED: Partly furnished- appliances only, floor | | Recycling Transporta Catholic C Application Request b Ask Mana Pick up fro | program ation to Shopping av charities Hawai'l | miweb.net | |
| I-PERSON MAXIN | IUM MO | NTHLY INCOM | IE: | 3355 | | μ. | | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 3835 | | | | | |

| Last Complete Up | date: 12/15/2021 | | | AREA: | Waipahu | |
|--|---------------------------------------|---------------------------|--|---|-----------------------|--|
| PROJECT NAME: WAIPAHU I (HPHA- | lee) - NOT ACCE | PTING APP | S I | PROJECT TYPE: | Family | |
| ADDRESS: 94-111 Pupuole St. | | | | PHONE: 483-255 | 0 | |
| CITY: Waipahu STAT | E: HI ZIP: | 96797 | | FAX: 483-255 | 2 | |
| MANAGER: Marcus Asami | | APPLY ADE | | | OUT-OF-STATE | |
| APPLY TO: HPHA NOT ACCEPTING APPLICAT | TIONS | Honolulu, HI NOT ACCEI | 96817 PTING APPLIC | APPLICATION ACCEPTED: NO | | |
| APPLY ATTN: Oahu applications office NOT ACCEPTING APPLICAT | TIONS | | | | | |
| APPLY PHONE: 832-5961 | I | FAX: 832-3461 | EMAIL: h | phaishereforyou.or | g | |
| | NT: Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: One Bdrm: Two Bdrm: 13 | | | | | YES | |
| | 0 | 650 817 | 2 | 6 | YES | |
| RENT INFO: RENT IS 30% OF INCOME: YES Minimum Rent: \$0 for Federal Low Income projec | | - | _ | TOTAI MINIMUM WA ESTIMATE (MAXIMUM WA | Months): 36 | |
| AGE CRITERIA: | | | Т | ESTIMATE (O REMAIN ON W CALL EVERY (| Months): 60 | |
| Head of household must be 18 years or older | WAITLIS PARKING INFO: Included | T FOR PARKING: | PET INFO: | | ETS OK: YES | |
| ASSET LIMITS: NONE | | | the categori | es listed below: der 25 lbs) or cat | | |
| AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: Cannot own a house on Oahu | LEASE: | | | NFO: NCES: Domestic V n transitional shelte | | |
| | | | · · | ed Low Inc Pub Hsi | ng 100% | |
| INCOME CRITERIA: ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; | FURNISHED: | | All convictions must be 3 yrs ago, unless it's crystal methamphetamine or sex offender | | | |
| 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 furnished- appliances only, | | | | | |
| -PERSON MAXIMUM MONTHLY INCOME: | 4570 | | p. | | | |
| 2-PERSONS MAXIMUM MONTHLY INCOME: | 5220 | | | | | |

| Last Complete U | pdate: 12/1 | 5/2021 | | | AREA: | Waipahu |
|--|--------------------------|---------------------------------------|---------------------------------------|--------------------------------|--|---|
| ROJECT NAME: WAIPAHU II (HPHA | <mark>A-lee) - NO</mark> | T ACCE | EPTING APP | <mark>'S</mark> | PROJECT TYPE: | Family |
| ADDRESS: 94-132 Pupupuhi St. | | | | | PHONE: 483-255 | 0 |
| CITY: Waipahu STA | ATE: HI | ZIP: | 96797 | | FAX: 483-255 | 2 |
| MANAGER: Marcus Asami | | | APPLY ADI 1002 North | | | OUT-OF-STAT |
| APPLY TO: HPHA NOT ACCEPTING APPLICA | ATIONS | | Honolulu, HI 96817 NOT ACCEPTING A | | ICATIONS | APPLICATION ACCEPTED: |
| APPLY ATTN: Oahu applications office NOT ACCEPTING APPLICA | | | | | | NO |
| APPLY PHONE: 832-5961 | | I | FAX: 832-3461 | EMAIL: | hphaishereforyou.or | g |
| Unit Type: Number of UNITS: R | | linimum NCOME lequired: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: One Bdrm: | | | | | | |
| Two Bdrm: 16 | 0 | | 635 | 2 | 6 | YES |
| Three Bdrm: 4 | 0 | | 822 | 3 | 8 | YES |
| Four Bdrm: | | | J | J | ļ | |
| GE CRITERIA: | PAR | WAITLIS (ING INFO: | T FOR PARKING: | PET INFC | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (TO REMAIN ON W CALL EVERY (| (Months): 36 AIT LIST (Months): 60 AITLIST |
| | Inclu | ded | | the categ | nimals ok, but only c ories listed below: under 25 lbs) or cat | ne from each of |
| ASSET LIMITS: NON AN OWN RESIDENTIAL PROPERTY: NO | | | | GENERA | | |
| SSET LIMIT INFO: | LEAS | | | homeless displaced | ENCES: Domestic V s in transitional shelte l. Fed Low Inc Pub Hs | ers; involuntary |
| | | | | | tions must be 3 yrs a ethamphetamine or s | |
| come Eligibility = 80% of AMI laximum Annual Income: 1 person - \$53,250; persons - \$60,900; 3 persons - \$68,500; persons - \$76,100; 5 persons - \$82,200; persons - \$88,300; 7 persons - \$94,350; persons - \$100,450 | Partl | NISHED: y furnished- ances only | major | | | |
| PERSON MAXIMUM MONTHLY INCOME: | 4570 | | | ji | | |
| PERSONS MAXIMUM MONTHLY INCOME: | 5220 | | | | | |

| Last Complete Update: | 7/16/2020 | | AREA | : Waipahu |
|--|---|-------------------------------------|--|---------------------------|
| PROJECT NAME: WAIPAHU TOWERS | | | PROJECT TYPE | Family |
| ADDRESS: 94-337 Pupumomi St. | | | PHONE: 753-94 | 140 |
| CITY: Waipahu STATE: | HI ZIP: | 96797 | FAX: | |
| MANAGER: Sonja | | APPLY ADDRESS: 3165 Waialae Aven | | OUT-OF-STAT |
| APPLY TO: Mark Development, Inc. | | Honolulu, HI 96816 | | APPLICATION ACCEPTED: |
| APPLY ATTN: | | | | YES |
| APPLY PHONE: 735-9099 | FAX: | EI (781)295-3427 | MAIL: https://www.mdiha er | awaii.com/waipahutov |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: | SQ FT: MINIT | ber Number of | CAREGIVER Allowed: |
| One Bdrm: 2 0 | | 482 1 | | |
| One Bdrm: 2 0 Two Bdrm: 62 0 | | 482 1 684 2 | | YES |
| Three Bdrm: | - | | | |
| Four Bdrm: | | | | YES |
| section 8 bldg | Electricity and water | | MAXIMUM V | E (Months): 12 |
| AGE CRITERIA: | _ | | TO REMAIN ON | WAITLIST |
| Head of household must be 18 years or older | WAITLIST FO | R PARKING: | CALL EVERY | |
| | PARKING INFO: Parking included | <u> </u> | INFO: | PETS OK: NO |
| ASSET LIMITS: NONE | There is a charge for stalls. | additional | | |
| | [| | IERAL INFO: | |
| ASSET LIMIT INFO: | LEASE: | | enities: Recreation Area, ndry Room | Playground, |
| | | Fun | ding: Project based Sec | 8 |
| NCOME CRITERIA: | J | Cre | dit & Criminal checks | |
| Maximum Annual Income: 1 person - \$36,050; 2 persons - \$41,200; 3 persons - \$46,350; 4 persons - \$51,500; 5 persons - \$55,650 | FURNISHED: Partly furnishedmajo appliances only | or App Dov affo app | 7/2017 updates via webs s://www.mdihawaii.com/ vnload from website rdablehousingonline.con lications/waipahu-tower. c up from manager's offic | waipahutower n/ pdf |
| -PERSON MAXIMUM MONTHLY INCOME: | 3004 | | | |
| 2-PERSONS MAXIMUM MONTHLY INCOME: | 3433 | | | |

| | | Last Comp | lete Update: | 12/16/2021 | | | AREA | . Moilili |
|--|------------|---------------------|--------------|---|--------------------------|--------------------------------|--|--------------------------|
| ROJECT NAME: | WEIN | NBERG H | ALE | | | | PROJECT TYPE | Singles or Couple |
| ADDRESS: | 2734 S. | . King Street | | | | | PHONE: 946-69 | 953 |
| CITY: | Honolul | lu | STATE: H | ZIP: | 96826 | | FAX: 973-06 | 605 |
| MANAGER | : Marett | a Espiritu | | | APPLY AD Referral fro | DRESS: m case manag | er | OUT-OF-STAT |
| APPLY TO | : Housir | ng Solutions, Ind | с. | | | | | APPLICATION ACCEPTED: |
| APPLY ATTN | : Marett | a Espiritu | | | | | | NO |
| APPLY PHONE | : 946-69 | 953 | | | FAX: 973-0605 | EMAIL: | maretta@hsiservi | ces.net |
| Unit | Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| St | tudio: | 60 | 1095 | | 266 | 1 | 2 | |
| One E | Bdrm: | | | | | | | |
| Two E | Bdrm: | | | | | | | |
| Three E | Bdrm: | | | | | | | |
| Four E | Bdrm: | | | | | ļ | | |
| Security Deposit \$ Section 8 accepted Shelter + Care pro or other housing vo | d ogram | | | All utilities inclue | ded | | MAXIMUM V | E (Months): 1 |
| AGE CRITERIA: | | | | | | | TO REMAIN ON | |
| Head of household | d must b | e 18 years or o | lder | WAITLIS | T FOR PARKING: | | CALL EVERY | |
| | | | | PARKING INFO | YES | PET INFO: | | PETS OK: YES |
| | | | | \$40/month | | Under 25 p | oounds; limit 1 per | unit |
| AN OWN RESID | | SSET LIMITS: | NO | | | GENERAL | INFO [.] | |
| ASSET LIMIT INFO | | | | LEASE: | | Funding: | | 0 // 0 /000/ |
| | | | | Month to month | I | Funding: I | CareProgram and RHTF | Section 8 100% |
| | | | | | | Application | n: gement to mail it | |
| NCOME CRITERI | A: | | | | | | est with self-addre | essed stamped |
| | | | | FURNISHED: No carpet, full s microwave, and cabinet, kitchen | counter top | Pick up fro | m manager's offic lest to maretta@h | ce siservices.net |
| -PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4230 | | Į | | |
| -PERSONS MAXII | | ONTHLY INCO | ME: | 4835 | | | | |

| | Last Comp | lete Update: | 7/16/2020 | | | AREA: | Lanakila |
|--|---|----------------------------------|---|--|---|---|---|
| PROJECT NAME: | WEINBERG SE | ENIOR RE | SIDENCE A | T MALUHIA | | PROJECT TYPE: | Elderly |
| ADDRESS: | 1111 Hala Dr. | | | | | PHONE: 842-108 | 32 |
| CITY: | l Honolulu | STATE: HI | ZIP: | 96817 | | FAX: 843-01 | 57 |
| - | | <u> </u> | ļ | 00011 | | | |
| | : Canary McClinton, res | sident manager | | APPLY ADI 1055 Kalo F Hawaii 9682 | Place, Suite 103 | 3, Honolulu, | OUT-OF-STATE APPLICATION ACCEPTED: |
| | l: | | | | | | YES |
| APPLY PHONE | : 949-4111 | | I | FAX: 949-7211 | EMAIL: | | |
| | Type: Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | Bdrm: 39 | 0 | | 400+ | | 3 | YES |
| Two | Bdrm: | | | | | | |
| Three | Bdrm: | | | | | | |
| Four | Bdrm: | | | | | | |
| 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 lressing, shopping, etc.) sit equal to 1 months re er) | s who are of daily Minimum | UTILITIES INCL Water, \$81 utility | - | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W | (Months): 12 AIT LIST (Months): 36 /AITLIST |
| | d and co-tenants must b application. Caregiver r | | WAITLIS | T FOR PARKING: | | CALL EVERY | (Months): 12 |
| | | | PARKING INFO | | PET INFO: | F | PETS OK: NO |
| AN OWN RESID | ASSET LIMITS: DENTIAL PROPERTY: | | | | GENERAL | INFO: | |
| ASSET LIMIT INF | 0: | | LEASE: | | | ower and closet, w | |
| Must not wholly ov real estate. | wn a majority interest in | residential | 1 year | | shoot and I lanai areas allowed wit as long as | aundry room on ea , storage lockers. h MD letter; can w there's other care | ach floor. Covered Caregivers are ork outside home for resident. On- |
| | | | | | Full-time A | er, interior landsc | |
| (Project follows HI | HAN 50% AMI to new HUD guidelines UD income limits.) <i>r</i> ided are based on 2021 | HUD | FURNISHED: Range, refrigera disposal, Fully fr for bed. Carpet flooring and dra | urnishedexcept and vinyl | Transporta Catholic Ch | UD PRAC 202 tion to Shopping a harities Hawaii DNSE IN 2021 | vailable through |
| 1-PERSON MAXIM | IUM MONTHLY INCOM | E: | 3525 | | - | | |
| 2-PERSONS MAXI | MUM MONTHLY INCO | ME: | 4029 | | | | |

| | | lete Update: | 11/24/2021 | | | AREA: | Ewa | |
|--|-----------------------------------|--------------|--|-------------------------------|--------------------------------|---|-----------------------|--|
| | | | VILLAGE | | | PROJECT TYPE: | · · | |
| ADDRESS: 91-147 | 2 Renton Rd. | | | | | PHONE: 681-056 | | |
| CITY: Ewa Be | each | | ZIP: | 96706 | | FAX : 681-414 | 0 | |
| MANAGER: Dane Sharo | DelaCruz - Resi n Reynon-Myers | | in Assistant | APPLY AD 91-1472 Re | enton Rd. | | OUT-OF-STA | |
| APPLY TO: Locati | ons LLC | | | Ewa Beach | HI 96706 | | | |
| APPLY ATTN: Afford | able Housing De | epartment | | | EMAIL: | locationsrentals.con | YES | |
| APPLY PHONE: 681-0 | 562; 892-1253 | | F | AX: 681-4140 | | rentals.aspx (click o | | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | 90 | 865 | 2x rent | 556 | 1 | 2 | YES | |
| One Bdrm: | 60 | 940 | 2x rent | 686 | 1 | 3 | YES | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | | | | | YES | |
| nited number of subsidi eck with management c posit=\$865 studio / \$94 | ompany. 0 One bdrm | | water | | | | AIT LIST (Months): | |
| GE CRITERIA: | ears or older. so | ouse must | | | | TO REMAIN ON W CALL EVERY | | |
| e 55+. Handicap or disa | | | WAITLIST PARKING INFO: | FOR PARKING: | PET INFO |)· P | ETS OK: YES | |
| | SSET LIMITS: | YES | \$10/month are total of 53 pa Stalls assigned o | There rking stalls. | 1 cat, bird | ls, fish, or 1 dog und ngmt & vets "clean bi | er 30 pounds. | |
| AN OWN RESIDENTIA | | | first serve and wa | aitlist. | GENERAL | _ INFO: | | |
| SET LIMIT INFO: | | | | | | egivers are allowed with MD letter. Studio a separate bedroom, with sliding door. | | |
| only if income from assets puts applicant over ncome. Rental unit must be primary residence. | | | 1 year Funding: Asst Prg Recreati | | | ng: Participating in the City Housing Rntl rgm and Sec. 8 and Rent Supplmnt Prgn ation hall with tv, 24/7 Security; Resident es Coordinator; Transportation to | | |
| COME CRITERIA: | | | | | Shopping | available through Ca | atholic Charities | |
| aximum Annual Income: person - \$50,640; | | | FURNISHED: | | walk-up, l | | - | |
| oersons - \$57,840; 0% AMI | | | Partly furnished appliances only, o stove, 1 bdrm uni fan | carpet,gas | 10 Handid | cap Accessible Units | | |
| ERSON MAXIMUM MO | NTHLY INCOM | E: | 4220 | | Į. | | | |
| PERSONS MAXIMUM M | ONTHLY INCOM | ME: | 4820 | | | | | |

| | | Last Comp | lete Update: | 7/16/2020 | | | AREA: | Salt Lake |
|---|------------------|------------------------------------|--------------|-----------------------------------|--|--------------------------------|--|-----------------------------|
| PROJECT NAME: | WES | TLAKE A | PARTMEN | ITS | | | PROJECT TYPE: | Family |
| ADDRESS: | 3139 Al | a Ilima St. | | | | | PHONE: 839-202 | 27 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96818 | | FAX: 834-710 |)7 |
| | | Montero, Reside an Properties L | | | APPLY AD 1165 Bethe Honolulu, F | I St., 2nd Fl. | | OUT-OF-STATE APPLICATION |
| | | an Fiopenies L | | | | | | ACCEPTED: YES |
| APPLY PHONE | | 027 | | | FAX: 521-2714 | EMAIL: | None | |
| Unit | t Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| | itudio: Bdrm: | | | | | | | |
| Two | Bdrm: | 96 | 0 | | 872 | 3 | 6 | |
| | Bdrm: | | | | | | | |
| RENT INFO: RE | | 9% OF INCOME | E: YES | UTILITIES INCL Water | LUDED: | | TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): 12 |
| AGE CRITERIA: | | | | | | | TO REMAIN ON W | AITLIST |
| Head of househol | d must b | e 18 years or o | lder | WAITLIS | ST FOR PARKING: | | CALL EVERY | |
| | | | | PARKING INFC \$40 per stall; m | | PET INFO | : F | PETS OK: NO |
| AN OWN RESI | DENTIAL | SSET LIMITS: . PROPERTY: | | | | GENERAL | | |
| ASSET LIMIT INF | 0: | | | LEASE: | | | g pool, picnic area, l Section 8 100% | aundry area |
| ļ | | | | | | NO RESP | PONSE IN 2021 | |
| INCOME CRITER | IA: | | | | | | | |
| 50% AMI 5 persons - \$63,0 6 persons - \$67,6 | | | | FURNISHED: | | | | |
| ļ | | | | | | | | |

| | Last Compl | ete Update: | 7/16/2020 | | | AREA: | Wahiawa |
|---|---------------------|-------------|---|---|---|---|--|
| OJECT NAME: WHI | TMORE CI | RCLE APA | RTMENTS | | | PROJECT TYPE: | Elderly |
| ADDRESS: 111 N | Circle Makai St | | | | | PHONE: 753-847 | 4, 753-3973 (cell) |
| CITY: Wahia | wa | STATE: HI | ZIP: | 96786 | | FAX: eFax: 32 | 23-648-8212 |
| MANAGER: Laura | | | r | APPLY AD 3165 Waial Hawaii 968 | ae Ave. #200, | Honolulu, | OUT-OF-STA APPLICATIO ACCEPTED |
| APPLY ATTN: Mark | Development - 7 | 35-9099 | | | EMAIL: | http://www.mdihawa | YES aii.com/property |
| APPLY PHONE: 753-8 | 3474 | | F | AX: (781)295-34 | 27 | laurad.mdihawaiico | om |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | YES |
| One Bdrm: Two Bdrm: | 40 | 0 | | 516 | | 2 | YES |
| Three Bdrm: | 4 | | | 645 | | 3 | |
| Four Bdrm: | | | | | <u> </u> | | YES |
| oosit 155 - 1 bedroom 355 - 2 bedroom | | | Water and gas in Residents are res | | ric | MINIMUM W/ ESTIMATE (MAXIMUM W/ ESTIMATE (| (Months): 1 AIT LIST (Months): 2 |
| E CRITERIA: ad of household must | | | | FOR PARKING: | | TO REMAIN ON W CALL EVERY | |
| abled. Other member y age, including childre al guardian. | | | PARKING INFO: Parking included | N/A | PET INFO | P Illowed with restriction | ETS OK: YES |
| | ASSET LIMITS: | | | | | | |
| N OWN RESIDENTIA SET LIMIT INFO: | L PROPERTY: | YES | | | GENERAL | INFO: s are allowed with M | D lottor: cap worl |
| | | | LEASE: 1 year | | outside ho eligibility. 3 handica Pictures a | pped accessable un vailable on shiconsulting.com/v | me included in its. Built in 1990 |
| COME CRITERIA: | In com - | | | | Smoke Fr Recreation | ee; Coin Operated nal Room equipped | laundry facility with cable |
| % of Honolulu Median | Income | | FURNISHED: Partly furnished appliances only | major | Education Open gaze Applicatio Download | and computers with al and social activiti ebo and outside lour n: from mdihawaii.con om manager's office | es nge area n |
| ERSON MAXIMUM MO | | E: | 3004 | | Į | | |
| ERSONS MAXIMUM N | NONTHLY INCOM | ME: | 3433 | | | | |

| DJECT NAME: WILDER VISTA | | PROJECT TYPE: Family |
|---|--|--|
| ADDRESS: 1618 Punahou Street | | PHONE: 947-4846 |
| CITY: Honolulu STATE: | -II ZIP: 96822 | FAX: 956-1446 |
| J J | , | |
| MANAGER: Mark Yacubovich, Resident Manag | yer APPLY ADDI P.O. Box 224 Honolulu, HI | 420 OUT-OF-STA |
| APPLY TO: Locations | honorana, rin | ACCEPTEL YES |
| APPLY ATTN: Property Management Division | | EMAIL: http://www.locationsrentals.com/affor |
| APPLY PHONE: 738-3100 | FAX: 735-1978 | ble-rentals.aspx |
| Unit Type: Number of UNITS: RENT: | Minimum INCOME Required: SQ FT: | MINIMUM Number of People MINIMUM Number of People: CAREGIVER Allowed: |
| Studio: | | |
| One Bdrm: 6 645 Two Bdrm: 48 1190 | 2.5x rent 525 | |
| Two Bdrm: 48 1190 Three Bdrm: | 2.5x rent 600 | |
| Four Bdrm: | | YES |
| NT INFO: RENT IS 30% OF INCOME: NO ITC property ction 8 certificate holders need not meet the min | UTILITIES INCLUDED: Water & Sewer | TOTAL UNITS: 54 MINIMUM WAIT LIST ESTIMATE (Months): |
| oss income requirement. | | MAXIMUM WAIT LIST ESTIMATE (Months): |
| E CRITERIA: | r | |
| ad of household must be 18 years or older | WAITLIST FOR PARKING: | CALL EVERY (Months): |
| | PARKING INFO: NO 61 parking stalls | PET INFO: PETS OK: NO |
| ASSET LIMITS: NONE | | |
| AN OWN RESIDENTIAL PROPERTY: YES | - | F GENERAL INFO: |
| SET LIMIT INFO: | LEASE: | open January 2004 bathroom has linen closet and pantry in 2bdrm |
| gibility. | 6 months; then month-to-month | units Funding: LIHTC, RHTF, Section 8 |
| COME CRITERIA: | ļ | |
| od stamps accepted to help meet min. income teria. | FURNISHED: Partly furnishedmajor | |
| | appliances only. No carpet. | |
| % of AMI: 1 Person \$26,460, 2 persons \$30,240 % of AMI: 1 Person \$44,100 2 persons \$50,400 | | |

| | Last Comp | lete Update: | 7/16/2020 | | | AREA: | Wahiawa | |
|---|---------------------|--------------------|--|---------------------|--------------------------------|--|--------------------------------------|--|
| ROJECT NAME: WILI | KINA PAR | K | | | | PROJECT TYPE: | Elderly | |
| ADDRESS: 298 Wi | likina Dr. | | | | | PHONE: 622-612 | 5 | |
| CITY: Wahiav | wa | STATE: HI | ZIP: | 96786 | | FAX: 622-612 | 7 | |
| MANAGER: Debra | ı Fong | | | | DRESS: | | | |
| APPLY TO: Wilikir | na Park Apartme | ents | | On-Site | | | OUT-OF-STA APPLICATIC ACCEPTED | |
| APPLY ATTN: | | | | | | | YES | |
| APPLY PHONE: 622-6 | 125 | | F | AX: 622-6127 | EMAIL: | wilikinapark@sanda | alwoodmgt.com | |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: | |
| Studio: | 45 | 800 | 2xrent | 479 | 1 | 2 | YES | |
| One Bdrm: | 19 | 875 | 2xrent | 627 | 1 | 2 | YES | |
| Two Bdrm: | | | | | | | | |
| Three Bdrm: | | | | | | | | |
| Four Bdrm: | | | | | | | NO | |
| nger waits for one bedro move in: must pay ONE uivalent deposit . Not p | E full month's re | nt plus h rent. | | | | MINIMUM WA ESTIMATE MAXIMUM WA ESTIMATE | (Months): | |
| BE CRITERIA: | | waa aan ha | | | | TO REMAIN ON W CALL EVERY | | |
| he member must be 55 8+, roommate can be 55 | or disabled. Ca | aregiver | WAITLIST PARKING INFO: | FOR PARKING: | | | ETS OK: YES w | |
| owed over 18yrs old. C | | allowed. | Long w/l for parki | | PET INFO Birds, fish | , and small dogs Ok | P | |
| Д | SSET LIMITS: | NONE | is included | | note. | | | |
| AN OWN RESIDENTIA | | | | | GENERAL | . INFO: | | |
| SET LIMIT INFO: | | | | | | Opened 1994 Services: CCH shopping van, BBQ area, | | |
| | | | 1 year | | clubhouse maintenar | e, trash chute on eve nce person lives on s pped units (3 for mo | ery floor, site. | |
| COME CRITERIA: | | | | | Funding: I | Low Income Housing sistance Program | g Tax Credit & | |
| /AXIMUM income: person - \$43,980 people - \$50,220 | | | FURNISHED: Partly furnishedmajor appliances only. Carpet. Bathtubs in all units. No units on ground floor. | | NO RESP | NO RESPONSE IN 2021 | | |
| ERSON MAXIMUM MO | NTHLY INCOM | E: | 3665 | | ļ | | | |
| PERSONS MAXIMUM M | ONTHLY INCO | ME: | 4185 | | | | | |
| | | | | | | | | |

| | | Last Comp | lete Update: | 11/24/2021 | | | AREA | Chinatown |
|---|---------------|---------------------|--------------|---|--|--------------------------------|--|--|
| PROJECT NAME: | WINS | STON HAL | .E | | | | PROJECT TYPE | Family |
| ADDRESS: | , 1055 Ri | iver St. | | | | | PHONE: 744-13 | 07 |
| CITY: | Honolul | u | STATE: HI | ZIP: | 96817 | | FAX: 744-13 | 08 |
| | | | | | | | | |
| | | Gonsalves, Site | - | | APPLY AD 1055 River Honolulu, H | St. | | OUT-OF-STATE APPLICATION ACCEPTED: |
| | I: Manag | per | | | | | | ACCELLED. |
| APPLY PHONE | - | | | ļ | FAX: 744-1308 | EMAIL: | None | |
| Unit | Type: | 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 |
| One | Bdrm: | | | | | | | |
| Two | Bdrm: | | | | | | | |
| Three | Bdrm: | | | | | | | |
| Four | Bdrm: | | | | | | | NO |
| Timely reponses t required | o commi | unication by pro | ject is | Gas, electricity a | and water | | MINIMUM W ESTIMATE MAXIMUM W ESTIMATE | (Months): |
| AGE CRITERIA: | | | | | | | TO REMAIN ON V | le. |
| Head of household | d must b | e 18 years or o | lder | WAITLIS | T FOR PARKING: | | CALL EVERY | (Months): 6 |
| | | | | PARKING INFO | | PET INFC |): | PETS OK: NO |
| J | Δ | SSET LIMITS: | NONE | Parking not ava | liadie | | | |
| AN OWN RESI | | | | | | GENERAL | _ INFO: | |
| ASSET LIMIT INF | 0: | | | LEASE: | | Funding: | unknown | |
| | | | | 1 year | | | | |
| INCOME CRITER | IA: | | | ļ | | | | |
| Maximum Annual 1 person - \$52,90 2 persons - \$60,44 | Income: 0; | | | FURNISHED: Partly furnished allpiances only | major | , | | |
| I-PERSON MAXIM | IUM MOI | NTHLY INCOM | E: | 4220 | | ļ | | |
| 2-PERSONS MAXI | | ONTHLY INCO | ME: | 4820 | | | | |

| DJECT NAME: WIS | IERIA VIS | IA | | | | PROJECT TYPE: | Elderly |
|---|---------------------|------------|---|------------------------|----------------------------------|---|-----------------------|
| ADDRESS: 1239 S | outh King St. | | | | | PHONE: 597-896 | 3 |
| CITY: Honolu | lu | STATE: HI | ZIP: | 96814 | | FAX: 589-289 |)7 |
| MANAGER: Luana | I Holi, Resident I | Manager | | APPLY AD P.O. Box 2 | | | OUT-OF-ST/ |
| APPLY TO: Locati | ons | | | Honolulu, H | | | APPLICATI |
| APPLY ATTN: Prope | rty Management | t Division | | | | | YES |
| PPLY PHONE: 597-8 | 963 | | | FAX: 589-2897 | EMAIL: | http://www.locations ble-rentals.aspx | srentals.com/affo |
| Unit Type: | Number of UNITS: | RENT: | Minimum INCOME Required: | SQ FT: | MINIMUM Number of People | MAXIMUM Number of People: | CAREGIVER Allowed: |
| Studio: | | | | | | | |
| One Bdrm: | 91 | 969 | 2xrent | 384 | | | YES |
| Two Bdrm: | | | | | | | |
| Three Bdrm: | | | | | | | |
| Four Bdrm: | | | | | | | YES |
| s income requirement | | | | | | ESTIMATE MAXIMUM W. ESTIMATE TO REMAIN ON W | AIT LIST (Months): |
| residents must be 62 o | r older | | WAITUS | T FOR PARKING: | | CALL EVERY | - |
| | | | PARKING INFO | : | PET INFC |): F | PETS OK: NO |
| Д | SSET LIMITS: | NONE | | | | | |
| N OWN RESIDENTIA | L PROPERTY: | YES | | | GENERAL | L INFO: tioned units. Washe | r/druor ovailable |
| | | | LEASE: 1 Year | | Multi-purp worker av line. | oose room. Library. vailable on site 1x pe rgency call system | CCH social |
| | | | | | | LIHTC - 50% AMI, R | |
| imum annual income erson - \$42,200 ersons - \$48,200 | ou% AMI: | | FURNISHED: Partly furnished appliances only | major | | tation to Shopping av Charities Hawaiʻl | vailable through |
| | | | | | | ons: d from locationsrenta orm Locations main o | |
| RSON MAXIMUM MO | | E: | 3516 | | J | | |
| | | ME: | 4016 | | | | |