

APPLICATION FOR HOUSING

Application Instructions - PLEASE READ CAREFULLY

- 1) <u>COMPLETE ALL AREAS</u>. Please PRINT CLEARLY with BLACK ink. If an item(s) does not apply to you, answer "NO" or "N/A." Do not leave any blanks. Applications will be rejected if not fully and properly completed.
- 2) <u>SIGNATURES</u> required by all adult applicants (18 and older). Original signatures required.
- 3) <u>INCOME</u>: Include employers address and telephone number on application. All sources of earned and unearned income and assets must be reported for all household members, including minors.
- 4) <u>DOCUMENTATION</u>: Include the following documents:
 - <u>Executed</u> Affidavit of Eligibility for City-Regulated Affordable Housing Units
 - □ <u>Completed</u> Application for City-Regulated Affordable Housing Units
 - Executed and Initialed Disclosures and Authorization for Consumer Report
 - □ \$50 credit application fee <u>per applicant</u> (cashier's check or money order). Please make certified funds payable to **DEG, LLC**.
 - □ \$75 applicant eligibility certification fee payable to **City and County of Honolulu**.
 - The following supporting documentation:
 - Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits
 - □ Last two years' tax returns, including all applicable schedules
 - □ Bank and other financial institution statements, showing interest rate or interest earned
 - □ IRS Forms 1099, as applicable
 - □ Photo ID of all household members
 - □ Statement that household member does not intend to work for a year (required if no income is selected)
 - □ Other supporting documents (divorce decree, marriage certificate, etc.)

APPLICANTS MAY HAND DELIVER APPLICATIONS BETWEEN 9:00 AM - 5:00 PM, MONDAY-FRIDAY TO: The Residences at Bishop Place Management Office

1132 Bishop Street, Honolulu, Hawaii 96819

Affidavit of Eligibility for City-Regulated Affordable Housing Units

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

Project and Unit					
Project name The Residences at Bishop Place					
Project 1132 Bishop Street Honolulu, HI 96813 address					
Unit TBD BR /BA] For-sale 🛛 Rent				
Affidavit of Eligibility for AH Unit					
The undersigned Applicant(s) certify the following:					
I am a citizen of the United States or a resident alien.					
I am at least eighteen (18) years of age.					
I am domiciled in the State of Hawaii and have a bona fide intent to physically reside in the AH unit for the duration of the restriction period or lease agreement.					
My total gross household income does not exceed the unit's design See Table A for income limits	-	🗆 No			
 For-sale applicants: I have sufficient gross household income to q more than 33% of gross household income toward monthly h Rental applicants: I have sufficient gross household income to de meet any additional criteria established by the City. 	ousing payments.	□ No			
 For-sale applicants: I, either individually or with a household member, do not own or have not owned for three years (or one, if UA project) prior to this application, a majority interest in fee simple or leasehold lands suitable for dwelling purposes. Rental applicants: I do not own, and will not own for the duration of the rental period, a majority interest in fee simple or leasehold lands suitable for dwelling purposes. 					
 For-sale applicants: My total net available household asset does not exceed the purchase price of the unit. Rental applicants: My total net available household asset does not exceed the unit's designated income limit as adjusted by household size. 					
For-sale applicants only: I have not previously received assistance	For-sale applicants only: I have not previously received assistance under a program designed and implemented by any State or county agency to assist persons to purchase affordable housing units.				
The City's Affordable Housing Rules provide waivers and exception		ces.			

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

1)			
	Applicant signature	Print name	Date
2)			
,	Co-applicant 1 signature	Print name	Date
3)			
,	Co-applicant 2 signature	Print name	Date

Application for City-Regulated Affordable Housing Units

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

Projec	t and Unit		
Project	The Reside	ences at Bishop Place	
name	The Reside		
Project	1132 Bishon S	itreet Honolulu, HI 96813	
address	1101 010100		
Unit	TRD		
No.	TBD	BR / BA	□ For-sale 🕱 Rent

Primary Ap	plicant			
First			Middle name/	
name			initial	
Last				
name				
Address				
line 1				
Address				
line 2				
City		State		ZIP
				code
Home	Mobile	e	Work	
phone	phone	2	phone	
Email				
address				
Photocopy of ID attached:	🗌 Hawaii driver's license	🗌 Hawaii State ID	🗌 Other gov't I	D (specify)

Co-Applica	nt 1 (if applicable)			
First			Middle name/	
name			initial	
Last				
name				
Address line 1				
Address line 2				
City		State		ZIP
				code
Home	Mobi	le	Work	
phone	phon	e	phone	
Email				
address				
Photocopy of				
ID attached:	Hawaii driver's license	🗌 Hawaii State ID	Other gov't	in (specify)

Co-Applicant 2 (if applicable)						
First			Middle name/			
name			initial			
Last						
name						
Address						
line 1						
Address						
line 2						
City		State		ZIP		
				code		
Home	Mobil	e	Work			
phone	phone	2	phone			
Email						
address						
Photocopy of	Hawaii driver's license	🗌 Hawaii State ID				
ID attached:			🗌 Other gov't I	D (specify)		

Primary Household Member						
First			Middle name/			
name			initial			
Last						
name						
Birth date		Employed?]Yes 🗌 No	Full-time student?	🗆 Yes	🗆 No
Relationship to Primary Applicant		Calf				
Choose response from options in List (1) below		Self				
Employer 1						
Address 1		Address 2				
City	State			ZIP		
,				code		
Start	Phone					
date						
Employer 2						
Address 1		Address 2				
City	State			ZIP		
				code		
Start	Phone					
date						
Employer 3						
Address 1		Address 2				
City	State	1		ZIP		
				code		
Start	Phone					
date						

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

Please provide a photo ID for every household member

Exhibit ___ DPP 5/3/2021

Household Member 2					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?	🛛 Yes 🛛 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer 1					
Address 1		Address 2			
City	State			ZIP	
				code	
Start	Phone				
date					
Employer 2					
Address 1		Address 2			
City	State	•		ZIP	
				code	
Start	Phone				
date					

Household Member 3					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?	🗆 Yes 🛛 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer 1					
Address 1		Address 2			
City	State			ZIP code	
Start	Phone				
date					
Employer 2					
Address 1		Address 2			
City	State			ZIP	
				code	
Start	Phone			•	
date					

Exhibit ___ DPP 5/3/2021

Household Member 4					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?	🛛 Yes 🛛 No	Full-time student?	🗆 Yes 🛛 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer 1					
Address 1		Address 2			
City	State			ZIP code	
Start	Phone				
date					
Employer 2					
Address 1		Address 2			
City	State	4		ZIP	
				code	
Start	Phone			•	
date					

Household Member 5					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?	🗆 Yes 🛛 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer 1					
Address 1		Address 2			
City	State			ZIP code	
Start	Phone			•	
date					
Employer 2					
Address 1		Address 2			
City	State			ZIP	
				code	
Start	Phone			•	
date					

Exhibit ___ DPP 5/3/2021

Household Member 6					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?]Yes 🗌 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer					
Address 1		Address 2			
City	State	•		ZIP	
				code	
Start	Phone				
date					

Household Member 7					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?] Yes 🛛 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer					
Address 1		Address 2			
City	State			ZIP	
				code	
Start	Phone				
date					

Household Member 8					
First			Middle name/		
name			initial		
Last					
name					
Birth date		Employed?	🗆 Yes 🛛 No	Full-time student?	🗆 Yes 🗆 No
Relationship to Primary Applicant					
Choose response from options in List (1)					
Employer					
Address 1		Address 2			
City	State			ZIP	
				code	
Start	Phone				
date					

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Certificate of Depc Checking account Life insurance Mutual funds Real estate Savings account Stock

Other

Please provide account statements and other supporting documents

Household Income

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

Income Household Member 1				
Choose income source type from options in List (3) below				
Last	First			
name	name			
Income source 1	Income source 1			
type (3)	Employer name			
Annual				
income				
Income source 2	Income source 2			
type (3)	Employer name			
Annual				
income				
Income source 3	Income source 3			
type (3)	Employer name			
Annual				
income				
Income source 4	Income source 4			
type (3)	Employer name			
Annual				
income				

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

Please provide pay stubs, bank statements and other supporting documents

Income Household Member 2			
Choose income source type from options in List (3)			
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			

Income Household Member	3		
Choose income source type from options in List (3)			
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			

Income Household Member 4				
Last	First			
name	name			
Income source 1	Income source 1			
type (3)	Employer name			
Annual				
income				
Income source 2	Income source 2			
type (3)	Employer name			
Annual				
income				
Income source 3	Income source 3			
type (3)	Employer name			
Annual				
income				

Income Household Member 5			
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			

(Add pages as needed)

Income limit, AMI group

Income limit \$

AMI group

Table A. Household Income Limits for Affordable Housing (2021)

To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the following limits. These figures are updated annually. **AMI** is the Area Median Income.

	2021 income limits for Affordable Housing units designated for households earning:			
	80% of AMI	100% of AMI	120% of AMI	140% of AMI
1-person household	\$67,680	\$84,600	\$101,520	\$118,440
2-person household	\$77,360	\$96,700	\$116,040	\$135,380
3-person household	\$87,040	\$108,800	\$130,560	\$152,320
4-person household	\$96,640	\$120,800	\$144,960	\$169,120
5-person household	\$104,400	\$130,500	\$156,600	\$182,700
6-person household	\$112,160	\$140,200	\$168,240	\$196,280
7-person household	\$119,840	\$149,800	\$179,760	\$209,720
8-person household	\$127,600	\$159,500	\$191,400	\$223,300

Documentation

Please include the following documentation with this application:

- Applicant AH eligibility affidavit (*Page 1 of this application*)
- Statement that household member does not intend to work for a year (required if no income is selected)
- Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits
- Last two years' tax returns, including all applicable schedules
- Bank and other financial institution statements, showing interest rate or interest earned
- IRS Forms 1099, as applicable
- Mortgage pre-qualification (for sale) or lease agreement (rental)
- Photo ID of all household members
- Other supporting documents (divorce decree, marriage certificate, etc.)

DISCLOSURES AND AUTHORIZATION FOR CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

In connection with your rental application, you hereby provide your authorization for Douglas Emmett Management, LLC ("Property Manager") to obtain a "consumer report" and/or "investigative consumer report" about you from a consumer reporting agency for tenancy or rental purposes, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681 *et. seq.*).

These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, rental history, credit history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. This report will be prepared by CoreLogic Rental Property Solutions, LLC.

You also have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting either:

Douglas Emmett Management, LLC,

Attn: Residential Property Management 1299 Ocean Avenue, Suite 1000 Santa Monica, CA 90401

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below you 1) Acknowledge receipt of the accompanying notice regarding your rights under Federal Law: "*A Summary of Your Rights under the Fair Credit Reporting Act*;" 2) Certify that you have read this Disclosure and Authorization as well as the accompanying notice; and 3) Authorize the obtaining of a consumer report and/or investigative consumer report (criminal background check), as applicable by Property Manager in connection with your rental application.

Signature

Date Signed

Print Name

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information**. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is 3 placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

Applicant Initials

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB	b.Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382- 4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group,1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b.Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c.Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W., Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357