	Last Comp	lete Update:	1/21/2022			AREA	. Makiki
	1506 PI'IKOI A	PARTMEN	TS			PROJECT TYPE	Family
ADDRESS:	1506 Piikoi St.					PHONE: 536-15	506
CITY:	Honolulu	STATE: Hi	ZIP:	96822		FAX:	
MANAGER	R: Shanelle Lum			APPLY A	DDRESS:		OUT-OF-STATE
APPLY TO	D: Contact Shanelle Lum	n for an application	on				APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	E: 536-1506			<b>FAX:</b> 973-0605	EMAIL	: shanelle@hsiserv	ices.net
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	Studio:	750			1	2	
One I	Bdrm:	850			2	3	
Two	Bdrm:	1131			4	5	
Three	Bdrm:	1306			5	7	
Four	Bdrm:						
RENT INFO: RE	ENT IS 30% OF INCOME	E: NO	UTILITIES INC Yes	CLUDED:		MINIMUM V ESTIMATE MAXIN	
AGE CRITERIA:						TO REMAIN ON	WAITLIST
18 and older			WAITL	IST FOR PARKING	<b>3</b> :	CALL EVERY	(Months):
			PARKING INF	O: YES	PET INFO	D:	PETS OK:
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERA		
ASSET LIMIT INF	O:		LEASE:		Call for a office Two 3 & All applic	on: Request by ema appointment to pick 2 story walk up buil cants must be exper sness, sheltered or	up from manager's dings. iencing
\$40,850; 2 person	IIA: 50% of HUD Oahu AMI; ns - \$46,050; 3 - \$52,500 000; 6 - 67,650; 7 - \$72,3	); 4 -	FURNISHED:		to reside conviction offender citizen. required NO RES	ency at the project.  In two years prior; n  Must show legal re  Must be able to pay	No violent criminal oregistered sex esidency if not a rent, deposit and
" 1-PERSON MAXIN	JUM MONTHLY INCOM	E:	3404		Į.		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	3887				

		Last Comp	olete Update:	5/16/2023			AREA:	Moiliili
ROJECT NAME:	1727	SOUTH I	BERETANI	A STREET	Γ		PROJECT TYPE:	Family
ADDRESS:	1727 S.	Beretania Stre	eet				PHONE: 944-502	
CITY:	Honolulu	J	STATE: HI	ZIP:	96826		<b>FAX</b> : 955-59	15
MANAGER					APPLY AD			OUT-OF-STAT APPLICATION
		g Solutions, Ir	ic.					ACCEPTED:
APPLY ATTN APPLY PHONE		20			<b>FAX:</b> 955-5915		Vebsite: https://ww Email: keala@hsis	vw.hsiservices.net/ ervices.net
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	18	942		600	2	4	
Two I	Bdrm: Bdrm:	5	1131		700	5	7	
Four	Bdrm:	0						
RENT INFO: RE Applicants must b homeless. Update those on the waitli	e homele es are req	ss or at risk o	f being	No utilities inc			MINIMUM W ESTIMATE MAXIMU	(Months): 0
AGE CRITERIA:				Į!			LIST ES TO REMAIN ON W	STIMATE (
18 or older.				WAITL	IST FOR PARKING:		CALL EVERY	(Months):
				PARKING INF	O: YES	PET INFO:	F	PETS OK: NO
	Δς	SSET LIMITS:			ng; \$40/month fee. king available	Limited to a approval or	assistance animals aly	with prior
AN OWN RESID	DENTIAL					GENERAL		
AGGET LIWIT IN	<u>o.</u>			LEASE:  Month-to-mor	nth	one-and tw size of 2-7. risk of bein onsite park	e permanent hous o-bedroom apartm Applicants must b g homeless. Amer ing and laundry fa	nents for family be homeless or at nities include
INCOME CRITER	IA:				mited to full-size nd stove top only	compliant u	inits.	
-PERSON MAXIM	10M MON	THLY INCOM	ΛE:	0		]		
2-PERSONS MAXI	MUM MC	NTHLY INCC	DME:	0				

	Last Compl	ete Update:	10/13/2021			AREA	. Wahiawa
PROJECT NAME:	220 California	•				PROJECT TYPE	
ADDRESS:	220 California Ave.					PHONE:	,
CITY:	Wahiawa	STATE: HI	ZIP:	96786		FAX:	
MANAGER	R: Phillip Sena			220 Cali	ADDRESS: fornia Avenue		OUT-OF-STATE
APPLY TO	D: Locations LLC			Mgr Box Wahiaw	: 301 a, HI 96786		APPLICATION ACCEPTED: UNKNOWN
APPLY ATTN	N: Property Management	Division					UNKNOWN
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978		locationsrentals.c rentals.aspx	om/affordable-
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 41	850	1470	403	1	2	
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						YES
Fixed rent of \$850 ertificate holders r income requireme *Confirmation lette	need not meet the minim	um gross	JTILITIES INC All utilities inclo phone (\$25 per montl	uded except cable Cable		MINIMUM V ESTIMATI MAXIN	E (Months): 24  MUM WAIT
AGE CRITERIA:							ESTIMATE 60
All residents must	t be 55 or older		\\/ \ I T	ST FOR PARKIN	IC:	TO REMAIN ON CALL EVER	
		F	PARKING INF		PET INFO	<b>)</b> :	PETS OK: YES
]			1 stall for each	n unit			
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENERA	L INFO:	
ASSET LIMIT INF	FO:		EASE: 1 year		meeting area, vict manager 2 handica	ory garden, visitor apped accessible u	rate park with BBQ parking, on-site inits.
	RIA: on \$44,100; 2 persons \$ epted to help meet min.	ncome		dmajor ndow coverings, garbage disposal.	*Failure t manager being ren	rated laundry on ea o respond to comn nent in a timely ma noved from the wai	nunication from Inner will result in
I-PERSON MAXIM	MUM MONTHLY INCOM	E: ;	3675		Į.		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ΜE:	4200				

	Last Comple	ete Update:	5/11/2023			AREA	Waikiki
OJECT NAME: 4	36 ENA ROAD	)				PROJECT TYPE	Family
ADDRESS: 4	36 Ena Rd.					<b>PHONE</b> : 941-34	36
CITY: H	lonolulu	STATE: H	ZIP:	96815		FAX:	
MANAGER:	Keala Souza			APPLY AC	DDRESS:		OUT-OF-ST/
APPLY TO:	Housing Solutions, Inc						APPLICATION ACCEPTE
APPLY ATTN:							
APPLY PHONE: 9	941-3436		F/	AX:	EMAIL	: Website: https://w Email: kealo@hsis	
Unit Ty	ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud	dio: 32	1000			1	2	
One Bd	Irm:						
Two Bd	Irm:						
Three Bd	Irm:						
Four Bd	Irm:			J	]		
NT INFO: REN	T IS 30% OF INCOME	: -	UTILITIES INCLU	DED:		TOTA	AL UNITS: 32
	deposit. Applicants r are required every 6 n here.		Electric and water			MINIMUM W ESTIMATE	/AIT LIST
							UM WAIT STIMATE
E CRITERIA:						TO REMAIN ON V	
e 18+, singles or	couples only; 2 person	s max.		FOR PARKING	<u>:</u>	CALL EVERY	
			PARKING INFO:  Parking not availa		PET INFO	): rification required fo	PETS OK: NO
	ASSET LIMITS:		arking not availa	ibie	Doctor ve	inication required to	n service ariimai.
N OWN RESIDE	:NTIAL PROPERTY:				GENERA	L INFO:	
SET LIMIT INFO:	:		LEASE:		Low-inco	me permanent hous	sing with 32
			Month-to-month		feature p No reside	rivate baths as well ent parking available ear a bus stop, reta	as kitchenettes. but conveniently
OME CRITERIA:	:					NTING OUT UNITS	AT THIS TIME
			FURNISHED: Microwave and m	ini refrigerator.	- Norke	VIIIVO OOT ONITO	AT THIS TIME
ERSON MAXIMUI	M MONTHLY INCOME	E:	0				

		Last Comp	lete Update:	5/5/2023			AREA	: Waikiki
PROJECT NAME:	AINA	HAU VIST	ГА				PROJECT TYPE	Elderly
ADDRESS:	2428 Tu	ısitala St.					PHONE: 926-67	700
CITY:	Honolul	u	STATE: HI	ZIP:	96815		FAX:	
MANAGER	R: Reside	ent Manager, He	eather Davis		APPLY ADI			OUT-OF-STAT
APPLY TO	): Location	ons			Honolulu, H	I 96823		APPLICATION ACCEPTED:
APPLY ATTN	l: Proper	ty Managemen	t Division					YES
APPLY PHONE	<u>:</u> 738-31	00			<b>FAX:</b> 735-1978	EMAIL:	https://www.locationable-rentals	onsrentals.com/affor
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	99	1053	2xrent	403			
Two	Bdrm:	7	1195	2xrent	607			
Three I	Bdrm:							
Four !	Bdrm:							YES
RENT INFO: RE 11 Units - 30%AM 88 Units - 50% AM 7 Units - 50%AM Section 8 certifica	II studio - MI 1 Bedr II 2 Bedro Ite holder	- \$616 room - \$1053.00 pom - \$1195.00 rs need not mee	0	UTILITIES INCI			MINIMUM V ESTIMATE MAXIM LIST E TO REMAIN ON V	(Months):  UM WAIT STIMATE  WAITLIST
All residents must	t be 62 or	r older		WAITLIS PARKING INFO	ST FOR PARKING:	PET INFO	CALL EVERY	PETS OK: NO
AN OWN RESID	DENTIAL	SSET LIMITS: . PROPERTY:		18 tenant/ 5 ha \$40/mo. Once assigned, occu	ndicap stalls all stalls	GENERAL Opened 2 time. 6 h with kitch	. INFO: 2007. Has Social W andicapped units. en; picnic area, trai	√orker on site part
INCOME CRITERIA:  30% of AMI: 1 person \$27,450; 2 persons \$31,350 50% of AMI: 1 person \$45,750; 2 persons \$52,250 Food stamps accepted to help meet min. income criteria. Sect 8 certificate holders need not meet min. income requirements.			pa 6 v flo Cr (50			park/Victory Garden 6 visitor parking stalls, coin laundry on ground floor. Funding: Low Income Housing Tax Credits (50 % of AMI) 2023 UPDATE - INFO FROM WEBSITE		
  -PERSON MAXIN	IUM MOI	NTHLY INCOM	E:	3812		]		

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		Last Comp	lete Update:	5/5/2023			AREA	Waikiki
PROJECT NAME:	AINA	HAU VIST	ΓΑ ΙΙ			-	PROJECT TYPE	Elderly
ADDRESS:	2426 Tu	sitala Street					PHONE: (808)9	26-6700
CITY:	Honoluli	u	STATE: HI	ZIP:	96815		FAX:	
MANAGER	: Heathe	er Davis, Reside	ent Manager		APPLY ADD			OUT OF STATE
APPLY TO	: Contac	t Randi Allmon	at (808) 926-67	00	Resident Ma	anager's Office a Street,Honolu	ılu HI	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	E: (808) 7	'38-3100		ı	FAX:		ttps://www.locationships.com/ ble-rentals	onsrentals.com/afford
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	15	901	2x rent	377			
One I	Bdrm:	47	966	2x rent	420			
Two I	Bdrm:							
Three I								
Four I	Bdrm:							YES
RENT INFO: RE 6 units - 30% AM 9 units - 50% AM 41 units - 50% AM 6 units - 60% AM	11 studio - 11 studio - 11 1 bedrr	- \$685 per mon - \$1140 per mo oom - \$1225 p	th onth per month	UTILITIES INCL Electricity, Water			MINIMUM W ESTIMATE MAXIM	(Months): 0
AGE CRITERIA:				·				STIMATE 0
55+				WAITI IC	T FOR PARKING:	ı	O REMAIN ON V CALL EVERY	
				PARKING INFO		PET INFO:		PETS OK: NO
	AS	SSET LIMITS:		22 parking stalls to 50% and 60% month	s, available only 6 AMI @ \$40 per			
AN OWN RESID		PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF	O:			LEASE:		Coin operat Locked entr Community educational Visitor Park	y door room for recreat activities	ional and
INCOME CRITER	IA:					2023 Updat	e - Info from Wel	osite
50% AMI \$4	1 Perso 27,450/yr 45,750/yr 54,900/yr	\$31,350/y \$52,250/y	r r	Refrigerator/Fre	arbage Disposal, ezer, Resilient Vindow Coverings			
 1-PERSON MAXIN	1UM MUI	NTHLY INCOM	E:	4575		]		
2-PERSONS MAXI	мим мо	ONTHLY INCO	ME:	5225				

		Last Comp	lete Update:	11/2/2021			AREA: McCully		
PROJECT NAME:	ARTE	SIAN VIS	STA				PROJECT TYPE: Elderly		
ADDRESS:	1828 Yo	ung St.					PHONE: 949-59	936; 947-4846	
CITY:	Honolulu	J	STATE: H	ZIP:	96826		FAX: 949-5238		
MANAGER	: Rachel	, Resident Ma	nager		APPLY ADDRESS: P.O. Box 22420			OUT-OF-STATE	
APPLY TO	: Locatio	ns			Honolulu, F			APPLICATION ACCEPTED:	
APPLY ATTN	l: Propert	y Managemer	nt Division					YES	
APPLY PHONE	: 738-31	00			<b>FAX:</b> 735-1978	EMAIL:	http://www.locatio ble-rentals.aspx	nsrentals.com/afforda	
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:								
	Bdrm:	53	1058	2xrent	420				
	Bdrm:				-				
Three I									
Four I	Bdrm:			ļ		<u></u>	J	YES	
RENT INFO: RE 6 units at 30% are 47 units at 50% at 2 handicapped un to meet min incom holders are not rec	ea AMI rei rea media its; food s ne require	nt \$645 an income rent stamp benefit o ement and Sec	\$1058 can be used ction 8	UTILITIES INC Electric, water			MINIMUM V ESTIMATE MAXIN	(Months): 24	
AGE CRITERIA:							TO REMAIN ON	STIMATE 60	
All residents must	be 55 or	older		\\/ \ ITI	IST FOR PARKING:		CALL EVER		
				PARKING INF		PET INFO	:	PETS OK: NO	
]	AS	SSET LIMITS:	NONE	14 parking sta	alls; \$40/ month				
AN OWN RESID						GENERAL	. INFO:		
ASSET LIMIT INF	O:			LEASE:		*Confirma	ation letter is maile	d once applciation	
none				6 months; the	n month-to-month	Has comp closet in b bars, no t on every	outer area and compathroom, walk in sub, has kitchen pafloor.		
INCOME CRITERIA:  30% of AMI: 1 person \$26,460; 2 persons \$30,240 50% of AMI: 1 person \$44,100; 2 persons \$50,400 preference for 30% units given to lowest income (<20%AMI) minimum income is 2x rent			ELIDNICHED.		On-site so	ocial worker			
				ces, vinyl flooring, blinds, a/c. garbage		prox. 9/2006 LIHTC, RHTF, Sec	ction 8		
						NO RESE	PONSE IN 2020. L	AST UPDATE 2019	
1-PERSON MAXIM		NTHLY INCOM		3675					

	Last Complete Up	date: 5/5/2023			AREA:	Palama	
PROJECT NAME:	BANYAN STREET	MANOR			PROJECT TYPE:	Family	
	1122 Banyan St.  Honolulu STAT	E: HI ZIP:	96817		PHONE: 843-0021  FAX: 376-0042		
	t: Jodie Sakai b: Banyan Street Manor		APPLY ADD 1122 Banyaı Honolulu HI	n St.		OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	I: Jodie Sakai ∴ 843-0021	ŗ	FAX: 376-0042	EMAIL:	banyanstreetmanor	YES com	
Three I  Three I  Four I  RENT INFO: RE  30% of adjusted in Must respond to coin a timely manne  AGE CRITERIA:	Type: Number of UNITS: RE tudio: 12 Bdrm: 42	NT:    Minimum   INCOME   Required:	SQ FT:	MINIMUM Number of People	MINIMUM W. ESTIMATE MAXIMU	(Months): 24  JM WAIT STIMATE 84  VAITLIST	
time of application	ASSET LIMITS: NONE DENTIAL PROPERTY: O:	PARKING INFO:  LEASE:  1 Year  FURNISHED:  Partly furnished-	major	Send reque envelope Pick up fro	INFO:	email it ssed stamped	
	NUM MONTHLY INCOME:	appliances only  3813					

		plete Update:	5/12/2023			AREA:	Ala Moana
	BIRCH STREE	ET APARTM	ENTS			PROJECT TYPE:	]
ADDRESS:	916 Birch St.					PHONE: 597-896	
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 589-289	37
MANAGER	: Luana Holi			APPLY ADI			OUT-OF-STATE
APPLY TO	: Locations			Honolulu, H			APPLICATION ACCEPTED:
APPLY ATTN	: Property Manageme	nt Division					YES
APPLY PHONE	: 738-3100			<b>FAX:</b> 735-1978		http://www.locations ble-rentals.aspx	srentals.com/afforda
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
Two E	Bdrm: 52	1458	2.5xrent	600			YES
Three E		1456	2.5xrem	600			
Four E	Bdrm:						YES
DENT INFO. DE	NT IS 2007 OF INCOM	IF. NO		N LIDED		TOT 4	L LINUTO EO
Units are advertise	NT IS 30% OF INCOMed in the newspaper when the newspaper with the new with the newspaper with the newspaper with the new with		UTILITIES INC Water, sewer			MINIMUM W	L UNITS: 52
	te holders need not me	eet the min				ESTIMATE	
gross income requ	illement.						JM WAIT STIMATE 60
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
Head of household	d must be 18 years or			ST FOR PARKING:		CALL EVERY	
				erly limited; guest	PET INFO:	F	PETS OK: NO
	ASSET LIMITS:	NONE	parking availa	ble			
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O:		LEASE:			IHTC, RHTF	
			1 year		Ask manag	ns: from website gement to mail it im Locations ofifice	
INCOME CRITERI	A:				Fick up ito	in Locations office	
Maximum Yearly I 1 person \$54,900 2 persons \$62,700 3 persons \$70,560 4 persons \$78,360	)		FURNISHED: Partly furnishe appliances on				
-PERSON MAXIM	UM MONTHLY INCOM	ME:	4575		]		

		Last Compl	ete Update:	5/5/2023			AREA:	Chinatown
PROJECT NAME:	CHIN	NATOWN G	ATEWAY	' PLAZA			PROJECT TYPE:	Family
ADDRESS:	1031 N	uuanu Ave.					PHONE: 524-373	37
CITY:	Honolu	lu	STATE: HI	ZIP:	96817		<b>FAX</b> : 528-529	99
	Rande	Huang, Residen eatte McEnroe P ian Affordable P es Ma	roperty Manage	APPLY ADDRESS:  Chinatown Gateway Plaza 1031 Nuuanu Avenue Honolulu, Hawaii 96817			a	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	: 524-37	737			<b>FAX:</b> 528-5299	EMAIL:	dolores@hawaiiaffo	ordable.com
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	1	1100	3700	500	1	2	YES
One I	Bdrm:	199	1200	4000	555	1	3	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Rent posted is the 1 Bedroom - \$120 accept section 8 Can apply, even if  AGE CRITERIA: Head of household time of application	e low ren 00 (LIHTO f residen d must b n.	t of a range. C) tial history is not be 18 years or old SSET LIMITS:	der at the	Water + Sewer  WAITLIS PARKING INFO Parking starts a depends on rer	ST FOR PARKING: D: NO at \$40 mo. and	PET INFO	MINIMUM W. ESTIMATE  MAXIMU LIST ES  TO REMAIN ON W CALL EVERY  : F	(Months): 6  JM WAIT STIMATE 36  VAITLIST
ASSET LIMIT INF	O:	PROPERIT.	INO	LEASE:  1 year		Participat	ing in the City Housi	ng
Income 60% AMI or less				FURNISHED:  Partly furnished appliances only Washer/dryer in	v. Tiled units.			

2-PERSONS MAXIMUM MONTHLY INCOME:

APPLY ATTN: Winnie Louie  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  APPLY PHONE: 545-1996  FAX: 536-6808  Unit Type: Number of UNITS: RENT: Required: SQ FT: Of People People: APPLY PHONE Of People: APPLY PHONE: 545-1996	UT-OF-STATE APPLICATION ACCEPTED: YES
MANAGER: Susan Chen  APPLY ADDRESS: On-Site OU  APPLY TO: Chinatown Manor  APPLY ATTN: Winnie Louie  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  CAF  APPLY ATTN: Winniel.  APPLY ATTN: Wi	APPLICATION ACCEPTED: YES
MANAGER: Susan Chen  APPLY ADDRESS: On-Site OU  APPLY TO: Chinatown Manor  APPLY ATTN: Winnie Louie  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  CAR People: One Bdrm:  Two Bdrm: Three Bdrm: Three Bdrm: Four Bdrm: Three Bdrm: Four Bdrm: Water  Three Bdrm: Four Bdrm: Three Bdrm: Four Bdrm: Water  Water  TO TAL UNIT  Water  TO REMAIN ON WAITLIS CALL EVERY (Month time of application.  TO REMAIN ON WAITLIS CALL EVERY (Month time of application.)  PET INFO: PETS C	APPLICATION ACCEPTED: YES
APPLY TO: Chinatown Manor  APPLY ATTN: Winnie Louie  APPLY ATTN: Winnie Louie  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  EMAIL: winniel@hawaiiaffordable.  CAF People: AANIMUM Number of People: Of People: AANIMUM Number of	APPLICATION ACCEPTED: YES
APPLY TO: Chinatown Manor  APPLY ATTN: Winnie Louie  APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  EMAIL: winniel@hawaiiaffordable.  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  CAF People: APPLY PHONE: 545-1996  FAX: 536-6808  EMAIL: winniel@hawaiiaffordable.  Minimum INCOME Required: SQ FT: of People People: APPOPLE: APP	APPLICATION ACCEPTED: YES
APPLY PHONE: 545-1996  FAX: 536-6808    Unit Type:	
APPLY PHONE: 545-1996  FAX: 536-6808  Unit Type: Number of UNITS: RENT: RENT: RENT: RENT: RENT: Required: SQ FT: Required: SQ FT: Required: SQ FT: Repople: Repople: Required: SQ FT: Repople: Repople: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Repople: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Repople: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Repople: Required: SQ FT: Repople: Repople: Required: SQ FT: Repople: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Required: SQ FT: Repople: Repop	e.com
RENT INFO: RENT IS 30% OF INCOME: NO  Three Bdrm:  Three Bdrm:  Three Bdrm:  Three Bdrm:  Three Bdrm:  Water  TOTAL UNIT 310 sq ft \$612 330 sq ft \$636 450 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA:  Head of household must be 18 years or older at the time of application.  Water  INCOME Required: SQ FT: Number of People of People of People of People: Number of	
One Bdrm: Two Bdrm: Three Bdrm: Three Bdrm: Three Bdrm: Toral Unit Sand Sand Sand Sand Sand Sand Sand Sand	AREGIVER Allowed:
Two Bdrm:  Three Bdrm:  Four Bdrm:  UTILITIES INCLUDED:  TOTAL UNIT 310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA: Head of household must be 18 years or older at the time of application.  TOTAL UNIT Water  MINIMUM WAIT LIS ESTIMATE (Month MAXIMUM WA LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month WAITLIST FOR PARKING: PARKING INFO: NO PET INFO: PETS O	YES
Three Bdrm:  Four Bdrm:  Water  TOTAL UNIT  TOTAL UNIT  String in a timely manner to remain on the waitlist.  TO REMAIN ON WAITLIST FOR PARKING: PARKING INFO: NO PET INFO: PETS O	
RENT INFO: RENT IS 30% OF INCOME: NO  310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA: Head of household must be 18 years or older at the time of application.  PARKING INFO: NO  TOTAL UNIT Water  MINIMUM WAIT LIS ESTIMATE (Month LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month PET INFO: PETS O	
RENT INFO: RENT IS 30% OF INCOME: NO  310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA: Head of household must be 18 years or older at the time of application.  TOTAL UNIT Water  Water  MINIMUM WAIT LIS ESTIMATE (Month  MAXIMUM WA LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month)  PARKING INFO: NO PET INFO: PETS OF	
310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA: Head of household must be 18 years or older at the time of application.  Water  MINIMUM WAIT LIS ESTIMATE (Month  MAXIMUM WA LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month)  WAITLIST FOR PARKING: PARKING INFO: NO PET INFO: PET SO	NO
330 sq ft \$636 450 sq ft \$646 Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA: Head of household must be 18 years or older at the time of application.  WAITLIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month WAITLIST FOR PARKING: PARKING: PARKING: PARKING: PARKING: PET INFO: PETS COMMENTATION.	ITS: 89
Must respond to communication from management in a timely manner to remain on the waitlist.  AGE CRITERIA:  Head of household must be 18 years or older at the time of application.  TO REMAIN ON WAITLIS CALL EVERY (Month PARKING: PARKING: NO PET INFO: PETS COMMENTATION OF THE PARKING PETS COMMENTA	
AGE CRITERIA:  Head of household must be 18 years or older at the time of application.  LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Month) PARKING INFO: NO PET INFO: PETS O	į.
Head of household must be 18 years or older at the time of application.  CALL EVERY (Month PARKING: NO PET INFO: PETS C	
WAITLIST FOR PARKING: PARKING INFO: PET INFO: PETS C	
IND PAINING AVAILANG	OK. INO
ASSET LIMITS: NONE	
AN OWN RESIDENTIAL PROPERTY: YES GENERAL INFO:	
ASSET LIMIT INFO:  LEASE:  Waitlist is open until decision to close	se.
1 year On-site laundry facility and communi	nity room
Limited to 2 adults only	
INCOME CRITERIA:	
Maximum Annual Income: 1 person - 52,920 2 persons - \$60,480  FURNISHED:  Partly furnishedmajor appliances only.	
-PERSON MAXIMUM MONTHLY INCOME: 4410	

	Last Comple	ete Update:	10/15/2021			AREA:	Ewa
PROJECT NAME:	D.E. THOMPSO	N VILLAG	E (EWA	VILLAGE ELD	ERL	PROJECT TYPE:	Elderly
ADDRESS:	91-1295 Renton Rd.		•			PHONE: 681-496	60
CITY	Ewa Beach	STATE: HI	ZIP:	96706		FAX: 681-496	51
CITT.	Ewa Beach	STATE. HI	ZIF.	96706			
MANAGER	: Julie Morgan - Resider	nt Manager		APPLY ADD	I., Ste 103		OUT-OF-STATE
	Bob Tanaka Inc.		Honolulu, HI 96826				APPLICATION ACCEPTED: YES
APPLY ATTN	l: Ext. 24				EMAIL:		
APPLY PHONE	<u>:</u> 949-4111			<b>FAX:</b> 949-7211	LWAIL.		
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: 84	0		600	1	3	YES
Two I	Bdrm:						
Three I							
Four I	Bdrm:	J					NO
RENT INFO: RE	NT IS 30% OF INCOME	YES	UTILITIES IN	CLUDED:		TOTA	L UNITS: 84
allowance = \$100			Water; \$69 ut	•		MINIMUM WA	
responsible for up	on income. **Applicants a dating any change in info mber and address.		Utility Allowar	nce is subject to chang	je	MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	AITLIST
	spouse, must be 62 year (section 515). If disabled			IST FOR PARKING:		CALL EVERY	
	note (disability does not opy of SSI/SSDI benefit l		PARKING INF	111	PET INFO	etter, max 30 lbs.	PETS OK: YES
į.	ASSET LIMITS:	YES					
AN OWN RESID		YES			GENERAL	. INFO:	
ASSET LIMIT INF	O: ts cannot put applicant o	vor incomo	LEASE:			7 total, 5 for wheeld nt, 2 for hearing imp	
Income nom asse	to carriot put applicant o	ver income	1 year		given to 3 MD letter; tenant die	0% AMI. Caregivers can work outside hos, under age 62 spot be income eligible.	are allowed with ome. If elderly buse may rent
INCOME CRITER			ELIDA VIOLET		Social Wo	orker from CCH. Fur ministration. CCH S	nding: Farmers
	Tenant must have adequent to afford own basic livic lectric, etc.)		FURNISHED: Partly furnish appliances or	edmajor	available, communio	opened 1992. Mus cation from manage o remain on waitlist.	t respond to
1-PERSON MAXIM	IUM MONTHLY INCOME	Ē:	4475		<u> </u>		

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		Last Compl	lete Update:	1/4/2022			AREA:	Ewa
PROJECT NAME:	FRAI	NCISCAN	VISTAS E	WA			PROJECT TYPE:	Elderly
		1 Miula Street					PHONE: 681-400	00
CITY	 	1-	STATE: HI	ZIP:	00700		FAX: 681-400	
CITT	Ewa Be	each	STATE: H	ZIP:	96706			
		nunity Director -		ng		DDRESS: currently open	for all units	OUT-OF-STATE APPLICATION
		scan Vistas Ew	a					ACCEPTED:
APPLY ATTN	l <b>:</b>					FAAN		
APPLY PHONE	: 681-40	000			<b>FAX:</b> 681-4001	EMAIL	: manager@francisc www.Franciscanvis	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
St	tudio:							
One E	3drm:	126	1250	1490	530	1	n/a	
Two E	Bdrm:	23	1480	1770	750	1	n/a	
Three E	3drm:							
Four E	Bdrm:							YES
RENT INFO: RE 6 - 1 bedroom unit w/\$664 rent Min. income not no income may include	ts w/\$57	1 rent and 2 - 2 or Sec 8 certif. h	bedroom olders. Min	Water, Sewer			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	Į*
62 years of age at applicants.	the time	e of application a	and for all	WAITL PARKING INF	IST FOR PARKING	G: PET INFO	CALL EVERY	
]	A	SSET LIMITS:		No monthly fe	unit, if available. ee for parking. parking available	Service a	animals ok	
AN OWN RESID		PROPERTY:	YES			GENERA		
ASSET LIMIT INFO Assets are taken i income eligibility.		sideration in dete	ermining	LEASE:		gathering room, fits laundry i	es: Community cente g room, kitchen, activ ness room, salon and n each building.	vity & learning d lap pool. On-site
INCOME CRITERI	IA:			,			② 30% AMGI, 1 unit ( s @ 60% AMGI	@ 50% AMGI
30% AMI - 1 perso \$31,350 60% AMI - 1 perso \$62,700	on - max	•			electric range, isposal, and air	Ask mar	on: Inciscanvistasewa.co lagement to mail it from manager's office	
1-PERSON MAXIM	IUM MO	NTHLY INCOM	E:	4575		J		

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		lete Update:	11/2/2021			AREA:	Aiea
	HALAWA VIEV	V				PROJECT TYPE:	Family
ADDRESS:	99-009 Kalaloa St.					PHONE: 488-361	
CITY:	Aiea	STATE: HI	ZIP:	96701		<b>FAX</b> : 486-615	50
MANAGER	R: Tammy K. Lopez			APPLY AD 99-009 Kala			OUT-OF-STA
APPLY TO	: Halawa View Apts.			Aiea HI 96	701		APPLICATION ACCEPTED
APPLY ATTN	: Management Office						NO
APPLY PHONE	E: 488-3613		F	<b>AX</b> : 486-6150	EMAIL:	tammy@pacificdg.c	com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm:						\/F0
	Bdrm: 52	0		630	1	5	YES
Three		0		1080	4	9	YES
Four	Bdrm: 12	0		1000	4	] 9	YES
ENT INFO: RE	ENT IS 30% OF INCOM	E: YES	UTILITIES INCLU	JDED:		ТОТА	L UNITS: 120
wo bdrm: \$948 -	f Section 8 units \$1500 maximum.		Gas, electricity a	nd water		MINIMUM W.	
our bdrm: \$1147	33 - \$1850 maximum. 7- \$2000- maximum ired to remain on waitlis	t unless				MAXIMU	(Months): 1 JM WAIT STIMATE 1
GE CRITERIA:						TO REMAIN ON W	r.
ead of househol	d must be 18 years or o	lder	WAITLIST	FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO:	NO	PET INFO:	P	PETS OK: NO
			Parking included when asking for 2				
AN OWN PESI	ASSET LIMITS: DENTIAL PROPERTY:				JENERAL	INFO:	
SSET LIMIT INF		ILO	Ι ΙΕΔSΕ·			R APPLICATIONS	
			1 year; then mon	th-to-month		aii.com from manager's offic	ce
		524,750; 3	FURNISHED:				
ersons: \$27,850; MGI 30%, 50%,	; 4 persons: \$30,900 and 60% 2014 HHFDC		Partly furnished- appliances only.	-major			
NCOME CRITER Max Income for S persons: \$27,850;	IA: ec. 8 units: 2 persons: \$ ; 4 persons: \$30,900		FURNISHED:		mdihawa	aii.com	ce

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			lete Update:	1/21/2022			AREA:	Kalaeloa
PROJECT NAME:	HAL	E HA'I KA	<mark>'OPUA (B</mark> u	ilding 37)			PROJECT TYPE:	Family
ADDRESS:	Building	g 37, 91-1039 S	Shangrila				<b>PHONE</b> : 682-19	
CITY:	Kapolei	i	STATE: Hi	ZIP:	96707		<b>FAX</b> : 682-19	70
MANAGER		lle Taylor, Direc or@Cantwell-Ar	ctor of Property Maderson.com	lanagement	APPLY ADI 91-1078 Yo Kapolei HI S	rktown St.		OUT-OF-STAT APPLICATION
	HI 967			Каро	olei Rapolei I II s	90101		ACCEPTED:
			LC / Attn: Leasir	ng Team			CloudbreakCommu	
APPLY PHONE	: 682-19	949			<b>FAX:</b> 682-1970		CloudbreadHawaii	@Cantwell-
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	39	650	1.5 x rent	111-221	1	1	
One	Bdrm:							
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
\$650 deposit and units are single ro for independent si	om occu	ipancy. Afforda	ble housing	Water, electric,	sewer, trash			
AGE CRITERIA:							TO REMAIN ON V	Į.
Single, adult and/	or vetera	ins		WAITLIS	ST FOR PARKING:		CALL EVERY	
				PARKING INFO	): NO	PET INFO	· .	PETS OK: NO
	Δ.	SSET LIMITS:		1 stall per unit				
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:		Communi	ty Kitchen, Commu	nity Bathroom, as, Vending
				Month-to-montl	1	Applicatio	walk-up stairway.	
INCOME CRITER	ΙΔ.					Request b	y email to: ıkHawaii@Cantwell	-Anderson.com
Applicant must material to sustain rental a	ake 1.5 t	imes the rent a	nd be able	FURNISHED: Fully furnished,	AC	Ask mana application	gement to email ov	er rental
I-PERSON MAXIN	IUM MO	NTHLY INCOM	1E:	0		<u> </u>		
-PERSONS MAXI	IMUM M	ONTHLY INCC	ME:	0				

	Las	t Comple	te Update:	10/18/2021			AREA:	Ala Moana
PROJECT NAME:	HALE KE	WALO	APARTI	MENTS (CI	losed for app	<mark>licati</mark>	PROJECT TYPE:	Family
ADDRESS:	450 Piikoi Stre	et					PHONE: 589-18	45 ext 15
CITY:	Honolulu		STATE: Hi	ZIP:	96914		<b>FAX</b> : 589-18	41
MANAGER	: Hawaii Afford	able Prop	erties, Inc.		APPLY AD	DRESS:		OUT-OF-STAT
APPLY TO	):							APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 589-1845 x15				FAX:	EMAIL	:	
Unit	Type: Num of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:		0					
	Bdrm: 27		1093		530	1	2	
Three I	Bdrm: 7'		1575		689-712	5	7	
Four		9	1819		1071			
Tour	Julii.		U			,		
RENT INFO: RE	NT IS 30% OF	INCOME:	NO	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 127
30% AMI 1 Bdrm \$656 (7 ap 50%AMI				Solar Hot Wat Trash Collection	ter Heating, Sewer, on, and water		MINIMUM W ESTIMATE	
1 Bdrm \$ 1,093 (2 60% AMI 2 Bdrm \$4 575 (20	. ,	,	. ,	Į				UM WAIT STIMATE
AGE CRITERIA:							TO REMAIN ON V	
One person in the older	household mus	t be 18 ye	ears or		IST FOR PARKING:		CALL EVERY	
				PARKING INF	O:	PET INFO	one: (1)small to me	PETS OK: YES
	ASSET L	IMITS:				weighing	no more than 25 lbs ical water fish in tar	s; (2) small cat; (3)
AN OWN RESIDE		ERTY:				GENERA		
ASSET LIMIT INF	<u> </u>			LEASE:		Standford	Closed for applicatio d Carr Development onolulu 96813 808-	- 1100 Alakea
INCOME CRITER	IA:						mus pay for utilities v, cable, and interne	
Income Limit AMI 30% 1 person \$24,5' 2 persons \$27,96 3 persons \$31,50 4 persons \$34,98	10 \$40,850 90 \$46,650 00 \$52,500	60% \$55,980 \$63,000 \$69,960		FURNISHED:		Rents an	d Income are subjec	ct to change
 1-PERSON MAXIN				0		]		

		Last Comple	ete Update:	1/21/2022			AREA:	Waipahu
PROJECT NAME:	HALE	KUHA'O	Weinber	g			PROJECT TYPE:	Family
ADDRESS:	94-909 k	Kau'olu Pl.					PHONE: 678-089	92
CITY:	Waipahu	ı	STATE: HI	ZIP:	96797		FAX: 678-088	37
	1-800-4 Macias	Olmeda-Macias 466-7722 - Trish 702-259-1903	-	OS; or Marisa Olme	APPLY ADD 2550 Univers St. Paul, MN	sity Ave. We	est, #330	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE		92		F	FAX: 651-209-6623		_: housing@accessib	lespace.org
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	18			520		2	YES
Two I	Bdrm:	6			773		4	YES
Three I	Bdrm:							
RENT INFO: RE	NT IS 30	% OF INCOME:	YES	UTILITIES INCLU Water	JDED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of household have a qualifying of		e 18 years or old	ler and	WAITLIST PARKING INFO:	1.10	PET INFO	CALL EVERY  O: F	(Months): 6 PETS OK: YES
	۸.۵	SSET LIMITS:		IVIIIIIIIIIIIIII Paikiii	y available			
AN OWN RESID			NO			" GENERA	AL INFO:	
ASSET LIMIT INF	O:			LEASE:		entertair units, he opened	lanai w/ bbq, roll in s nment center, ceiling eight-adjustable work in 2000 : HUD Section 811/P	fan, window a/c stations
I INCOME CRITER	IA:			1			d Res Manager are o	
Maximum annual 1 person \$36,650; \$47,100; 4 person	income: ; 2 persor		ersons	FURNISHED:		NO RES	staff = caretaker and SPONSE IN 2021 - La 08/10/2017	
				<u> </u>				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Complet	te Update:	1.	/21/2022					AREA:	Pearl City
PROJECT NAME:	HALF	I AUI IMA	(НРНА	-lee)	- NOT	ACC	FPTING	APP	PROJECT		Family
		mano Home Ro	_	100)		7.00		,	PHONE:	183-255	1 .
	1101 114		•						<u>.</u>	483-255	
CITY:	Pearl City		STATE: H	I	ZIP:		96782		170.	403-233	2
MANAGER	): HPHA	Asami CEPTING APP	LICATIONS				Honolulu, F	School St.	LICATIONS		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		plications office									NO
APPLY PHONE						FAX:	832-3461	EMAIL	: hphaisheref	oryou.o	rg
Unit		Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIN Number Peop	er of	CAREGIVER Allowed:
	tudio:					֓֞֞֞֞֞֜֞֞֞֜֞֞֜֞֜֞֜֞֜֞֓֓֓֞֞֜֞֜֞֜֞֜֞֜֞֜֞֜					
	Bdrm:	20		<u> </u> Г		] <u> </u> 	771	2	6	_	YES
Three I		16					893	3	8		YES
Four I	Bdrm:										
Minimum Rent: \$0 the waitlist are to change or check to password is needed  *************CLOSED  AGE CRITERIA:  Head of household	D. All HPHA go to: hpha heir status ed to acces	A applicants what implicants what implicants and a sername a set their account	no are on m to and i.	-	LITIES IN		D: for electricity		EST N TO REMAII	MUM W/ IMATE ( MAXIMU LIST ES	L UNITS: 36  AIT LIST (Months): 36  M WAIT TIMATE 60  AITLIST (Months):
		,	-	DAE	WAITL RKING INF		R PARKING:	PET INFO	٦.	D	ETS OK: YES
		SET LIMITS:			luded	· O.		multiple a the categ	animals ok, b pories listed b (under 25 lbs	ut only c	one from each of
AN OWN RESIDE		ROPERTY: IN	NO					GENERA		noctic V	iolence victims;
Cannot own a hou		u			ASE: ear			homeles	s in transition	al shelte	ers; involuntary
INCOME CRITER  ncome Eligibility =  Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	= 80% of Al Income: 1 00; 3 perso 00; 5 perso 00; 7 perso	person - \$53,25 ons - \$68,500; ons - \$82,200;	50;	Pai	RNISHED: rtly furnish oliances or	edmaj			ctions must b lethamphetar		ago, unless it's sex offender
1-PERSON MAXIM	IUM MONT	THLY INCOME:		 457	70			]			
2-PERSONS MAXI	IMUM MON	NTHLY INCOME	Ε:	522	20						

	Last Comple	ete Update:	2/7/2022				AREA:	Nanakuli
PROJECT NAME:	HALE MAKANA	O'NANAK	ULI				PROJECT TYPE:	Family
ADDRESS:	89-201 Lepeka Ave.						PHONE: 620-903	7, 754-7559 (cell)
CITY:	) Wai'anae	STATE: HI	ZIP:		96792		<b>FAX</b> : 620-903	8
APPLY TO	2: Annie Au Hoon, Reside Inc.  2: Hale Makana O'Nanak  3: Application Division		k Developme	ent,	APPLY ADDR Main Office 89-201 Lepek Wai'anae HI	a Ave., E10	ı	OUT-OF-STATE APPLICATION ACCEPTED: YES
	:: 735-9099, then 1			FAX:	781-295-3427		www.mdihawaii.con anniea@mdihawaii.	com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 15	0		 		1	3	
Two I	Bdrm: 8	0				2	5	
Three F		0				3	7	YES
Rents are approxi	NT IS 30% OF INCOME mately 30% of income. credit checks are done.		TILITIES INC Vater; utility a				TOTA MINIMUM WA ESTIMATE ( MAXIMU LIST ES	(Months): 24
AGE CRITERIA:							TO REMAIN ON W	
	d must be of adult age at lti-family Complex include es.	es P	ARKING INF	:O:	R PARKING:	PET INFO:		ETS OK: NO
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:	li s	Adequate parl who can show icense, current safety check a	v valid d nt car re	river's gistration,	Accomada animal GENERAL	ition considered for	verifiable service
ASSET LIMIT INF	P.		EASE: year Recertification	n annual	ly	Funding: Resident r Gated con 3 ground-1 1bdrm)	RHTF, LIHTC, USD nanager onsite nmunity loor handicaped uni	
1 person \$2° 2 persons \$2° 3 persons \$2° 4 persons \$30°	IA:  %AMI 40% AMI 1,120 \$28,160 4,120 \$32,160 7,150 \$36,200 0,150 \$40,200 2,580 \$43,440	_	URNISHED: Stove, Refrige	erator		Application 4-3 bdrm impaired a	ng, ramps.  n available at www.r  units are ADA for he  und these are on the  ONSE in 2021. Las  27/20.	earing/vision 2nd floor.
1-PERSON MAXIM	IUM MONTHLY INCOME	E: 2	346			]		

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	ete Update:	1/4/2022			AREA:	Kapolei
ALE MOENA	KUPUNA			PR	OJECT TYPE:	Elderly
020 Wakea Street				PH	IONE: 466-080	1
apolei	STATE: HI	ZIP:	96707		<b>FAX</b> : 466-080	2
			1020 Wakea	a Street, Suite 110	·,	OUT-OF-STA'
/lanager's Office						ACCEPTED
66-0801			<b>FAX:</b> 466-0802			
pe: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	1701					
h).	heck or	an dimices more	idea.		ESTIMATE (	(Months):
C -				ТО		
5 or older.				DET INFO:		ETS OK: YES
ACCET LIMITO	F	Parking is incluctions, first services	uded on a first ved basis. There	One pet per ap	partment with a	\$350 one-time pe
				GENERAL INF	O:	
		EASE:		Huge windows Undercabinet	that open; Brealighting;	athtaking views;
				Covered Parki Deck, No smo High-speed ele	ng, 9,166 Sq. F king allowed on evators, walkab	t. Recreation the property le neighborhood;
and 60% AMI	7	URNISHED: AC, window bli disposal, high		building acces Security came	s ras in common ur emergency m	areas; on-site
	Manager's Office  Manager's Office  Manager's Office  Number of UNITS:  Iio:  Im:  IS 30% OF INCOME  cation fee of \$30 in ch).  it in check or money  to romain an waitlist  S or older.  ASSET LIMITS:  NTIAL PROPERTY:	Alanager's Office  Manager's Office  RENT:  1212  Manager's Office  RENT:  1417  Manager's Of	Anager's Office  Manager's Office  Minimum INCOME Required:  1212  Minimum INCOME Required:  1217  Minimum INCOME Required:  1218  Minimum INCOME Required:  1219  Minimum INCOME Required:  1219  Minimum INCOME Required:  1210  Minimum INCOME Required:  1211  Minimum INCOME Required:  1212  Minimum INCOME Required:  1222  Minimum INCOME Required:  1	APPLY ADI 1020 Wakes Kapolei, H1 S  Manager's Office  FAX: 466-0802  FAX: 466-080	APPLY ADDRESS: 1020 Wakea Street, Suite 110 Kapolei, HI 96707   EMAIL: Wel Em	APPLY ADDRESS: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  EMAIL: Website: www.oah. Kapolei, HI 96707  EMAIL: Website: www.oah. Email: HMK@tmo.c EMAIL: Website: www.oah. Email: HMK@tmo.c E

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	Last Com	plete Update:	2/7/2022			AREA	Pearl City
PROJECT NAME:	HALE MOHAL	.U II Family	y		F	PROJECT TYPE	Family
ADDRESS:	781 + 779 Kamehame	eha Hwy			-	PHONE: 456-94	20
CITY:	Pearl City	STATE: HI	ZIP:	96782		FAX:	
MANAGER	:			APPLY AI	DDRESS: hameha Hwy., Pe	earl City,	OUT-OF-STATE
APPLY TO	: Locations			Hawaii 96		·	APPLICATION ACCEPTED:
APPLY ATTN	:						
APPLY PHONE	: 456-9420			<b>FAX:</b> 456-9406		ttp://www.locatior le-rentals.aspx	nsrentals.com/afforda
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:						
One E	Bdrm:						
Two E	126	950	2.5x rent	595			
Three E	Bdrm: 42	1325	2.5x rent	751			
Four E	Bdrm:						YES
10 2-Bdrm Units 116 2-Bdrm Units 42 3-Bdrm Units	at 50% AMGI	IL. INO	Water & sewe			MINIMUM W ESTIMATE MAXIM	(Months): 24
AGE CRITERIA:			Į.			LIST E O REMAIN ON V	STIMATE 60
AGE ORTERIA.			\\/ \ I.T.I	IST FOR PARKING		CALL EVERY	
			PARKING INF		PET INFO:		PETS OK: NO
			\$50/month				
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL II	NFO:	
ASSET LIMIT INFO			LEASE:		Funding: LI	HTC, RHTF, HO	ME, HMMF Bond;
					2 parking st Visitor parki	nager I community area alls with 3 bdrm ung	
50% of AMI: 1 Per	IA: rson \$25,320, 2 persor rson \$42,220, 2 persor rson \$50,640, 2 persor	s \$48,200		osal, refrigerator, window coverings, r	office entrar 2020 Update	ntals.com olication box outs nce) e - Info from Web NSE IN 2021. La	osite est completed
	IUM MONTHLY INCO		3517 4017		[		

	Last Compl	ete Update:	5/11/2023				AREA:	Pearl City
PROJECT NAME: H	IALE MOHALI	J II SENIO	R			ı	PROJECT TYPE:	Elderly
ADDRESS: 78	35 Kamehameha High	nway				ı	PHONE: 456-942	20
CITY: Pe	earl City	STATE: HI	ZIP:		96782		<b>FAX</b> : 456-940	06
MANAGER: K	Kainoa Aitaro				APPLY ADI	DRESS: anagement Divis	sion, 614	OUT-OF-STATE
APPLY TO: L	Locations				Kapahulu A Hawaii 9681	ve., Suite 102, F 15	Honolulu,	APPLICATION ACCEPTED: YES
APPLY ATTN:								123
APPLY PHONE: 4	156-9420			FAX:	456-9406		ttp://www.locations le-rentals.aspx	srentals.com/afforda
Unit Ty	of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud One Bdr		1470	1.5x rent	I I I Г	432			
Two Bdr								
Four Bdr								YES
RENT INFO: RENT 9 Units - 30%AMI 130 Units - 60% AMI	- \$735	E: NO	UTILITIES INC				TOTA MINIMUM W	L UNITS: 163
Food stamp &/or hou used to meet min. inc	using subsidy (Sect 8)	) may be						JM WAIT
AGE CRITERIA:						Т	O REMAIN ON W CALL EVERY	AITLIST
All residents must be Applications accepted applicant reaching ag	d up to 6 months prio		WAITLI PARKING INFO		PARKING:	PET INFO:		(Months): 0 PETS OK: NO
]	ASSET LIMITS:	NONE	No charge for	parking				
AN OWN RESIDEN	NTIAL PROPERTY:					GENERAL II	NFO:	
ASSET LIMIT INFO:			LEASE:				s 8 handicap-acce	essible ones; multi-
			6 months - mo year - some ur		1	services; loc laundry; two convenient	cked entry doors; o elevators at both to bus and shoppi nager. Financed	coin-operated buildings; ng; on site
INCOME CRITERIA:							HTČ, RHTF, HMM	
Maximum Income 1 Person 30% AMI \$26,460/y 60% AMI \$52,920/y	yr \$30,340/yr		FURNISHED: Range/oven, g refrigerator/fre flooring, curtai conditioner	ezer, vii	nyl .	Applications	ss: locationsrentals box outside of rer	
1-PERSON MAXIMUM			4410			]		

	L	ast Compl	ete Update:	10/15/2021			AREA:	Pearl City
PROJECT NAME:	HALE M	OHALL	J SENIOR	<b>APARTM</b>	ENTS		PROJECT TYPE:	Elderly
ADDRESS:	800 Third St						PHONE: 456-036	88
							FAX: 456-088	
CITY:	Pearl City		STATE: HI	ZIP:	96782		,	
	: Kristine Se	•	dent Manager		APPLY ADD 800 Third St Pearl City H	t.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 456-0368				<b>FAX:</b> 456-0885	EMAIL:	halemohalu@cbmg	roup.net
Unit		ımber JNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	42	618	2x rent	420	1	2	YES
One I	Bdrm:	30	723	2x rent	526	1	3	YES
	Bdrm:							
Three I								YES
Project also has 1 people, \$698 mon Must respond in a from management	36 efficiency th, min. incor timely mann	apts (436 s ne - \$1396 er to comm	q ft, max 2 mo.) unication	Water, sewer			TOTA MINIMUM W. ESTIMATE MAXIMU	(Months): 8
donosit_\$200								STIMATE 12
AGE CRITERIA:							TO REMAIN ON W	AITLIST
One member mus	t be 55+; The	other men	nber can	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6
be any age				PARKING INF	O: NO	PET INFO:	: F	ETS OK: YES
]	ASSE <sup>-</sup>	T LIMITS:	NONE	Parking incluserve - NOt g	ded; First come first juaranteed	Cats, dogs shots and	s under 40 lbs, neut license. \$100 pet d	ered or spayed w/ eposit.
AN OWN RESID	DENTIAL PRO		YES			GENERAL		
ASSET LIMIT INF		% of the va	lue (minus	LEASE:		Funding: Caregivers	RHTF s are allowed with M	1D letter: can work
mortgage owed) is Income from asse .06% whichever is	s added to the ts is included	e annual inc	ome.	6 months; the 12 months fo	en month-to-month r studios	outside ho Must have	ome. e 5 years landlord hi eferences or 5 pers	story and 2
INCOME CRITER	IA:						ty room, laundry, bb	q area
Min. income = 2x Maximum Annual (studio) \$43,260 ( persons - \$49,440	Income: 1 pe efficiency/1bc	rson - \$38,0 Irm) (60% <i>F</i>		Partly furnish appliances or		18 handica >7 yrs for	ap accessible units criminal record HOME subsidies	
1-PERSON MAXIM	IUM MONTHI	LY INCOME	:	3355		J.		

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	Last Comp	lete Update:	2/7/2022			AREA:	Pearl City
ROJECT NAME:	HALE O' HAU	OLI			PF	ROJECT TYPE:	
	950 Luehu St.				PI	HONE: 455-474	14
CITY:	Pearl City	STATE: HI	ZIP:	96782		FAX: 455-438	34
MANAGEF	R: Collette Sanchez, Ma	0 /		APPLY AD			
APPLY TO	Riyah, Assistant Mana D:	ager		On-Site; Ma	anager's Office (#1	02)	OUT-OF-STA APPLICATIO ACCEPTEI
APPLY ATTN	N:						YES
APPLY PHONE	E: 455-4744			<b>FAX:</b> 455-4384		auoli@cmiweb.no w.haleohauoli.co	
	t 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
	Bdrm:						
ENT INFO: RE	ENT IS 30% OF INCOME naximum rent		UTILITIES INC Electricity and			MINIMUM W. ESTIMATE MAXIMU	
	ld must be 62 years or o	lder, or	\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ST EOD DADVING	ТО	REMAIN ON W	
ead of househo	ld must be 62 years or o can be 18 and older.		PARKING INF		PET INFO:	CALL EVERY	(Months): YES
ead of househo				O:	PET INFO:	CALL EVERY	(Months): YES
lead of householisabled, spouse	can be 18 and older.  ASSET LIMITS: DENTIAL PROPERTY:	YES	PARKING INF	O:	PET INFO: Small size do note saying the	CALL EVERY  For the second of	(Months): PETS OK: YES eed a doctors
ead of househo sabled, spouse AN OWN RESI SSET LIMIT INF	can be 18 and older.  ASSET LIMITS: DENTIAL PROPERTY:	YES YES	PARKING INFO Parking includ	O:	PET INFO:  Small size do note saying the say	GALL EVERY  gs or cats, but not need a pet.  FO: en and activity retifully landscape site laundry site - Unit #102, or	(Months): PETS OK: YES eed a doctors ec. center, on d, close to call and arrange a
lead of househo isabled, spouse AN OWN RESI SSET LIMIT INF	ASSET LIMITS: DENTIAL PROPERTY: FO: ceed maximum income	YES YES	PARKING INFO Parking includ	O: ed if available	PET INFO:  Small size do note saying the saying the saying the outdoor garded busline, beau shopping, on-Manager on stour.  Funding: Low Section 8	GALL EVERY  gs or cats, but not need a pet.  FO: en and activity retifully landscape site laundry site - Unit #102, or	(Months): PETS OK: YES eed a doctors ec. center, on d, close to call and arrange a g Tax Credit 50%

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		Last Compl	ete Update:	5/11/2023			AREA:	Chinatown
PROJECT NAME:	HALE	PAUAHI	<b>TOWERS</b>				PROJECT TYPE:	Family
ADDRESS:	155 Nort	th Beretania St					PHONE: 532-35	35
CITY:	Honolulu	ı	STATE: HI	ZIP:	96817		FAX: 532-35	36
MANAGER	: Michae	l Johnson			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	):							APPLICATION ACCEPTED: NO
APPLY ATTN	l:							NO
APPLY PHONE	: 532-35	35		l	FAX: 532-3536	EMAIL:	n/a	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	110	1212	2.5xrent	560	1	3	YES
Two I	Bdrm:	214	1455	2.5xrent	729 - 745	2	5	YES
Three I	Bdrm:	72	1680	2.5xrent	937 - 959	3	7	YES
Must have verifiab Must respond to c in a timely manne AGE CRITERIA:	ommunic r to remai	ation from man	t.	Water Sewer Trash pick up			LIST ES TO REMAIN ON V	(Months): 24  JM WAIT STIMATE 60  VAITLIST
Head of household time of application		e 18 years or o	lder at the		T FOR PARKING:		CALL EVERY	
AN OWN RESID	DENTIAL	SSET LIMITS: PROPERTY:		PARKING INFO  This is public paticket must be properties from building; mavailable \$40 (1 \$60 (2nd car)	arking garage; paid upon exit nonthly fees	GENERAL	INFO:	PETS OK: NO
ACCE I EMM IN	<u> </u>			1 year		Send requested envelope Send requested	gement to mail it est with self addres	·
INCOME CRITER	IA:					Fully equip	oped Laundry Roor oms, sprinkler/smo	n
Maximum Annual person - \$73,150 2 \$94,050; 4 person \$112,900; 6 perso \$129,600; 8 perso	2 persons is - \$104, ins - \$121	s - \$83,600; 3 p 500; 5 persons 1,250; 7 person	ersons -	Partly furnished appliances only garbage dispose	. Carpet, drapes,		oms, spillikier/silik garden area	ono/audio didiii
1-PERSON MAXIN		NTHLY INCOM		5642		]		

		Last Com	plete Update:	10/15/2021			AREA:	Lanakila
PROJECT NAME:	HALE	PO'AI -	NOT ACC	EPTING AF	PLICATIONS	5	PROJECT TYPE:	Elderly
ADDRESS:	1001 No	orth School St					PHONE: 832-344	15
CITY:	J Honoluli	1	STATE: HI	ZIP:	96817		FAX: 832-179	95
	Jironolak		, <u>, , , , , , , , , , , , , , , , , , </u>		00011			
MANAGER	: Joseph	ваха			APPLY AD			OUT-OF-STATE
APPLY TO	: Hawaii	Affordable Pr	operties Inc.		дру оп о	ite		APPLICATION ACCEPTED:
APPLY ATTN	: Joanna	a Li						NO
APPLY PHONE	: 832-34	45			<b>FAX:</b> 832-1795		nttp://hawaiiafforda properties/	ble.com/residential-
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:	80	170	NO	390	1	1	YES
One E	Bdrm:	126	195	NO	544	2	2	YES
Two E	Bdrm:							
Three E	3drm:							
Four E	Bdrm:							NO
RENT INFO: REI Rent is 30% of inc 1bdrm \$195. All h floor Security Deposit e **********WL CLOS	come with andicapped	n studio minimoed units are o	on the first	UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 60
AGE CRITERIA:				p.			LIST ES TO REMAIN ON W	STIMATE (AUTUST
One member mus		spouse must	be 55+.	\A/A ITI	IST FOR PARKING:		CALL EVERY	
(Caregivers must I	be 18+)			PARKING INF		PET INFO:	F	PETS OK: NO
<u> </u>	AS	SSET LIMITS:	YES	Parking include parking in back				
AN OWN RESID						GENERAL	INFO:	
ASSET LIMIT INFO				LEASE:			are allowed with No., spouse may remain	ID letter. If elderly
2 people: \$44,100				1 year; renew following rece		move to a state the 1st floor Yearly income Has large r	studio unit. 18 han or. ome recertification multi-purpose room	dicap units all on  w/kitchen
INCOME CRITERI				=::::::::::::::::::::::::::::::::::::::			tion to Shopping a narities Hawai'l	vailable through
Maximum Annual 2 persons - \$39,20		1 person - \$3	4,300	FURNISHED: Partly furnishe appliances on			end to communicati ent iin a timely man	
I-PERSON MAXIM	IUM MOI	NTHLY INCOM	ME:	2858		J		
2-PERSONS MAXII	мим мс	ONTHLY INCO	OME:	3266				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	1/6/2022			AREA:	Barbers Point
PROJECT NAME:	HALE	UHIWAI	NALU (Bu	ildings 34	and 35)		PROJECT TYPE:	Single Veterans
ADDRESS:	91-1078	3 Yorktown Stre	et				PHONE: 682-194	19
CITY.	IZ a a a la i		STATE: HI	ZIP:	00707		FAX: 682-19	70
OII I.	Kapolei		STATE. HI	ZIF.	96707			
	RTaylo 91-107	le Taylor, Direct or@Cantwell-Ar '8 Yorktown St. ei HI 96707	or of Property M derson.com	anagement	APPLY ADI 91-1078 Yo Kapolei HI S	rktown St.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN			C / Leasing Tea		<b>FAX:</b> 682-1970		CloudbreakCommu CloudbreakHawaii	unities.com
Unit	Туре:	Number	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	4dia.	of UNITS:		Required:		of People	People:	Allowed:
	tudio: Bdrm:	80 / 50	1350	1.5 x rent	208-374	1	1	
	Bdrm:							
Three								
Four	Bdrm:							NO
RENT INFO: RE A clean + sober e \$1200 - \$1350 Bldg 34 - 80 units: Accept HUD VAS subsidies. All unit	nvironme ; Bldg.35 H vouche	ent for veterans.  - 50 units. er and other ren	t	UTILITIES INCL Electric, water,			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:	/ETED A B	.10					TO REMAIN ON W	
SINGLE ADULT V	/ETEKAI	NS		WAITLIS PARKING INFO	T FOR PARKING: YES	PET INFO:		PETS OK: NO
1		SSET LIMITS:		i stali per unit				
AN OWN RESIDE		PROPERTY:		LEACE.		GENERAL Funding:	INFO: RHTF, Formerly US	S Vets
				1 year		5 handicar Case Man	August 2001 o units agement Services, nachines, Elevator	Coin laundry,
INCOME CRITER	IA:					Application	n: udbreakHawaii@C	antwell-
Affordable housing \$250 - \$84,600 pe		Depending on su		FURNISHED: Fully furnished,	AC	Anderson.		
J				ļ		]		

_		Last Comp	lete Update:	10/18/2021				AREA:	Waianae
PROJECT NAME:	HALE	WAI VI	STA II				PROJEC	T TYPE:	Family
ADDRESS:	86-086	Farrington Hwy	/.				PHONE:		
CITY:	Waiana	е	STATE: HI	ZIP:	96792		FAX:	696-825	59
MANAGER:	: Barbar	ra Ramos				ADDRESS: Farrington Highwa	nv.		OUT-OF-STAT
APPLY TO:	: Location	ons LLC				e, HI 96792	iy		APPLICATION ACCEPTED:
APPLY ATTN:	:								YES
APPLY PHONE:	: 696-82	258			<b>FAX:</b> 696-8259		http://www ble-rentals		srentals.com/afford
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXI Numb Ped		CAREGIVER Allowed:
One B									
Two B	3drm:	99	1177	2.5 x rent	595				
Three B	3drm:	33	1374	2.5 x rent	751				
Four B	3drm:						<u> </u>		YES
RENT INFO: REI 7 Two Bdrm (30% 83 Two Bdrm (50% (60% AMI) end uni 33 3 Bdrm (60% A	o AMI*) = % AMI*) its -= \$1: .MI*) = \$	= \$677 = \$1177; 11 T 202; 33; 1374		Water, sewer,			ES <sup>-</sup>	IMUM W TIMATE	AIT LIST (Months):
* AMI- see income	eligibilit	y below							STIMATE 1
AGE CRITERIA: Head of household	d must b	e 18 years or o	older	\\/ \ ITI	IST FOR PARKIN	IG:	TO REMA CALL	_	/AITLIST (Months):
				PARKING INF		PET INFO	:	F	PETS OK: NO
	Α:	SSET LIMITS:	NONE	1st stall free, \$50/month	additional stalls	fish ok			
AN OWN RESID						GENERAL	. INFO:		
ASSET LIMIT INFO	O:			LEASE:					elopment Corp. g Tax Credits;
				12 months		RHTF Handicap bdrm	accessible	units - F	ive 2 bdrm & 3 3
INCOME CRITERI	A:			,		Application	n: ental.com		
30% of AMI: 1 pers 50% of AMI: 1 pers 60% AMI: 1 persor	son \$44,	100; 2 persons	\$ \$50,400;	FURNISHED: Stove, Oven, disposal, blind	Refrigerator only, ds	pick up fro Waitlist a	om manage	e contac	e ted via mail when
-PERSON MAXIM	UM MOI	NTHLY INCOM	1E:	4410					
-PERSONS MAXI			ME.	5040					

		10/18/2021			AREA:	Waianae
HALE WAI VIS	STA I			I	PROJECT TYPE:	Family
86-084 Farrington Hw	у				PHONE: 696-825	58
Waianae	STATE: HI	ZIP:	96792		FAX: 696-825	58
: Barbara Ramos						OUT OF STA
: Locations LLC			Waianae, H	I 96792		OUT-OF-STATATION APPLICATION ACCEPTED
:						YES
: 696-8258			<b>FAX</b> : 696-8259	b	le-rentals.aspx	
Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Bdrm:		J				
8drm: 63	1177	2.5 x rent	595			
3drm: 21	1374	2.5 x rent	751			
Bdrm:						YES
AMI*) = \$677 % AMI*) = \$1177 (3 tw le) unit (50% AMI*) = \$12	vo bdrms are	Water and sev	ver included; Must pa	ay	MINIMUM W ESTIMATE MAXIMU	
I must be 18 vears or o	older			Т	O REMAIN ON W CALL EVERY	
,				PET INFO:	F	PETS OK: NO
		vehicle registr	ation & insurance	fish ok	NEO:	
D:	1.20	LEASE:		Owner: Ha	waiʻi Housing Dev	
		12 months		RHTF Application: pick up fron Waitlist app	locationsrental.co n manager's office dicants are contac	om e
A:						cameras, visitor
		Range/oven w garbage dispo refrigerator, vi	sal, 18 cu ft	parking, coi	n-op laundry facili	ty on each floor.
	### Waianae  ### Barbara Ramos  ### Locations LLC  ### 696-8258    Type:	Waianae  STATE: HI  Barbara Ramos  Locations LLC  696-8258  Type: Number of UNITS: RENT: Udio: 1177  Bdrm: 63 1177  Bdrm: 21 1374  Bdrm: 21 1374  Bdrm: 9477  AMI*) = \$677  AMI*) = \$677  AMI*) = \$1177 (3 two bdrms are le) (a) (a) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Waianae  STATE: HI  ZIP:  Barbara Ramos  Locations LLC  G96-8258  Type: Number of UNITS: RENT: RENT: RENT: RENT: Required: Req	### STATE: HI ZIP: 96792  ### Barbara Ramos  ### Barbara Ramos  ### Apply Abla 86-084 Farr Waianae, HAttn: Office  ### Consider Holder Far Waianae, HAttn: Office  ### Consider Holder Hattn: Hattn: Office  ### Barbara Ramos  ### Apply Abla 86-084 Farr Waianae, HAttn: Office  ### Minimum INCOME Required: SQ FT: Waianae, HAttn: Office  ### Attn: Office  ### Attn: Office  ### Attn: Office  ### Attn: Office  ### Minimum INCOME Required: SQ FT: Waianae, HAttn: Office  ### Attn: Office  ### Minimum INCOME Required: SQ FT: Waianae, HAttn: Office  ### Attn: Office  ### Att	### STATE: HI ZIP: 96792  ### STATE: HI ZIP: 96792  ### APPLY ADDRESS: 86-084 Farrington Hwy Waianae, HI 96792 Attn: Office  ### Attn: Office  ### AWAII	### PHONE:   696-825    Barbara Ramos

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PROJECT NAME:	HALEIWA SEN						Haleiwa
		IOR CITIZE	NS CEN	ΓER		PROJECT TYPE	Elderly
ADDRESS: 60	6-477 Paalaa Rd.					PHONE: 637-64	55
CITY:	łaleiwa	STATE: HI	ZIP:	96712		FAX:	
MANAGER:	Thomas Dulan, Reside	ent Manager		APPLY ADD 1165 Bethel Honolulu, Hi	St. 2nd Fl.		OUT-OF-STATI
APPLY TO: 1	Hawaiian Properties			rionolala, rii	. 50015		ACCEPTED:
APPLY ATTN: S	Shirl Dunn						
APPLY PHONE:	539-9564			<b>FAX:</b> 637-7044	EMAIL:		
Unit Ty	ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	dio:						
One Bd		0					
Two Bd							
Three Bd							
Four Bd	irm:		<u> </u>				J
Deposit of market re	T IS 30% OF INCOME ent - \$885		JTILITIES INC Water, \$85 util			MINIMUM W ESTIMATE MAXIM	(Months): 12
AGE CRITERIA:		,				TO REMAIN ON V	STIMATE 48
Head of household (	OR spouse must be 62		\\/ \	ST FOR PARKING:		CALL EVERY	
children. Roommate	Family members can e must be 18+, caregiv	_	PARKING INF		PET INFO	:	PETS OK: NO
be 18+	ASSET LIMITS:	I	Parking not indimited.	cluded and is			
	NTIAL PROPERTY:				GENERAL		
ASSET LIMIT INFO:			EASE:			100% Section 8 build pped units	iilding
					NO RESP update 20	ONSE in 2021; La 20.	st completed
INCOME CRITERIA:	:						
3/2015 - follows HUI	D guidelines.	F	URNISHED: Partly furnishe appliances on				
I-PERSON MAXIMUI	M MONTHLY INCOME	≣: 2	2933				

	Last Comple	ete Update:	10/13/2021			AREA:	Kakaako
PROJECT NAME:	HALEKAUWILA	PLACE	APARTME	NTS		PROJECT TYPE:	
	665 Halekauwila Street		, , , , , , , , , , , , , , , , , , ,			PHONE: 808-537	<u> </u>
						FAX:	-
CITY:	Honolulu	STATE: HI	ZIP:	96813		,	
MANAGER	: Danielle Delgado				DDRESS:		OUT OF STATE
APPLY TO	: Indigo Real Estate Ser	vices, Inc.			Center, 665 Halek onolulu, Hi. 96813		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Live@halekauwilaplace	eapts.com					
APPLY PHONE	:: 537-9000			<b>FAX:</b> 728-0985	EMAIL: v	ww.halekauwilapl	aceapts.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 26	1245	2 x Rent	396	1	2	
One I	Bdrm: 72	1325	2 x Rent	535	1	3	
Two I	Bdrm: 82	1571	2 x Rent	684	2	5	
Three I	<b>Bdrm:</b> 18	1796	2 x Rent	1511	4	7	
Four I	Bdrm: 0	0					YES
RENT INFO: RE	NT IS 30% OF INCOME:	: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 204
	r; no waitlist is maitained. /II; Credit score between		\$60 - Internet/	Wi-Fi/TV/phone		MINIMUM W	AIT LIST
may be approved	with cosigner (who has n rns 4 x rent) or increased	nin. credit				ESTIMATE	(Months): 0
	ave unconditional approv						JM WAIT STIMATE 0
AGE CRITERIA:					7	TO REMAIN ON W	
			WAITL PARKING INF	IST FOR PARKING	PET INFO:		PETS OK: YES
			1 free parking		TET INTO.	<u> </u>	210 OK.   123
	ASSET LIMITS:						
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF	0:		LEASE:			ula Mae bonds, LII ıare footage range	
			12 months			oom - 535 - 597; 2	
INCOME CRITER	IA:					auwilapalceapartm	
Maximum annual 1 peson: \$52,920 2 persons: \$60,48 3 persons: \$68,04 4 persons: \$75,54	income: 60 0		FURNISHED: ceiliing fans & bedrooms	A.C.; carpeting in	pick up fror	n manager's office	
1-PERSON MAXIM	IUM MONTHLY INCOME	ŧ:	4410				
2-PERSONS MAXI	MUM MONTHLY INCOM	1E:	5040				

	Last Compl	ete Update:	7/16/2020			AREA:	Chinatown
ROJECT NAME: H	ALEWAI'OLU	SENIOR	RESIDENCI	ES (Year: 20	023)	PROJECT TYPE:	Elderly
ADDRESS:						PHONE:	,
CITY:		STATE:	ZIP:	0		FAX:	
,		ļ	,				
MANAGER:				APPLY AD	DRESS:		
APPLY TO:							OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN:							
APPLY PHONE:			ı	FAX:	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:	0					
One Bdrr	n:	0					
Two Bdrr		0					
Three Bdrr		0					
Four Bdrr	n:	0			]		
RENT INFO: RENT I	S 30% OF INCOME	:: -	UTILITIES INCL	UDED:		TOTA	AL UNITS: 156
						MINIMUM W	/AIT LIST
						ESTIMATE	
			Į.				UM WAIT STIMATE
AGE CRITERIA:						TO REMAIN ON V	
				T FOR PARKING:	-	CALL EVERY	
			PARKING INFO:		PET INFO:		PETS OK:
	ASSET LIMITS:						
AN OWN RESIDEN					GENERAL	INFO:	
ASSET LIMIT INFO:			LEASE:			ion could start late completion in 2022	
						tar Advertiser Post	
					Journal of		.04 =/ 10/=010
NCOME CRITERIA:							
			FURNISHED:		.		
					]		
-PERSON MAXIMUM	MONTHLY INCOMI	Ξ:	0				
-PERSONS MAXIMUN	M MONTHLY INCOM	<b>ЛЕ</b> :	0				

	Las	t Compl	ete Update:	7/15/2020			ADEA	Lanakila
PROJECT NAME:	ע אין וא ט	<u> </u>	NOT ACC	EDTING /	ADDI ICATIO	NC	AREA: PROJECT TYPE:	
	851 North Sch		NOT ACC	EPTING F	APPLICATIO	CNI		
ADDRESS.	NOITH SCH	001 St.					PHONE: 586-759	
CITY:	Honolulu		STATE: HI	ZIP:	96817		<b>FAX</b> : 586-752	20
	: Thomas Ling	able Prop	perties Inc.		APPLY A	ADDRESS:		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Joanna Li							NO
APPLY PHONE	: 586-7595				FAX:	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Type: Num of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 3	1	170	NO	408	1	1	YES
One I	Bdrm: 1	0	195	NO	540	2	2	YES
Two	Bdrm:							
Three I	Bdrm:							
Four	Bdrm:							YES
rent is 30% of inco \$195. Security deposit e Wait time for 1 bd Wait time for 2bdr	ome minimum s qual to 1 month drm 72 months	tudio \$17		UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	'AITLIST
One member must be Caregivers must be		e must b	e 55+;	WAITL	IST FOR PARKING	<b>3</b> :	CALL EVERY	(Months): 12
Caregivers mast s	, , , , , , , , , , , , , , , , , , , ,			PARKING INF	1	PET INFO	: F	PETS OK: NO
	ASSET L	LIMITS:	YES					
AN OWN RESID		PERTY:	NO			GENERAL		
ASSET LIMIT INF				LEASE:		Caregiver tenant die	s are allowed with Nes, spouse must tran	ID letter. If elderly sfer to studio unit.
2 persons - \$44,10				1 year; renew following rece	able yearly ertification		995 as Hale Po'ai ated laundry	
INCOME CRITER	IA:					Meeting r	oom w/kitchen and versetroom	wheelchair
Maximum Annual 2 persons - \$39,20		on - \$34,;	300;	Partly furnish appliances or		Funding:	Unknown PONSE IN 2021. Las	st completed
1-PERSON MAXIM	IUM MONTHLY	INCOME	Ē:	2858				
2-PERSONS MAXI	MUM MONTHL	Y INCOM	ΛΕ:	3266				

		Last Comp	lete Update:	2/7/2022	2			AREA:	Chinatown
PROJECT NAME:	HARI	BOR VILL	AGE					PROJECT TYPE:	Family
ADDRESS:	901 Rive	er St.						PHONE: 528-275	53
CITY:	Honoluli	u	STATE: HI	ZIP:	96	817		<b>FAX</b> : 566-09°	14
MANAGER	·				901	PLY ADDRES River St. nolulu, HI 968			OUT-OF-STATE APPLICATION
APPLY TO									ACCEPTED: YES
APPLY ATTN		able Housing D	ept.		<b>FAX:</b> 521-	2714		locationsrentals.cor rentals.aspx	m/affordable-
					_				
	Туре:	Number of UNITS:	RENT:	Minimur INCOMI Require	E Loo	N	NIMUM lumber People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:				_				
	Bdrm:	60	1495		57	5	1	3	
Two	Bdrm:	30	1990		75	0	2	5	
Three	Bdrm:								
Four	Bdrm:								YES
RENT INFO: RE 60% AMI: 1 Bdrm 1 Bdrm \$1,270; 2 120% AMI: 1 Bdrr 140% AMI: 1 Bdrr	\$1,190 ; Bdrm \$1; n \$1410;	; 2 Bdrm \$1,29 355; 2 Bdrm \$1710	0; 80%AMI: ;	Water + Se			-	MINIMUM W ESTIMATE MAXIMU LIST ES	(Months): 6  JM WAIT STIMATE 36
AGE CRITERIA: Head of househol	d must be	e 18 years or o	lder					TO REMAIN ON W CALL EVERY	
		, , , , , , ,		WAI PARKING II	TLIST FOR PA		ET INFO:	F	PETS OK: NO
					luded in rent				The same place
	AS	SSET LIMITS:	NONE						
AN OWN RESI						G	ENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:		2	2020 UPD	ATE - Info from we	bsite
				1 year				ONSE in 2021. La: - prior to 2020.	st update
INCOME CRITER	IA:								
1 60% \$49,020 \$55 80% \$65,360 \$74 120%\$98,040 \$11 \$151,200 (5 perso	1,640 \$84 I1,960 \$1	,000 \$93,280 \$	\$100,800	FURNISHE Partly furnis appliances	shedmajor				
1-PERSON MAXIN	NOM MUI	NTHLY INCOM	IE:	8170					
2-PERSONS MAXI	IMUM MC	ONTHLY INCO	ME:	9330					

	Last Con	nplete Update:	1/21/2022				Kalihi
PRO IECT NAME:	HAUIKI HOM		hon) - NOT	ACCEPTING	ADD	AREA: PROJECT TYPE:	
	1564-1673 Meyers S	•	11011) - 140 1	ACCEI IIIIO		PHONE: 832-333	
						FAX: 832-338	
CITY:	Honolulu	STATE: HI	ZIP:	96819		1731   002 000	
	: Julie Wiggett , Actir	ng Manager		APPLY ADI 1002 North Honolulu, H	School St.		OUT-OF-STATE APPLICATION
APPLY TO	NOT ACCEPTING			NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED: NO
APPLY PHONE	<ul><li>l: Oahu applications of NOT ACCEPTING</li><li>l: 832-5961</li></ul>			<b>FAX:</b> 832-3461	EMAIL: h	nphaishereforyou.o	org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 20	0		786	2	6	YES
Three	Bdrm: 16	0		1034	3	8	YES
Minimum Rent: On Three Bdrm - \$15 applicants who are hpha.myhousing.c	NT IS 30% OF INCO ne Bdrm - \$108; Two 2; Four Bdrm - \$180. e on the waitlist are to com to change or che ne and password is no	Bdrm - \$128; All HPHA o go to: ck their	UTILITIES INC	CLUDED: wance for electricity		MINIMUM W ESTIMATE MAXIMU	(Months): 36
AGE CRITERIA:			p.			TO REMAIN ON W	
Head of household older ************************************	d must be 18 years or  D 8/2/2016******	r	WAITLI PARKING INF	1.15	PET INFO:	CALL EVERY	PETS OK: NO
AN OWN DESI	ASSET LIMITS		mst come mst	. 36176	GENERAL	INEO:	
ASSET LIMIT INF	O: se on Oahu. Assets	limited to two	LEASE:		STATE HC 1.)The Elde	OUSING PREFERE erly 2.) The Displac	ced 3.) Disabled
	le income for admissi continued occupancy		1 year		Families of was determ	// service connected deceased veterand nined to be service rans 6.) Families re	s whose death connected. 5.)
	n \$33,300; 2 persons		FURNISHED:		Transitiona Wait	l Shelters 7.) All of	thers - Indefinate
must be <50% are	4 person \$47,550. Fa ea AMI unless displac n, then <80% median	ed by	Partly furnishe appliances on			tate Pub Hsing 100 ons must be 3 yrs	
I-PERSON MAXIM	IUM MONTHLY INCC	DME:	3450		J		

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Last Complete Update:	5/11/2023			AREA:	Moiliili
PROJECT NAME: HAUSTEN GARDENS				PROJECT TYPE:	Elderly
ADDRESS: 808 Hausten St.  CITY: Honolulu STATE: H	∃l ZIP:	96826		PHONE: 947-342 FAX: 955-610	
MANAGER: Geraldine D. Bareng, Business Ma Indigo Real Estate Services, Inc. APPLY TO: Manager's Office	nager	APPLY ADD 808 Hausten Honolulu HI	St.		OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN: Business Manager  APPLY PHONE: 947-3423	FAX:	955-6105		manager@hausten www.indigorealesta	
Unit Type:    Number of UNITS: RENT:   Studio:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:  YES  NO
RENT INFO: RENT IS 30% OF INCOME: YES  All rents are 30% of income. Contact information for applicant must be kept current.  AGE CRITERIA:  Head of household must be 62+. All other members must be 62+. Caregiver over 18 allowed. Must show	\$47 allowance for election water, sewer and gas  WAITLIST FOR	tricity and all		MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W CALL EVERY	(Months): 22  JM WAIT STIMATE 60  (AITLIST (Months): 6
ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: NO  ASSET LIMIT INFO:	PARKING INFO:  Parking included; Onlavailable; guest parking to two stalls.  LEASE:  1 year		GENERAL Common " courtyard a	ALLOWED. Service	
INCOME CRITERIA:  Maximum Annual Income: 50% Income Limits 1 person \$42,200 2 persons \$48,200	FURNISHED:  Partly furnishedstove refrigerator, microwave wood floors and blinds	e. Vinyl	Application Send requestion envelope		
1-PERSON MAXIMUM MONTHLY INCOME:	3517				

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	Last Com	plete Update:	2/7/2022			AREA:	Hawaii Kai
PROJECT NAME:	HAWAII KAI F	Retirement	and Assiste	ed Living Co	<mark>ommu</mark>	PROJECT TYPE:	Retirement
ADDRESS:	428 Kawaihae St.					PHONE: 395-959	99
OUTY I			710			FAX: 396-082	20
CITY:	Honolulu	STATE: H	ZIP:	96825		-	
MANAGER:	: Meli Chung, Assiste Michael Weider, Ge		strator	APPLY AD	DRESS:		
APPLY TO:		nerai wanagei		On-Site			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN:	:						YES
APPLY PHONE:	395-9599			FAX: 396-0820	EMAIL:	michael.weider@ho	olidaytouch.com
Unit '	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
St	udio:	4500	NO	≤ 541			YES
One B	Bdrm:	6000	NO	≤ 810			YES
Two B	Bdrm:	7000	NO	≤ 1134			YES
Three B	Bdrm:	10000	NO	≤ 1950			YES
Four B	Rdrm:						NO
1 bedrm = large sto bedrm = cottage in weekly housekeep	NT IS 30% OF INCOM udio info; 2 bedrm = 1 fo; Rent includes 3 m ing, linen service, sch II, jacuzzi, and daily a	bdrm info; 3 neals per day, neduled	UTILITIES INCL All utilities include Cable TV hook	ded except phone.		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	
One tenant must b age restriction	e 55+; other co-tenar	nts have no	WAITLIS	T FOR PARKING:		CALL EVERY	(Months): 1
age restriction			PARKING INFO	: NO	PET INFO	: F	PETS OK: YES
			Parking include	d	with health	n certificate & up to	date vaccinations
	ASSET LIMITS	: NONE			]		
	ENTIAL PROPERTY	: YES			GENERAL		
ASSET LIMIT INFO	D:		LEASE:			ed living units. \$3,295 - \$4,020; 39	 2 - 541 Sa Ft
None			Month-to-month	1	ONE BDR	RM: \$4,395 - \$5,120 BDRM: \$5,495 - 6,2	; 527 - 810 Sq.
INCOME CRITERIA	A:						
No maximum annu	al income.		FURNISHED:		,	iving fee: \$2,200/mo	and up
			Partly furnished appliances only			PONSE IN 2021 Dieted update 9/7/20	117

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Comp	lete Update:	5/11/2023			AREA:	Waipahu
HIBISCUS HIL	LS APARTI	IENTS			PROJECT TYPE:	Family
94-1121 Ka Uka Blvd.					<b>PHONE</b> : 808-676	
Waipahu	STATE: HI	ZIP:	96797		<b>FAX</b> : 808-670	6-3533
: Tashan Pacheco, Res	sident Manager		APPLY AD	DDRESS:		OUT-OF-ST
:						APPLICAT ACCEPTE
:						
: 676-3533			<b>FAX</b> : 676-3533			
Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Bdrm: 80	1650	2.5x rent	588	1		
3drm:						YES
NT IS 30% OF INCOME	=· NO 1	ITII ITIES INC	YUDED:		TOTA	AL UNITS: 80
					MINIMUM W ESTIMATE	AIT LIST (Months):
	Į.					STIMATE
d 18+		\A/A \T			TO REMAIN ON W CALL EVERY	
	Р			PET INFO:	F	PETS OK: NO
ACCET LIMITO						
	YES			GENERAL	INFO:	
D:		EASE:		On-site ma	anager Indry facilities	
		1 year			•	
Α.						
units is 80% AMI on 30 units	F	Partly furnishe appliances on		_ www.EAHI	Housing.org	
	HIBISCUS HIL  94-1121 Ka Uka Blvd.  Waipahu  Tashan Pacheco, Res  676-3533  Type: Number of UNITS:  Udio: 8drm: 80  Bdrm: 80	94-1121 Ka Uka Blvd.  Waipahu STATE: HI  Tashan Pacheco, Resident Manager  676-3533  Type: Number of UNITS: RENT:  udio: Rent:	HIBISCUS HILLS APARTMENTS 94-1121 Ka Uka Blvd.  Waipahu STATE: HI ZIP:  Tashan Pacheco, Resident Manager  Type: of UNITS: RENT: NCOME Required: NCOME Required: NCOME Required: NCOME Required: NCOME Required: NCOME Required: NCOME NCOM	HIBISCUS HILLS APARTMENTS 94-1121 Ka Uka Blvd.  Waipahu STATE: HI ZIP: 96797  Tashan Pacheco, Resident Manager APPLY AE  1. 676-3533  FAX: 676-3533  FURNISHED: Partly furnishedmajor appliances only; ceiling fans; air	HIBISCUS HILLS APARTMENTS  94-1121 Ka Uka Blvd.  Waipahu STATE: HI ZIP: 96797  Tashan Pacheco, Resident Manager APPLY ADDRESS:  676-3533  FAX: 676-3533  FAX	HIBISCUS HILLS APARTMENTS  94-1121 Ka Uka Bivd.  Waipahu STATE: HI ZIP: 96797  PHONE: 508-677  FAX: 676-3533  F

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	10/13/2021			AREA	Kakaako
PROJECT NAME:	HONUAKAHA				ı	PROJECT TYPE	Elderly
ADDRESS:	545 Queen St.					PHONE: 522-79	19
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX: 522-79	17
	R: Tamara Young, Resident Administrative Assistance  Locations		eff Lau - Projects		DRESS: Street, Honolulu Resident Mana	,	OUT-OF-STATE APPLICATION ACCEPTED:
	<b>1:</b> Affordable Housing D <b>2:</b> 808-522-7919	ept.	F	<b>AX:</b> 5227917	EMAIL: C	RYSTAL.YEE@I	YES ocationshawaii.com
S	Number of UNITS:  Studio: 141  Bdrm: 9  Bdrm: Bdrm:	RENT: 960 1150	Minimum INCOME Required:  2x rent  2x rent	SQ FT: 350 488	MINIMUM Number of People	MAXIMUM Number of People: 2	CAREGIVER Allowed: YES YES
RENT INFO: RE Waitlist for 1 bedr Updates not requi applicants must re	ENT IS 30% OF INCOME oom is taking over 4 yeared to remain on waitlist espond to communication nent in a timely manner.	ars. t, however on from	UTILITIES INCLU			MINIMUM W ESTIMATE MAXIM	
AGE CRITERIA: All persons in hou	isehold must be 62 year	s or older.	WAITLIST PARKING INFO: Car stall is \$80 m motorcycle/scoot		PET INFO: Service anir	O REMAIN ON V CALL EVERY	VAITLIST
AN OWN RESIDE ASSET LIMIT INF	ASSET LIMITS: DENTIAL PROPERTY: O:		mo; requests are wait list, as all sta assigned.  LEASE:	accepted on a	conditioning Transportati Catholic Ch	are allowed with lg. ion to Shopping a arities Hawaii	
INCOME CRITERIA:  Must be below 60% AMI 1 person: \$52,920 2persons: \$60,480			FURNISHED:  Major appliances, carpet or vinyl tiles.		Catholic Ch opened 199 Funding: LII handicap ur 3 for vision/	arities Hawaii. 5 HTC nits-1 one bed, 7	studios
1-PERSON MAXIN	MUM MONTHLY INCOM	IE:	4410				

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	L	_ast Comple	te Update:	1/21/2022			AREA:	Kahaluu
PROJECT NAME:	HOOKII	PA KAH	ALU'U (H	PHA-wind	) - NOT ACCE	EPTIN	PROJECT TYPE:	Family
	47-330 Ahui				.,		PHONE: 233-376	6
							FAX: 233-376	
CITY:	Kaneohe		STATE: HI	ZIP:	96744		TAX.  233-370	
MANAGER	: Roberta Ka	ahele			APPLY AD			
APPLY TO		EPTING APF	PLICATIONS		1002 North Honolulu, H NOT ACCE		CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		ications office						NO
APPLY PHONE			Liorina		<b>FAX:</b> 832-3461	EMAIL: h	nphaishereforyou.o	rg
Unit		umber UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							YES
	Bdrm:	8	0	<u> </u>	549	1	4	YES
Three I		16	0		697 891	3	8	YES
	Bdrm:	10						
Minimum Rent: \$0 the waitlist are to change or check to password is needed.	), All HPHA a go to: hpha.n heir status. A ed to access	applicants who sylvente who was a sername with their accountage of the sylvente with their accountage of the sylvente with the sylvente wi	o are on om to and	Water and allo	CLUDED: owance for electricity		MINIMUM W. ESTIMATE MAXIMU	-
AGE CRITERIA:							TO REMAIN ON W CALL EVERY	
Head of household	d must be 18	years or old	er		IST FOR PARKING:			
				PARKING INF	O:	PET INFO:	imals ok, but only o	PETS OK: YES
1	ASSE	T LIMITS:	NONE	Included		the categor	ries listed below: nder 25 lbs) or_cat	
AN OWN RESID		OPERTY:	OV			GENERAL		
ASSET LIMIT INF				LEASE:			NCES: Domestic V n transitional shelte	
						Funding: F	ed Low Inc Pub Hs	ing 100%
INCOME CRITER							ons must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 pe 00; 3 persons 00; 5 persons 00; 7 persons	erson - \$53,2 s - \$68,500; s - \$82,200;	50;	FURNISHED: Partly furnish appliances or		NO RESPO	DNSE IN 2019 eted update 10/05/	
1-PERSON MAXIN	IUM MONTH	LY INCOME	:	4570		p-		
2-PERSONS MAXI	MUM MONT	HLY INCOM	E:	5220				

		Last Compl	ete Update:	5/5/2023			AREA:	Kalihi
PROJECT NAME:	ISLA	ND WEST					PROJECT TYPE:	Family
ADDRESS:	607 Nor	rth King St.					PHONE: 847-846	65
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX</b> : 808-442	2-0407
MANAGER APPLY TO	Manag	yer West	ling Manager; L	inda West, Office	APPLY ADI On-Site 9a	m - 5pm M -		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE	E: 847-84	165		F	AX:	EMAIL	: Linda@HSIservices	s.net
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	400	750	1400	144	1	2adlt,1kid	YES
One I	Bdrm:	3	1565	2750	300	1	3adlt,1kid	
Two I	Bdrm:	1	1800	3050	400	2	4adlt,1kid	
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Building A - rent is Building B - rent is [169 sq. ft] Min Income requir Plus \$100 for extra	s \$750 - N s \$800 - N rement w a person	Min income = \$1 Min income = \$1 raived if have re . Respond to my	1400 1600 p payee;	UTILITIES INCLU Electricity and wa			MINIMUM W. ESTIMATE MAXIMU	(Months): 1
AGE CRITERIA:							TO REMAIN ON W	
Head of household time of application		e 18 years or ol	der at the	PARKING INFO:	FOR PARKING: YES	PET INFO	CALL EVERY D: F	(Months): 0
J		SSET LIMITS:		Severly limited paguest parking ava Assigned stall is \$	ailable.			
AN OWN RESIDE		. PROPERTY:	NO			GENERA	L INFO:  oped access is from p	parking lot at
ASSET LIMIT IN G.				Month-to-month; or 1 year with back		back. Sr in own re	mall rooms with no ki frigerator and hot pla are unfurnished.	tchen. Can bring
INCOME CRITER	IA:							
No maximum ann	ual incon	ne.		FURNISHED:  No carpet. Not fu	ırnished.			
J								

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

1		omplete Update:	5/5/2023			AREA:	Waipahu
	JACK HALL	•				PROJECT TYPE:	Family
ADDRESS:	94-827 Kuhaulua S	St.				<b>PHONE</b> : 808-67	
CITY:	Waipahu	STATE: HI	ZIP:	96797		<b>FAX</b> : 808-50	1-0450
MANAGER	: Jesse Johnasen			<b>APPLY ADI</b> 94-827 Kuh			OUT OF STAT
APPLY TO	: Indigo Real Estat	e		94-627 Kun Waipahu, H			OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN	:						YES
APPLY PHONE	: 808-671-2244			<b>FAX:</b> 808-501-045		Manager@jackhall	waipahu.com
	Type: Number of UNITS	: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 104	0	NO	559			YES
	3drm: 40	0	NO	793			YES
Three E	3drm:						
Four E	3drm:						NO
30% to a max of \$ (minus \$103 util. a for two bedrooms  Maximum amounts  AGE CRITERIA:	NT IS 30% OF INC 877 for one bedroo allowance) 30% to a (minus \$250 util. all s are subject to cha	m max of \$1022 lowance)	bedrm; \$250 fo	llowance \$103 for 1 or 2bedrm ce is subject to chanç	ge	MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT STIMATE 48  VAITLIST
	,		WAITLI PARKING INF	ST FOR PARKING: O: YES	PET INFO	: F	PETS OK: NO
	ASSET LIMI	TS: NONE	Parking is sev \$15/month. Go depends on av				
	DENTIAL PROPER	TY: YES			GENERAL		
ASSET LIMIT INFO Income from asser income limit.	o: ts cannot make ten	ant go over	LEASE: 1 year; then m	nonth-to-month	5 accessil **Applicar	Project Based Sub- ble 1 bdrm units. hts on waitlist MUST as change in phone	Γ call to update
NCOME CRITERI	IA:		r				
max income: 1 bed	droom \$39,200; 2 b	edroom \$50,880	FURNISHED: Partly furnishe appliances on				
-PERSON MAXIM	IUM MONTHLY INC	COME:	4475		]		

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	Las	st Complet	e Update:	1/21/2022				Old settlem
			·		NOT AGOS	DTIN	AREA:	Chinatown
					) - NOT ACCE	PIIN	PROJECT TYPE:	Family
ADDRESS:	Alokele & Kaiv	viula St., W	/aiakamilo Rd	. & McNeill St.			PHONE: 832-315	
CITY:	Honolulu		STATE: HI	ZIP:	96817		<b>FAX</b> : 832-318	38
	,		-					
MANAGER	: Cynthia Yosh	ida - Mana	ger		APPLY ADI	DRESS:		
	•				1002 North			OUT-OF-STATE
APPLY TO		TINIO 4 DD			Honolulu, H NOT ACCE	I 96817 PTING APPLIC	CATIONS	APPLICATION ACCEPTED:
ADDLY ATTN	NOT ACCEP							NO
APPLY ATTN	I: Oahu applica NOT ACCEP							
APPLY PHONE	: 832-5961				<b>FAX:</b> 832-3461	EMAIL:	nphaishereforyou.o	rg
Unit	Type: Num	nber		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UN	NITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	Bdrm:							
Two I	Bdrm: 11	16	0	<u> </u>	714	2	6	YES
Three I	Bdrm: 3	6	0		888	3	8	YES
Four I	Barin:			ļ			,	
RENT INFO: RE	NT IS 30% OF	INCOME:	YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 152
Minimum Rent: \$0	). All HPHA app	plicants wh	o are on	Water and allo	owance for electricity		MINIMUM W	
the waitlist are to go change or check to				and gas			ESTIMATE	-
password is neede							MAXIMU	JM WAIT
********OI OSED	Q/?/?N1&*****			Į.			LIST ES	STIMATE 60
AGE CRITERIA:							TO REMAIN ON W	
Head of household	d must be 18 ye	ears or olde	er	WAITL	IST FOR PARKING:		CALL EVERY	
				PARKING INF	0:	PET INFO:		PETS OK: YES
1		_					imals ok, but only or ries listed below:	one from each of
		LIMITS:				one doa (u	nder 25 lbs) or cat	
AN OWN RESID		PERTY: N	10			GENERAL		
ASSET LIMIT INF				LEASE:			NCES: Domestic V in transitional shelte	
				1 year		displaced.		
						Funding: F	ed Low Inc Pub Hs	ing 100%
INCOME CRITER	IA:						ons must be 3 yrs	
ncome Eligibility =				FURNISHED:		crystal met	thamphetamine or	sex offender
Maximum Annual 2 persons - \$60,90			50;	Partly furnishe appliances on				
4 persons - \$76,10 6 persons - \$88,30					ily .			
8 persons - \$100,4		ψυ 1,000,						
1-PERSON MAXIM	IUM MONTHLY	INCOME:		4570				
2-PERSONS MAXI	MUM MONTHL	Y INCOME	≣:	5220				

		Last Comp	lete Update:	2/7/2022			AREA:	Kahala
PROJECT NAME:	KAH	ALA NUI					PROJECT TYPE:	Retirement
ADDRESS:	4389 M	alia St.					PHONE: 218-720	00
OITY							FAX: 218-71	
CITY:	Honolul	u	STATE: HI	ZIP:	96821		•	
MANAGER	ł:				APPLY AD	DRESS:		
APPLY TO	):				On-Site			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 218-72	200			<b>FAX:</b> 218-7150	EMAIL:	dmurai@kahalanui	.com
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:	145		5736	626	1	2	
Two	Bdrm:	103		9064	1224	1	2	
Three I	Bdrm:	22		11486	1522	1	2	
Four	Bdrm:							NO
RENT INFO: RE Life Care commur deposit (entrance size of residence, fee, includes utiliti \$3585; 2nd persor	nity with a fee). Res from \$60 ies excep	a 90% refundat sident deposit t 03,103. Monthly ot for phone, sta	ole resident based on y service	UTILITIES INC All Utilities; exc			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	
All residents must	be 62 or	rolder			ST FOR PARKING:		CALL EVERY	
				PARKING INFO	1.10	PET INFO	h interview for: dogs	PETS OK: YES
	Α:	SSET LIMITS:	NONE				_	
AN OWN RESI						GENERAL	. INFO:	
ASSET LIMIT INF				LEASE:			provides discounted	
				No lease - Life	Plan Community	when tran necessary Resident	ving, memory supp sfer to the on-site c /. Services: Houseke neals, wellness prog	are center is eping, linen
INCOME CRITER	IA:					service, so	ecurity, valet parking by call system, interi	g, transportation,
			Appliances & Floor covering  NO R			nce, central air-cond PONSE IN 2021 Dieted update 08/9/2	ditioning.	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	lete Update:	12/9/2021			AREA:	Honolulu
PROJECT NAME:	KAHAUIKI VILI	LAGE				PROJECT TYPE:	Family
ADDRESS:	2325 N. Nimitz Hwy					PHONE:	,
CITY:	Honolulu	STATE: Hi.	ZIP:	96819		FAX:	
MANAGER	: Institute for Human Se	ervices		APPLY ADD	PRESS:		OUT-OF-STATE APPLICATION
APPLY TO	: Fax Referrals to 425-5	5168 attention to	o Family Program				ACCEPTED:
APPLY PHONE	:		F	<b>AX</b> : 808-425-5168	EMAIL:		
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:	725		324			
Two I	Bdrm:	900		540			
Three I	Bdrm:						
Four I	Bdrm:						
Rent is deducted a tenats choosing. waitlist are not required.	NT IS 30% OF INCOME automatically through the Regular updates to remagnired. Applicant or the contacted if selected for a	e bank of ain on the case		, internet, and cable	9	MINIMUM W ESTIMATE MAXIMU	(Months): 0  JM WAIT STIMATE 0  VAITLIST
	odial minor children		WAITLIST PARKING INFO: 1 parking per hor	FOR PARKING:	PET INFO	: F	PETS OK: NO
	ASSET LIMITS: DENTIAL PROPERTY:		parking per not	user lolu	GENERAL		
ASSET LIMIT INFO	O:		LEASE: 6 month		or a Trans will have p living in so of being h	iving in Homeless E sitional Shelter for h priority for housing. ubstandard housing tomeless may also at be minimum 1 ac	omeless families Families who are and are at a risk apply.
INCOME CRITERI Maximum Income update."	IA: Limit - 2021 - "Area inco	ome HUD	There n under the All adul			st be minimum 1 ac table jobs are acce are subject to a Cri cluding Sexual Offer	pted) minal Background

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	12/9/2021			AREA:	Kahuku	
PROJECT NAME:	KAHUKU ELDI	ERLY - HAI	JOLI HALE			PROJECT TYPE:		
	56-154 Puuluana Pl.					PHONE: 293-14	16	
CITY:	Kahuku	STATE: HI	ZIP:	<b>ZIP</b> : 96731		FAX: 293-14	16	
MANAGER	t: Amanda San Agustin			APPLY AD	DRESS:			
APPLY TO	APPLY TO: EAH Housing, Inc.			56-154 Puu Unit 100 Kahuku, Ha			OUT-OF-STATI APPLICATION ACCEPTED: YES	
APPLY ATTN	l:						120	
<b>APPLY PHONE</b> : 293-1416			F	AX:	EMAIL:	eahhousing.org ks-management@	eahhousing.org	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:							
One	Bdrm: 64	0		570	1	3	YES	
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:				<u></u>		YES	
Units come with p updates are not re Applicants must s information in writ to communication	ent IS 30% OF INCOME atio and window boxes. equired to remain on the ubmit changes to their of ing and respond in a time from management.	Regular waitlist. contact	UTILITIES INCLU Allowance for ele	JDED: ectricity and all wat	ter	MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:	e household must be 62	vears or				TO REMAIN ON W		
older at the time o			WAITLIST PARKING INFO: Parking included	FOR PARKING:	PET INFO		PETS OK: YES	
AN OWN DECI	ASSET LIMITS:		. anding moluded		GENERAL			
ASSET LIMIT INF	DENTIAL PROPERTY: O:		LEASE:		If elderly	spouse dies, undera		
			1 year; then mon	nth-to-month	Section 8 Built 2013 coordinat	unit if can afford the HUD; 9% LIHTC 3; on-site manager, or, laundry room.	resource	
INCOME CRITER	IA:				Catholic	tation to Shopping a Charities Hawaii	valiable through	
INCOME CRITERIA:  Maximum Annual Income: 50% AMI or less 1 person \$40,850 2 person \$46,650 3 person \$52,500		SS	FURNISHED:  New appliances; solar water heate range, microwavdisposal, granite window covering	ers, electric e, garbage countertops,	Complete Ask mana Pick up fr	ication: uplete online or management to mail it up from manager's office uest by email		
 1-PERSON MAXIN	MUM MONTHLY INCOM	E:	3812		J			

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	Last Com	plete Update:	1/21/2022			AREA:	McCully
PROJECT NAME:	KALAKAUA H	HOMES (HE	PHA-hon) -	NOT ACCEP	TING	PROJECT TYPE:	
	1545 Kalakaua Ave.	TOMES (TH	117 ( 11011)	THO I MODEL		PHONE: 973-019	1
	To to realizate 7 tvo.					FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96826		170.   973-018	,,,
MANAGER	t: Ioane Ah Sam			APPLY ADI			
APPLY TO	D: HPHA NOT ACCEPTING /	APPLICATIONS		1002 North Honolulu, H NOT ACCE		CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications o						NO
APPLY PHONE				<b>FAX:</b> 832-3461	EMAIL: h	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:						YES
	Bdrm: 127	0		559	1	4	YES
Three	Bdrm: 58	0		901	3	8	120
	Bdrm: 36	0					
Tour	Burin.		-			,	
RENT INFO: RE	NT IS 30% OF INCOM	ME: YES	UTILITIES IN	CLUDED:		TOTA	L UNITS: 221
the waitlist are to change or check t	D. All HPHA applicants go to: hpha.myhousing heir status. A usernar	g.com to me and	Water and all	owance for electricity		MINIMUM W. ESTIMATE	
	ed to access their acc	ount.					JM WAIT
AGE CRITERIA:	Q/2/2016*****				-	FO REMAIN ON W	00
	d must be 18 years or	older	\^/	IST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO:	P	PETS OK: YES
<u> </u>	ASSET LIMITS	: NONE			the categor	imals ok, but only o ies listed below: nder 25 lbs) or cat	
AN OWN RESI	DENTIAL PROPERTY				GENERAL	INFO:	
Cannot own a hou			LEASE:			NCES: Domestic V n transitional shelte	
						ed Low Inc Pub H	sing 100%
INCOME CRITER	IA:		•			ons must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	= 80% of AMI Income: 1 person - \$5 00; 3 persons - \$68,50 00; 5 persons - \$82,20 00; 7 persons - \$94,35	00; 00;	FURNISHED: Partly furnish appliances or	edmajor	crystal met	hamphetamine or s	sex offender
1-PERSON MAXIM	IUM MONTHLY INCO	ME:	4570				
2-PERSONS MAXI	IMUM MONTHLY INC	OME:	5220				

	Last Compl	ete Update:	1/4/2022			AREA:	Ala Moana
PROJECT NAME:	KALAKAUA VI	STA				PROJECT TYPE:	Elderly
ADDRESS:	1628 Kalakaua Ave.					PHONE: 946-593	36
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX: 949-552	25
	2: Kayla Kedro, Residen	t Manager	APPLY ADDRESS: P.O. Box 22420 Honolulu, HI 96823				OUT-OF-STATE
APPLY ATTN	I: Property Management	Division					ACCEPTED: YES
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978	EMAIL:	http://www.location 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:
	Bdrm: 80	1058	2xrent	430	1	2	YES
	Bdrm:		ļ				YES
8 units at \$616; 72 Section 8 certifica gross income requ	te holders need not mee	et the min	UTILITIES INC	CLUDED: , sewer, and trash		MINIMUM W ESTIMATE MAXIMU	(Months): 6
AGE CRITERIA:  All residents must	be 62 or olderat the time	e of				TO REMAIN ON W	/AITLIST
application.			PARKING INF	O: NO	PET INFO	): F	PETS OK: NO
		NONE YES			GENERAL		
ASSET LIMIT INF	<u>O:</u>		LEASE:  1 year; then m	nonth-to-month	Air-Condi	case manager 2 da	
INCOME CRITER	IA:				Funding: Application	LIHTC, RHTF, Sect	ion 8
	requirements: rson \$26,460; 2 persons rson \$44,100; 2 persons		Partly furnishe appliances on		Downlaod Pick up fr	d from website rom manager's office agement to mail it	9
	MUM MONTHLY INCOM		3675				

	Las	t Complet	e Update:	1/4/2022			AREA:	Mililani
PROJECT NAME:	KALANI (	SARDE	NS				PROJECT TYPE:	Family
ADDRESS:	95-081 Kipapa	Dr.					PHONE: 623-98	11
CITY:	Mililani		STATE: HI	ZIP:	96789		<b>FAX</b> : 623-72	12
MANAGER	R: Heather Wedo	dle			APPLY Al	DDRESS:		OUT-OF-STATE
APPLY TO	<b>)</b> :							APPLICATION ACCEPTED:
APPLY ATTN	I: Kalani Garder	ns						YES
APPLY PHONE	E: 623-9811				<b>FAX:</b> 623-7212	EMAIL:	website: www.eah kg-management@	
	Type: Num of UN		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:			J				
	Bdrm: 86	6	1236	YES	750	2	5	YES
Three	Bdrm: 3°	1	1374	YES	900	3	7	YES
Four	Bdrm:							YES
RENT INFO: RE Rent cannot exce One person house New rents as of 1 2BR \$1126 - \$123 3BR \$1253 - \$137	ed 45% of incomehold does not q 1/2019 36 74 - Not Acceptir	ne qualify ng Applica	tions	UTILITIES INC Gas, electricity sewer	CLUDED: v and water, trash a	ind	MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:							TO REMAIN ON V	VAITLIST
Head of househol time of application		ears or olde		WAITLI PARKING INF		PET INFO	: CALL EVERY	PETS OK: NO
	ASSET L	IMITS: N	IONE					
AN OWN RESI		ERTY: Y	ES			GENERAL		
ASSET LIMIT INF	·O:			LEASE: 1 year		Funding:	Section 8 and LIHT	С
INCOME CRITER	IΔ·							
Max. Annual Incorpersons - \$65,280 \$78,300; 6 persor Numbers may var allowances	me: 2 persons - ); 4 persons - \$7 ns - \$84,120; 7 p	<sup>2</sup> ,480; 5 p persons - \$	ersons - 89,880;	FURNISHED: Partly furnishe appliances on				
I 1-PERSON MAXIN	MUM MONTHLY	INCOME:		,		1		
2-PERSONS MAX	IMUM MONTHL	Y INCOME	Ē:	4820				

	Last Com	plete Update:	1/21/2022			AREA:	Chinatown
PROJECT NAME:	KALANIHUIA	(HPHA-hon	) - NOT A	CCEPTING	APPI I	PROJECT TYPE:	
	1220 Aala St.	(111 117 1101	1, 110171			PHONE: 586-972	
	12207 (616 011					FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96817		1700 372	
MANAGER	: Sol Sentous			APPLY A	DDRESS:		
					th School St. HI 96817		OUT-OF-STATE APPLICATION
APPLY TO	): HPHA NOT ACCEPTING A	APPLICATIONS			CEPTING APPLI	ICATIONS	ACCEPTED:
APPLY ATTN	I: Oahu applications o	ffice					NO
	NOT ACCEPTING A	APPLICATIONS			EMAIL:	hphaishereforyou.c	org
APPLY PHONE	E: 832-5961			<b>FAX</b> : 832-3461			
Unit	: Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio: 60	0		420	1	2	YES
One I	Bdrm: 90	0		492	1	4	YES
Two I	Bdrm:						YES
Three I	Bdrm: 1						
	Bdrm:						
l lour	Burin.				,	,	
RENT INFO: RE	NT IS 30% OF INCOM	ME: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 151
	). All HPHA applicants		Allowance for	utilities		MINIMUM W	AIT LIST
change or check t	go to: hpha.myhousing heir status. A usernar	ne and				ESTIMATE	(Months): 24
password is neede	ed to access their acco	ount.					JM WAIT
************	Q/ <b>?/?</b> ∩1&*****		ĮE.				STIMATE 60
AGE CRITERIA:	d or spouse must be 6	2 years or				TO REMAIN ON W	
older, or disabled	a c. cpcaccac. 20 c	_ you.o o.	WAITL PARKING INF	IST FOR PARKING	G: PET INFO	ı. F	PETS OK: YES
			Included	0.		s under 25 lbs. only	210 OK. 1123
	ASSET LIMITS	NONE					
AN OWN RESID	DENTIAL PROPERTY				GENERAL	_ INFO:	
ASSET LIMIT INF			LEASE:		PREFER	ENCES:( A) domest	
Cannot own a hou	use on Oahu.		1 year			omeless in transition d. (B) substandard h	
						e. (C) others = indefi es, under age 62 sp	
J						ding: Fed Low Inc Po	
INCOME CRITER  ncome Eligibility =			FURNISHED:		Income E	ligibility=80% of AM	ı
Maximum Annual	Income: 1 person - \$5		Partly furnish			tions must be 3 yrs	
4 persons - \$76,10	00; 3 persons - \$68,50 00; 5 persons - \$82,20	00;	appliances or	nly, no carpet	crystal me	ethamphetamine or	sex offender
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,35 450	oU;			Last com	pleted update 10/05	/2017
]						, space 10/00	
1-PERSON MAXIM	MUM MONTHLY INCO	ME:	4570				
2-PERSONS MAXI	IMUM MONTHLY INC	OME:	5220				

	Last Co	mplete Update:	1/21/2022			AREA:	Kalihi
PROJECT NAME:	KALIHI VAL	LEY HOMES	S (HPHA-ho	on) - NOT ACC	CEPT	PROJECT TYPE:	
	2250 Kalena Dr.		(	<b>,</b>		PHONE: 832-33	36
						FAX: 832-33	
CITY:	Honolulu	STATE: HI	ZIP:	96819		17211   002 00	
MANAGER	: Julie Wiggett			APPLY ADI	DRESS:		
				1002 North			OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING			Honolulu, H NOT ACCE	PTING APPLIC	ATIONS	APPLICATION ACCEPTED:
ADDI V ATTNI	: Oahu applications						NO
APPLIATIN	NOT ACCEPTING				ERAAU - b	- h - i - h - u - f - u	
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461	EMAIL: N	phaishereforyou.c	org
Unit	Type: Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
Si	tudio:						
One E	<b>3drm:</b> 52	0		494	1	4	YES
Two E	3drm: 60	0		674	2	6	YES
Three E	3drm: 123	0		834	3	8	YES
				1115	4	10	1 1/50
Four B	3drm: 112	0		1110	, ,	10	YES
Min. Rent: \$0; 26 - applicants who are hpha.myhousing.c	NT IS 30% OF INCO	HPHA to go to: eck their	UTILITIES INC	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMI	(Months): 36
ļ			įt.			LISTE	STIMATE 60
AGE CRITERIA:	d must be 19 years	or older			Т	O REMAIN ON V CALL EVERY	
nead of nousehold	d must be 18 years o	or older		IST FOR PARKING:			
			PARKING INF		PET INFO:		PETS OK: YES
1	ASSET LIMIT	rs: NONE	one space pe	i dint	the categori	es listed below: der 25 lbs) or ca	
AN OWN RESID	DENTIAL PROPERT	Y: NO			GENERAL I	NFO:	
ASSET LIMIT INFO			LEASE:			NCES: Domestic	
Cannot own a hou	se on Oahu		1 year		displaced.	n transitional shelt	ters; involuntary
					Fundina: Fe	ed Low Inc Pub H	sing 100%
J						ons must be 3 yrs	
ncome Eligibility =			FURNISHED:			namphetamine or	
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$00; 3 persons - \$68, 00; 5 persons - \$82, 00; 7 persons - \$94,	500; 200;	Partly furnishe appliances on				
1-PERSON MAXIM	IUM MONTHLY INC	OME:	4570				
2-PERSONS MAXI	MUM MONTHLY IN	COME:	5220				

	Last Compl	ete Update:	2/7/2022			AREA:	Hawaii Kai
PROJECT NAME:	<b>KALUANUI SE</b>	NIOR APAF	RTMENTS	5		PROJECT TYPE:	Elderly
ADDRESS:	6950 Hawaii Kai Drive					PHONE:	-
CITY:	Honolulu	STATE: HI	ZIP:	96825		FAX:	
MANAGER	R: Mike Klein, Compliand	ce Manager		APPLY ADD 394-6688	PRESS:		OUT-OF-STATE
APPLY TO	<b>):</b> call for viewing and ap	pplication					APPLICATION ACCEPTED:
APPLY ATTN	<b>\</b> :						YES
APPLY PHONE	E: 394-6688			FAX:	EMAIL:	halealiigroup@yah	loo.com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:						
One	<b>Bdrm</b> : 10	981		525			
Two	Bdrm: 21	1190		600			
Three	Bdrm:						
Four	Bdrm:						NO
Lower rent units for 3 1bdrm 3 2bd	or people at <50%AMI		JTILITIES INC	:LUDED:		MINIMUM W ESTIMATE MAXIM	(Months): 12
		ĮĮ.					STIMATE 24
AGE CRITERIA:	st be 62+; spouse can be	e 18+				TO REMAIN ON V CALL EVERY	
	, , ,		WAITLI PARKING INF	ST FOR PARKING: O: NO	PET INFO:		PETS OK: NO
			Parking \$40 m				į.··o
	ASSET LIMITS:	NONE					
AN OWN RESI	DENTIAL PROPERTY:	YES			GENERAL	INFO:	
ASSET LIMIT INF	·O:		EASE: 1 year		and ceiling ventilation have tub, Communit	, lever handles on 2bdrm have showe	d living room, cross doors. 1bdrm units
INCOME CRITER	IA:				Funding:		
	rson \$21,650; 2 persons rson \$36,050; 2 persons	\$41,200	FURNISHED: Partly furnishe appliances onl			ONSE IN 2021 olleted update 10/20	)/17
II-PERSON MAXIM	JUM MONTHLY INCOM	E: ;	3004		1		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ME:	3433				

		Last Comp	lete Update:	2/7/2022			AREA:	Kakaako
PROJECT NAME:	KAMA	KEE VIS	TA				PROJECT TYPE:	Family
ADDRESS:	1065 Kav	vaiahao St.					PHONE: 594-012	21
CITY:	Honolulu		STATE: HI	ZIP:	96814		<b>FAX</b> : 594-012	23
MANAGER					APPLY ADI On-Site Apt			OUT-OF-STATE APPLICATION
APPLY TO		Affordable Pro	perties Inc.					ACCEPTED: YES
APPLY PHONE					<b>FAX</b> : 594-0123		kkamakeevista@ha http://hawaiiafforda	awaii.rr.com ble.com/residential-
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm:	90	1510	3338	570 720	1 2		YES
Three I	Bdrm:							YES
RENT INFO: RE Rental Assistance \$175 deducted fro Deposit = 1 month	e (RAP) lim om market	nited to 135 ur		UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA: Head of househole	d must be	18 years or o	der	WAITLI	ST FOR PARKING:		TO REMAIN ON W CALL EVERY	/AITLIST
				PARKING INF		PET INFO:	F	PETS OK: NO
AN OWN RESIDERS ASSET LIMIT INF	DENTIAL F		YES	LEASE:			INFO: can be converted to s are allowed with M	
INCOME CRITER No maximum ann Min Income for ma	IA: ual income arket 1 bdi	э.		1 year  FURNISHED:  Partly furnishe appliances on		Send requenvelope Pick up fro Request b	gement to mail it est with self-addresom manager's office y email or fax  ONSE 2021. Last 0	•
1-PERSON MAXIN	IUM MON	THLY INCOM	E:	3700				

	Last Comple	ete Update:	2/7/2022				AREA:	Waipahu
PROJECT NAME:	KAMALU - HOʻ	OLULU E	LDERLY -	NOT	ACCEP	TING	PROJECT TYPE:	Elderly
	94-941 Kauolu Pl.						PHONE: 675-009	99
							FAX: 675-009	
CITY:	Waipahu	STATE: HI	ZIP:		96797			
MANAGER	: Venus R. Katano				APPLY ADI			OUT-OF-STATE APPLICATION
	: Hawaii Affordable Prop	erties Inc.						ACCEPTED:
APPLY ATTN	: Venus R. Katano							
APPLY PHONE	: 675-0099			FAX:	675-0098	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME		SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER Allowed:
			Required:	-		of People	People:	YES
		170		. J. 1 - E	443	1	1	YES
	Bdrm: 50	195			599	2	2	120
				+				
Three I				-				
Four I	Barm:		ļ.	ļ.				YES
RENT INFO: RE	NT IS 30% OF INCOME	YES	UTILITIES INC	CLUDE	O:		TOTA	L UNITS: 221
	studio is \$170 and for on come, whichever is more		Electricity and	water			MINIMUM W	AIT LIST
	_OSED since 8/2/2016**						ESTIMATE	(Months): 36
Waitiist Ci	LOSED SINCE 6/2/2016							JM WAIT STIMATE 36
AGE CRITERIA:							TO REMAIN ON W	Į.
	d must be 62 years or old , spouse/partner must be		WAITL	IST FO	R PARKING:		CALL EVERY	(Months): 12
old.	i, spouse/partilei must be	e 55 years	PARKING INF			PET INFO	: F	PETS OK: NO
J.			Parking include	ded				
	ASSET LIMITS:					J		
AN OWN RESIDE	DENTIAL PROPERTY:   O·	YES				GENERAL	. INFO: s are allowed with M	ID letter
Cannot own prope	erty in same county.	Asset	LEASE:	nth.		No prefere	ence for veterans ar 993-Kamalu 1994-F	ny more
Limit: 1 person - \$ 2 persons - \$44,10			INIOTILIT-TO-THOI	1111		Large gar	den	
						Transport	ining room with kito ation to Shopping a	nen vailable through
INCOME CRITER			ELIDNICHED.				Charities Hawaiʻi only in designated a	reas (not inside
Maximum Annual 1 person - \$34,300	0		FURNISHED: Partly furnished	edmai	or	unit)		
2 persons - \$39,20	00		appliances on Central heat; system	ıly.		NO RESP update 6/	PONSE in 2021. Las 16/20.	t completed
1-PERSON MAXIM	IUM MONTHLY INCOME	Ē:	2858			Į.		
2 DEDCONC MAY	NALINA NAONITLII V INICON	<b>л</b> г.	2267					

	Last Comple	ete Update:	1/21/2022			AREA:	Kalihi
PROJECT NAME:	KAMEHAMEHA	HOMES	(HPHA-ho	n) - NOT AC	CEPTI	PROJECT TYPE:	Family
	1541 Haka Dr.			,		PHONE: 832-315	53
	<u> </u>					FAX: 832-318	
CITY:	Honolulu	STATE: HI	ZIP:	96817		1002 0.00	
MANAGER	: Cynthia Yoshida - Man	ager			ADDRESS:		
APPLY TO	: HPHA NOT ACCEPTING API	PLICATIONS		Honolulu	rth School St. , HI 96817 CEPTING APPLI	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Oahu applications offic NOT ACCEPTING API						NO
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 62	0		540	1	4	YES
	Bdrm: 123	0	-	800	2	6	YES
Three I		0		980	3	8	YES
Four I	Bdrm:						
Minimum Rent: \$0 All HPHA applicar to: hpha.myhousir	NT IS 30% OF INCOME  for Federal Low Income hts who are on the waitlis ng.com to change or cheo he and password is need unt.	projects t are to go ck their	UTILITIES INC	CLUDED: owance for utilities		MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT
AGE CRITERIA:						TO REMAIN ON W	00
	d must be 18 years or old	der	\/\	IST FOR PARKING	G·	CALL EVERY	
1			PARKING INF		PET INFO	: F	PETS OK: YES
	ASSET LIMITS:	NONE	Included	,	the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	. INFO:	
ASSET LIMIT INFO			LEASE:		PREFERI homeless displaced	ENCES: Domestic \ in transitional sheltor.	/iolence victims; ers; involuntary
					Funding:	Fed Low Inc Pub Hs	sing 100%
INCOME CRITER	IA:					tions must be 3 yrs	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances on		crystal me	ethamphetamine or	sex offender
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u> :	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	1E:	5220				

	Last Complete	Update:	1/21/2022				Kaneohe
DDO IECT NAME.	-		/LIDITA	wind) NOT A	CCE	AREA: PROJECT TYPE:	
	KANE'OHE APAI		(НРНА-	wina) - NOT A			Family
ADDRESS:	45-507 & 45-513 Pahia Ro	1.				PHONE: 233-376	
CITY:	Kaneohe	STATE: HI	ZIP:	96744		FAX: 233-376	9
MANAGER	Daharia Kabala			ADDL V ADD	27500		
MANAGER	: Roberta Kahele			APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	: HPHA			Honolulu, HI NOT ACCER	96817 PTING APPLIC	ATIONS	APPLICATION ACCEPTED:
	NOT ACCEPTING APPL	ICATIONS					NO
APPLY ATTN	I: Oahu applications office NOT ACCEPTING APPL	ICATIONS					
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461	EMAIL: h	phaishereforyou.o	rg
Linit	Type: Number		Minimum		MINIMUM	MAXIMUM	
Oilit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
s	tudio:						
One I	Bdrm: 5	0	, 	429	1	4	YES
Two I	<b>Bdrm:</b> 19	0		600	2	6	YES
Three I	Bdrm:						
Four I	Bdrm:						
Minimum Rent: \$0 All HPHA applicar to: hpha.myhousir	NT IS 30% OF INCOME:  of for Federal Low Income puts who are on the waitlist and ang.com to change or check the and password is needed unt.	rojects. re to go their	TILITIES INC /ater and allo	CLUDED: owance for electricity		MINIMUM WA ESTIMATE (	(Months): 36
]							TIMATE 60
AGE CRITERIA: Head of household	d must be 18 years or older				ı	O REMAIN ON W CALL EVERY	
	•	P.	WAITL ARKING INF	IST FOR PARKING: O:	PET INFO:	P	ETS OK: YES
		Ir	ncluded			mals ok, but only o	
	ASSET LIMITS: NO	ONE				der 25 lbs) or cat	
	DENTIAL PROPERTY: NO	)			GENERAL II		
ASSET LIMIT INF			EASE:			NCES: Domestic V n transitional shelte	
		1	year		displaced.		
						ed Low Inc Pub Hs	
INCOME CRITER			IDMIGUED			ons must be 3 yrs a namphetamine or s	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,250 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	); F	JRNISHED: artly furnishe ppliances on				
1-PERSON MAXIM	IUM MONTHLY INCOME:	4	570		-		
2-PERSONS MAXI	MUM MONTHLY INCOME:	5.	220				

		Last Comp	lete Update:	11/2/2021			AREA:	Kaneohe
PROJECT NAME:	KANE	OHE EL	DERLY				PROJECT TYPE:	Elderly
ADDRESS:	45-457 N	leli Pl.					PHONE: 235-439	99
CITY:	Kaneohe		STATE: HI	ZIP:	96744		FAX: 235-00	33
MANAGER			being hired; New		ger - <b>APPLY AD</b> Leasing Off			OUT-OF-STATE
APPLY TO	: Cambrid	dge Managem	ent Inc.		Ü			APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :							YES
APPLY PHONE	<b>:</b> 235-439	99			<b>FAX:</b> 235-0033	EMAIL:	kaneohe@cmiweb.	net
	туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	44	0		564	1	3	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE	10 007	NO OI INCOM	E: YES	Water and \$52 taken off the re	? mo. utility allowance	е	MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT
AGE CRITERIA:				į			TO REMAIN ON W	STIMATE 36
Head of househol				WAITLI	ST FOR PARKING:		CALL EVERY	
disabled. Other factoring disabled of the caregivers allowed		•	ates, and	PARKING INF	O: YES	PET INFO		PETS OK: YES
	AS	SET LIMITS:	NONE	Parking includ	ed if available	Subject to	house rules and ap	pproval
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:		Security e	nhanced complex	
				1 year			Low Income Housin Section 8 100%	g Tax Credit 100%
NCOME CRITER	IA:			]			gement to mail it	
Maximum annual 2 persons \$46,650			50	FURNISHED: Partly furnishe appliances onl		Send requ envelope	est with self-addres	ssed stamped
  -PERSON MAXIN	IUM MON	THLY INCOM	E:	3404		J		
2-PERSONS MAXI	IMUM MO	NTHLY INCO	ME:	3887				

	Last Co	mplete Update:	10/15/2021			AREA:	Lanakila
PROJECT NAME:	KAPUNA I -	NOT ACCE	TING APF	PLICATIONS		PROJECT TYPE:	Elderly
ADDRESS:	1015 North School	St.				PHONE: 845-213	30
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 845-668	34
	ļ						
	R: Sherry Prevo  D: Sage Apartment C	Communities, Inc.		APPLY AD 1015 North Honolulu, F	School St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>\</b> :						YES
APPLY PHONE	<b>≣</b> : 845-2130			<b>FAX:</b> 845-6684	EMAIL:	kapunaonesage.co	m
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 162	0		530			YES
Three	Bdrm:						NO
RENT INFO: RE	ENT IS 30% OF INCO	OME: YES	UTILITIES IN	CLUDED:		TOTA	L UNITS: 162
	sed on anniversary of respond to mail from		Electricity and	d water		MINIMUM W ESTIMATE MAXIMI	
*\Maitlist appead 1	10/49/94 40/49/94 f	or a lottony	Į				STIMATE 9
AGE CRITERIA:	lication, Head of hou	sehold must				TO REMAIN ON W	
be 62 years or old	der, or 18+ w/ disabili	ty. Spouse		LIST FOR PARKING:	-		PETS OK: YES
	mily members, roomi d with mgmt approva		PARKING INF		PET INFO:	oved reasonable ac	
μ	ASSET LIMIT	S: NONE				questing pet	
AN OWN RESI	DENTIAL PROPERT				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:			st be notified if appli	
			1 year, then r	month-to-month.		Section 8 and Low I	
INCOME CRITER	IIA:					ation to Shopping a Charities Hawai'i upo	
	income is 80% AMI: ns - \$77,350, 3 perso		FURNISHED:		.	e in personally to up	
PREF: VERY LO	W INCOME (<30% (	OF MEDIAN)	appliances or			with form sent to ap	
1-PERSON MAXIM	MUM MONTHLY INC	OME:	5642		Į.		
2-PERSONS MAXI	IMUM MONTHLY IN	COME:	6448				

		Last Comp	lete Update:	1/24/2022			AREA:	Waianae
PROJECT NAME:	KAU'	IOKALAN	II (HPHA-I	ee) - CLOS	SED		PROJECT TYPE:	Family
ADDRESS:	85-658	Farrington Hwy	<b>'</b> .				PHONE: 697-71	71
CITY:	Waiana	е	STATE: HI	ZIP:	96792		<b>FAX:</b> 697-71	74
MANAGER APPLY TO		eafine			APPLY AD 1002 North Honolulu, F	School St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>\</b> : Oahu a	applications off	ice					NO
APPLY PHONE					<b>FAX:</b> 832-3461	EMAIL:	:	
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio: Bdrm:							
	Bdrm:							
Three	Bdrm:	50	0		987	3	8	YES
Four	Bdrm:							
Minimum Rent: \$5 projects  NOT ACCEPTING	50.00 for	Federal Low In		Water and allo	CLUDED: owance for electricity	only	MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:	ld must b	a 10 vaara ar a	ldor				TO REMAIN ON W	
Head of househol	ia musi bi	e 16 years or o	idei	WAITL PARKING INF	IST FOR PARKING:	PET INFO		
<u> </u>	A:	SSET LIMITS:	NONE	Parking one s	1.10	multiple a	animals ok, but only ories listed below:  (under 25 lbs) or cat	
AN OWN RESI						GENERAI	L INFO:	
ASSET LIMIT INF		ahu		LEASE:			ENCES: Domestic \ s in transitional shelt f.	
INCOME CRITER  ncome Eligibility = Maximum Annual 2 persons - \$60,9 4 persons - \$76,1 6 persons - \$88,3 8 persons - \$100,	= 80% of Income: 00; 3 per 00; 5 per 00; 7 per	1 person - \$53 sons - \$68,500 sons - \$82,200	· ; ·	FURNISHED: Partly furnishe appliances on		any corre updates r update ar composit hpha.myt username	ats must respond in a spondence from HF needed, however, a ny contact informatic ion info, and check nousing.com (will nee/password to do so Fed Low Inc Pub Hstetions must be 3 yrs	PHA. No waitlist pplicants must phicants must phicants must price waitlist status via ed phicants was a sing 100%
" 1-PERSON MAXIN	IOM MUN	NTHLY INCOM	E:	4570		r		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	5220				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	2/28/2022			AREA:	Kakaako	
ROJECT NAME:	KAUHALE KAI	KAAKO				PROJECT TYPE:	Family	
ADDRESS:	60 Halekauwila St.					PHONE: 593-903	35	
CITY:	lonolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 591-025	60	
	Melanie Hopeau Hawaii Affordable Pro	pperties Inc.		APPLY AD On-Site Ste			OUT-OF-STAT APPLICATION ACCEPTED:	
ADDI V ATTNI	Kauhale Kakaako					YES		
APPLY PHONE:				<b>FAX:</b> 591-0250	EMAIL:	kauhalekakaako.co http://hawaiiaffordal		
Unit T	ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	dio:		1000				YES	
One Bo		1732 2242	4200 5400	728	2	5	YES	
Three Bo		22-72	0400	720				
Four Bo	irm:						YES	
1 Bd Full Rent \$163 or \$1,732 (with stair	7 (without stainless ap	ppliances)	Water, Sewer,			MINIMUM WA ESTIMATE MAXIMU	(Months): 12	
AGE CRITERIA: Head of household time of application.	must be 18 years or o	lder at the	WAITLI PARKING INFO	ST FOR PARKING:	PET INFO	TO REMAIN ON W CALL EVERY		
AN OWN RESIDE	ASSET LIMITS:		\$60/month + T \$90/month + T			itted with a \$200 ref	P.	
ASSET LIMIT INFO	:		LEASE:		applicants well as re	th completing regula must keep all conta spond to communica ent in a timely mann	act info current, as ation from housing	
NCOME CRITERIA: Minimum Income for Market 1 bdrm - \$4,200; 2 bdrm - \$5,400		200; 2	FURNISHED:	edmajor	refrigerato fans, phoi are air-co	include a range wit or, double kitchen sin ne/cable jacks, and landitioned and there all deck on property	nks, blinds, ceiling lanai. The units is a landscaped	
Maximum Income d and size of unit.	epends on number of	occupants	appliances & d	carpets	recreational deck on property that includes a basketball/pickleball court, barbecue areas, playground, and convenience store. A fitness center is currently being installed.  On-site Resident Manager/Management Office,			
-PERSON MAXIMU	M MONTHLY INCOM	IE:			2.1. S.1.0 1.			

		Last Comple	ete Update:	1/24/2022				Web in the
	IZ A L IL I		·		ACCEPTIVE	0 ADD	AREA: PROJECT TYPE:	Wahiawa
PROJECT NAME:			II (HPHA-	cen) - NO I	ACCEPTING	G APP		Family
ADDRESS:	310 North	Cane St.					PHONE: 622-636	
CITY:	Wahiawa		STATE: HI	ZIP:	96786		<b>FAX</b> : 622-636	52
MANAGER APPLY TO	: HPHA	Quinones	PLICATIONS		Honolulu, I	n School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN								NO
APPLY PHONE		CEPTING API	PLICATIONS		<b>FAX:</b> 832-3461	EMAIL:	nphaishereforyou.o	rg
		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	Bdrm:	16	0	<u> </u>	727	2	6	YES
Three I	Bdrm:	20	0		958	3	8	YES
Four I	Bdrm:							
Minimum Rent: \$0	) for Federa	al Low Income		UTILITIES INC Water and allo and gas	LUDED: wance for electricity	У	MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	
Head of household	d must be	18 years or old	ler	WAITLI	ST FOR PARKING	:	CALL EVERY	
				PARKING INFO		PET INFO:	imals ok, but only o	PETS OK: YES
Į.	ASS	SET LIMITS:	NONE	Parking includ	eu	the catego	ries listed below: nder 25 lbs) or cat	
AN OWN RESID		ROPERTY:	NO			GENERAL		
Cannot own a hou		u		LEASE: 1 year			NCES: Domestic V in transitional shelte	
INCOME CRITERI ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	80% of All Income: 1 00; 3 perso 00; 5 perso 00; 7 perso	person - \$53,2 ons - \$68,500; ons - \$82,200;	250;	FURNISHED: Partly furnishe appliances onl		correspond manner. N applicants info/house waitlist sta need userr Funding: F	s must respond to a dence from HPHA, o waitlist updates n must update any chold composition in tus via hpha.myhouname/password to ded Low Inc Pub Hsons must be 3 yrs a	in a timely needed, however, ontact of and check using.com (will do so).
1-PERSON MAXIM	IUM MONT	THLY INCOME	<b>:</b> :	4570				
2-PERSONS MAXI	MUM MON	NTHLY INCOM	IE:	5220				

	Last Co	mplete Update:	1/24/2022			AREA:	Waimanalo
PROJECT NAME:	KAUHALE C	'HANA (HPI	- (IA-wind	NOT ACCEPT	TING	PROJECT TYPE:	
	41-1260 Kalaniana	`				PHONE: 233-376	<u> </u>
	]					FAX: 233-376	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		1200 07.0	
MANAGER APPLY TO	: Roberta Kahele : HPHA NOT ACCEPTING	3 APPLICATIONS		APPLY ADD 1002 North : Honolulu, H NOT ACCEI	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Oahu applications						NO
APPLY PHONE		7711 Elextricite		<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
Two E	Bdrm:						
Three E		0		1003	3	8	YES
	NT IS 30% OF INCO ) for Federal Low Inco 8/2/2016******		Water and allo and gas	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU	-
AGE CRITERIA: Head of household	d must be 18 years	or older	\\/ \ ITI	IST FOR PARKING:		TO REMAIN ON W CALL EVERY	
			PARKING INF		PET INFO	: F	PETS OK: YES
]	ASSET LIMIT	S: NONE			the catego	nimals ok, but only or ories listed below: under 25 lbs) or_cat	
	DENTIAL PROPERT	Y: NO			GENERAL	. INFO:	
ASSET LIMIT INFO			LEASE: 1 year			ENCES: Domestic V in transitional shelto	
INCOME CRITERI			FURNISHED:		correspon manner. N applicants	ts must respond to a dence from HPHA, No waitlist updates re- tally appearable in the	in a timely needed, however, ontact
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$68, 00; 3 persons - \$68, 00; 5 persons - \$82, 00; 7 persons - \$94,	500; 200;	Partly furnishe appliances on		waitlist sta need user	ehold composition in atus via hpha.myhou name/password to Fed Low Inc Pub Hs	using.com (will do so).
					All convict	tions must be 3 yrs	ago, unless it's
1-PERSON MAXIM			4570 5220				

		Last Comp	lete Update:	2/28/2022			AREA:	Wahiawa
PROJECT NAME:	KAW	AHI MAL	UWAI APA	RTMENTS	1		PROJECT TYPE:	Family
ADDRESS:	730 Wil	likina Dr.					PHONE: 888-528	37
CITY:	Wahiaw	a	STATE: HI	ZIP:	96786		FAX: 888-532	29
MANAGER APPLY TO		ha Walker, Ma	nager		APPLY AI On-Site	DDRESS:		OUT-OF-STATE APPLICATION
		i Maluwai Apaı	rtments					ACCEPTED: YES
APPLY PHONE	: 888-52	87			<b>FAX:</b> 888-5329		awahi@cmiweb.n ww.KawahiMaluw	
	type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm:	79	0	NO		1	3	YES
Two I	Bdrm: Bdrm:	39	0	NO		2	5	YES
Four	Bdrm:							
RENT INFO: RE project-based sec managed by Cam	tion 8 bui	lding with priva	ate owner	UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 24  JM WAIT
AGE CRITERIA:						7	O REMAIN ON W	/AITLIST
Head of household time of application		e 18 years or o	lder at the	WAITLI PARKING INF	O: NO	PET INFO:	CALL EVERY	(Months): 6 PETS OK: NO
	AS	SSET LIMITS:	YES		ntiful and included, enant must have	Only service	e animals with doc	r
AN OWN RESIDE		PROPERTY:	YES			GENERAL I		ar waitlist updates,
Property is counted	ed when c	interest rate (d		LEASE: One-year then thereafter	n month-to-month	applicants i	must keep all cont	act info current, as ation from housing
I INCOME CRITER	IA:					9 handicap	ection 8 100% + L ped accessible un	
Maximum Monthly	y Income:	5 persons - \$6	6510.00	FURNISHED: Partly furnishe appliances & r carpet.	ed with-major microwave. No	2 Elevators secured ke On-site ma Newly renn Transporta	Avel.  , Community Roor  , Community Roor  y-card entry, 24 hr  nagement and Lac  ovated (2012)  cion to Shopping ar  parities Hawai'i	m, Playground, r. maintenance, undry Facilities.
1-PERSON MAXIM	NOM MUN	NTHLY INCOM	IE:	4220		-		
2-PERSONS MAXI	IMUM MC	ONTHI Y INCO	MF:	4820				

_		Last Comp	olete Update:	2/1/2022			AREA:	Chinatown
PROJECT NAME:	<b>KEK</b>	AULIKE C	OURTYAF	RDS			PROJECT TYPE:	Family
ADDRESS:	1016 M	aunakea St.					PHONE: 545-299	93
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX</b> : 545-36	54
MANAGER:	: Eric W	ong, Property	Manager		APPLY A	DDRESS:		
APPLY TO:	: Kekau	like Courtyards	s Corp.					OUT-OF-STAT APPLICATIO ACCEPTED
APPLY ATTN:	:							NO
APPLY PHONE:	: 545-29	993			<b>FAX:</b> 545-3654	EMAIL:	http://www.mutual- housing.org/kekaul	ike-courtyards/
Unit <sup>-</sup>	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	udio:	12	738	2x rent	300	1	2	YES
One B	Bdrm:	63	926	2x rent	500	1	4	YES
Two B	Bdrm:							
Three B	3drm:							
Four B	Bdrm:							YES
http://www.mutual-	housing	i.org/kekaulike-	courtyards/				LIST ES	(Months):  JM WAIT  STIMATE 1
AGE CRITERIA:  Head of household	d must b	e 21 years or o	older at the				TO REMAIN ON W	
time of application; caregiver must be	; spouse	e/partner, room	mates,	WAITL PARKING INF	IST FOR PARKING O: NO	i: PET INFO	: F	PETS OK: YES
oa. og. 10ao. 50			(4.1451-15)	\$40/month	ino ino		ls (2 max) and fish o	P
	A	SSET LIMITS:	NONE					
AN OWN RESID		PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO	J:			LEASE:		must keep	st updates necessa contact info currer	nt, as well as
				1 year; then n	nonth-to-month		o communication fro / manner.*	om management
INCOME ODITEDI							oom on every floor has only 1 laundry i	
\$42,300 for 1 person	on, \$48,			FURNISHED:			s, secure building.	
\$54,400 for 3 perso	ons, \$60	0,400 for 4 pers	sons.	Partly furnishe appliances on		http://www	n available at: v.mutual-housing.or s/ (only during times	
-PERSON MAXIMI	UM MO	NTHLY INCOM	1E:	3525		1		
-PERSONS MAXIN	MUM M	ONTHLY INCO	ME:	4029				

Last Complete U	Jpdate: 2/22/2022			AREA:	Kapolei
PROJECT NAME: KEKUILANI COUR	RTS			PROJECT TYPE:	Family
ADDRESS: 91-1083 Kekuilani Lp.				PHONE: 674-040	05
CITY: Kapolei ST	ATE: HI ZIP:	96707		<b>FAX</b> : 674-042	26
MANAGER: Nua Vaovasa Site Manager: Amanda I. K	(aleikula-Velleses	APPLY ADI	DRESS:		OUT-OF-STATE
APPLY TO: Affordable Properties Inc.					APPLICATION ACCEPTED:
APPLY ATTN: Kekuilani Courts LLC					YES
<b>APPLY PHONE</b> : 674-0405		<b>FAX:</b> 674-0426		kekuilanicourt@hav http://hawaiiafforda	waii.rr.com ble.com/residential-
	RENT: Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	_				
One Bdrm: 80	1000	700			YES
Two Bdrm: 80	1800	790	1		120
Four Bdrm:					VEC
Pour Burni.					YES
RENT INFO: RENT IS 30% OF INCOME: NO Section 8 holders do not need to meet the minimum income requirement.  Must have verifiable residential history.		CLUDED:		MINIMUM W ESTIMATE MAXIMU	(Months): 6
	Į.				STIMATE 12
AGE CRITERIA:  Head of household must be 18 years or olderat	t the			TO REMAIN ON W CALL EVERY	
time of application.	PARKING INF	O: NO	PET INFO:	F	PETS OK: NO
ASSET LIMITS: YES	stall - \$15/mo	uded, additional			·
AN OWN RESIDENTIAL PROPERTY: NO			GENERAL	INFO:	
ASSET LIMIT INFO:	LEASE:		*Along with	n completing regula	ar waitlist updates, act info current, as
Property is counted when determining income eligibility.	1 year		well as res		ation from housing
INCOME CRITERIA:				s resident managei tral laundry facility,	
Income is not to exceed 80% AMI. Minimum in requirement was omitted.	Partly furnishe appliances; ga	ed major as range; disposal, th storage closet.	vending m parking, ca Membersh to the rec t Bus stops	achine, barbecue a ar wash area. ip in Kapolei Assoc acility and swimmi across street and r te application ever the waiting list.	area, visitor ciation with access ng pool. next door.
7 1-PERSON MAXIMUM MONTHLY INCOME:	5640		je.		
2-PERSONS MAXIMUM MONTHLY INCOME:	6446				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	2/28/2022			AREA:	Kapolei	
ROJECT NAME: KEK	UILANI GA	RDENS				PROJECT TYPE:	Family	
ADDRESS: 91-104	5 Kekuilani Lp.					PHONE: 674-664	17	
CITY: Kapole	i	STATE: HI	ZIP:	96707		<b>FAX:</b> 674-417	70	
MANAGER: Mark	Development, In	C.		<b>APPLY AD</b> 91-1045 Ke	DRESS: ekuilani Lp., Kap	olei.	OUT-OF-STAT	
APPLY TO: Kekui	lani Gardens			Hawaii 967		,	APPLICATIO ACCEPTED	
APPLY ATTN:							YES	
APPLY PHONE: 735-9	099 ext 1		i	FAX: 674-4170		nttp://www.mdihawa dens	aii.com/kekuilaniga	
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Studio:								
One Bdrm:				700			YES	
Two Bdrm:	55	0		790	2	5	120	
Four Bdrm:							YES	
RENT INFO: RENT IS 3	0% OF INCOME	: YES	UTILITIES INCL	UDED:		TOTA	L UNITS: 55	
Priority given to very low i AMI). Security Deposit \$ Monthly Allowable Rent \$ Market Note Rate Rent \$	925 925	1 30%	Water			MINIMUM W ESTIMATE	(Months): 6	
			[				JM WAIT STIMATE 7	
AGE CRITERIA: Head of household must	no 19 voore er el	dor			7	TO REMAIN ON W CALL EVERY		
lead of flousefloid flust	de 10 years or or	uei	WAITLIS' PARKING INFO:	T FOR PARKING: NO	PET INFO:		PETS OK: NO	
			Parking included		Must have			
	ASSET LIMITS:	YES			<u> </u>			
AN OWN RESIDENTIA ASSET LIMIT INFO:	L PROPERTY:				GENERAL I	NFO: dates not required	: Applicants must	
Property is counted when eligibility.	determining inco	ome	LEASE: 1 year		keep all co	ntact info current, a ication from housi	as well as responding management in	
NCOME CRITERIA:			1		Funding: F Mark Devel On-site lau	lopment Inc.		
Maximum Annual Income /ery Low = 2 persons - \$ 546,350; 4 persons - \$51,	41,200; 3 person 500; 5 persons -	s - \$55,650	FURNISHED:  Partly furnished- appliances only	major	Application	:		
Once placed, your adjuste the Low Allowable Income		ot exceed			ask manag	online mdihawaii.com ask management to mail it pick up from manager's office		
  -PERSON MAXIMUM MC	ONTHLY INCOME	<u> </u>						

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	Last Com	plete Update:	2/22/2022			AREA:	Waianae
PROJECT NAME:	<b>KEOLA HOO</b>	MALU				PROJECT TYPE:	Elderly
ADDRESS:	85-259 Plantation Ro	ad				PHONE: 524-27	31
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 545-52	14
MANAGER	: Sunnie Lee, COS	Jay Okada, Off-Sit	e Manager	50 S. Ber	DDRESS: etania St., Suite	C101	OUT-OF-STATE
APPLY TO	: Urban Real Estate (	Co.		Honolulu,	HI 96813		APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Manageme	ent Department					YES
APPLY PHONE	: 524-2731 ext 3609			<b>FAX:</b> 545-5214	EMAIL:		
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 35						YES
	Bdrm: 35	0			1	2	. = 0
Three							
Four	Bdrm:						
Market \$1,100.00	ENT IS 30% OF INCOM	ME: YES	UTILITIES INC			MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:						TO REMAIN ON V	VAITLIST
	ld 62+ or disabled; spo ; all other members of			IST FOR PARKING	_	CALL EVERY	
household must b	e 62+ or disabled		PARKING INF		PET INFO: Subject to	Management Appr	PETS OK: YES
•	ASSET LIMITS	: NONE					
	DENTIAL PROPERTY	: YES			GENERAL		
ASSET LIMIT INF	<u>O:</u>		LEASE:	anth to month	_	Section 8 100%	
			i year, then n	nonth-to-month		er residing on site. inits not available fi	
INCOME CRITER	IA:		,		Application		
50% AMI: 1 perso	n \$40,850; 2 persons	\$46,650	FURNISHED: Partly furnishe appliances on		envelope  NO RESP	est with self-addre ONSE IN 2021. LA OCCURRED ON 0	ST COMPLETED
1-PERSON MAXIM	IUM MONTHLY INCO	ME:	3404		1		
2-PERSONS MAXI	IMUM MONTHLY INC	OME:	3888				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	2/22/2022			AREA	Vineyard
PROJECT NAME:	<b>KEOLA HOON</b>	ANEA				PROJECT TYPE	Elderly
ADDRESS:	1465 Aala St.					<b>PHONE</b> : 533-45	82
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER	: Beverley Febenito - P Specialist; Sterling Ro			=	ni Blvd. Ste. 70	00	OUT-OF-STATE
APPLY TO	: Hawaiiana Manageme	ent Co.		Honolulu Hi	90013		APPLICATION ACCEPTED:
APPLY ATTN	: Housing Management	t Department					
APPLY PHONE	: 593-9100		F/	<b>AX</b> : 593-6333	EMAIL: \	www.hmcmgt.com	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						\
	3drm: 175	862	2.5x Rent	500	1	2	YES
	Bdrm:						
Three I							
Four I	Bdrm:						
70 units are Section by 30% of income not apply. Rest of \$862, based on 30	NT IS 30% OF INCOME on 8 units where rent is and the minimum incorr f units have rent range of 10% household of income requirement range \$18	calculated ne need of \$733 -	UTILITIES INCLU Electricity, gas an			MINIMUM W ESTIMATE MAXIM	
AGE CRITERIA:						TO REMAIN ON V	
	d must be 62 years or old rembers of household			FOR PARKING:		CALL EVERY	
62+ or disabled. (	Caregivers over 18 yrs o	old allowed.	PARKING INFO: 50 stalls; no park	YES	PET INFO:		PETS OK: YES s approval, 2 cats
,	ASSET LIMITS:	NONE	avg. one year;	g .ee,ae.		ssible; \$100 pet de	
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF			LEASE:			tion to Shopping a	available through
			1 year; then mont	th to month	Federal Pr Application	harities Hawaii ef. i: Ask managemei est with self-addre	nt to mail it ssed stamped
INCOME CRITER	IA:				Pick up fro	m manager's offic Section 236 & Sec	
\$77,350 for Section	e: 1 person \$67,700; 2 on 236 unit. Max annual person - \$25,400; 2 per	income for	FURNISHED:  Partly furnished appliances only	major	NO RESPO		AST COMPLETED
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	5642		J		

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	Last Compl	lete Update:	1/24/2022			AREA:	Makiki	
PROJECT NAME:	<b>KEWALO APA</b>	RTMENTS	S - Waitlist	is Open		PROJECT TYPE:	Family	
ADDRESS:	1407 Kewalo St.					PHONE: 531-32	33	
CITY:	J Honolulu	STATE: HI	ZIP:	96822		<b>FAX</b> : 529-05	16	
	]							
MANAGER	R: Kelli Lopez			APPLY AD	DRESS:			
APPLY TO	: Kewalo Apartments			On-site management office, through email or at: www.mdihawaii.com			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l:						YES	
APPLY PHONE	E: 531-3233			<b>FAX:</b> 529-0516	EMAI	L: kellil@mdihawaii.c www.mdihawaii.co	m (online	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUN Number of People	Number of	CAREGIVER Allowed:	
S	tudio:							
One I	Bdrm:							
Two I	Bdrm: 37	0	NO	610	2	5	YES	
Three I	Bdrm:							
Four I	Bdrm:						YES	
Project-based Sec	ENT IS 30% OF INCOME ction 8 - 32 units only LIHTC at \$822/mo.	E: YES	UTILITIES INC			MINIMUM W ESTIMATE MAXIMI	(Months): 48  JM WAIT	
AGE CRITERIA:			le.			TO REMAIN ON V	STIMATE 72	
	d must be 18 years or ol	der at the	WAITLI PARKING INF	IST FOR PARKING:	: PET INF	CALL EVERY		
	ACCET LIMITO	NONE		king for residents		<u>.                                    </u>	LTO OIL JINO	
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENER	AL INFO:		
ASSET LIMIT INF		120	LEASE:		*Applica	ants must keep conta	ct info current, as	
			_	nonth-to-month		respond to communic ement in a timely man		
					2-5 peo	ple per unit		
INCOME CRITER					Units w	ere renovated as of 2	014.	
Must qualify for LI and/or Section 8 li	HTC income limits set b imits set by HUD.	y HHFDC	FURNISHED:	nd major	Propert	y common areas also	renovated.	
			Partly furnishe appliances on		Online v	Application: Online www.mdihawaii.com Pick up from manager's office		
]								

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	2/22/2022			AREA:	Kaneohe
PROJECT NAME:	KILOHANA AP	ARTMENT	S - NOT AC	CEPTING A	APPLI	PROJECT TYPE:	Family
ADDRESS:	45-265 William Henry F	łd.				<b>PHONE</b> : 235-184	4
CITY:	Kaneohe	STATE: HI	ZIP:	96744		FAX: 234-705	58
	1.00.10	ļ::-		33.11			
MANAGER	: Terrilyn Ahakuelo-Kah	anu		APPLY AD			OUT-OF-STATE
APPLY TO	: Qualpac Management	Corporation		******CLOS APPLICAT	ED FOR		APPLICATION ACCEPTED:
APPLY ATTN	: Kilohana Apartments						YES
APPLY PHONE	: 235-1844		F	<b>AX</b> : 234-7058	EMAIL:		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
	3drm: 17	485		479	1	4	YES
	<b>Bdrm:</b> 90	610		634	2	6	YES
Three I		760		821	4	8	150
Four I	Bdrm:					J	J
********CLOSED FO	NT IS 30% OF INCOME OR APPLICATIONS*****	*****	Gas, electricity a			MINIMUM W. ESTIMATE  MAXIML LIST ES  TO REMAIN ON W	(Months): 120  IM WAIT STIMATE 132  AITLIST
Head of household	d must be 18 years or ol	der	_	FOR PARKING:	-	CALL EVERY	
			PARKING INFO:  Parking included		PET INFO	); P	PETS OK: NO
į.	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	_ INFO:	
ASSET LIMIT INF	O:		LEASE:		Funding:	Section 221(d) 100%	6
			Month-to-month			PONSE IN 2021. LAS OCCURRED ON 10	
INCOME CRITER	IA:						
2 persons - \$73,00 4 persons - \$91,20	Income: 1 person - \$63, 00; 3 persons - \$82,100; 00; 5 persons - \$98,500; 800; 7 persons - \$113,10		FURNISHED:  Partly furnished- appliances only r		,		
	IUM MONTHLY INCOMI		5320 6083		]		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	2/22/2022			AREA:	Makiki
PROJECT NAME:	KINAU VISTA					PROJECT TYPE:	Elderly
ADDRESS:	1150 Kinau Street					<b>PHONE</b> : 521-71	11
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 521-6897	
MANAGER	R: Peggy Zayasu			APPLY ADD	420		OUT-OF-STAT
APPLY TO	): Locations LLC			Honolulu, Hl	I 96823		APPLICATION ACCEPTED:
APPLY ATTN	: Property Managemen	t Division					YES
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978	EMAIL:	http://www.location ble-rentals.aspx	srentals.com/afforda
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 62	1272	2xrent	430			
Three Four	Bdrm:						YES
7 units (for 30 % / 24 units (for 50% 31 units (for 60%	ENT IS 30% OF INCOME AMI seniors) - \$616 AMI seniors) - \$1,058 AMI seniors) - \$1,272 ate holders need not mea uirement.		UTILITIES INC Electric, water,			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:	the 55 and day					TO REMAIN ON W	/AITLIST
All residents must Applicants can ap history.	t be 55 or older.  pply without verifiable res	sidential	PARKING INFO		PET INFO	: F	PETS OK: NO
	ASSET LIMITS:	NONE	18 stalls, 5 har fee for parking	ndicap stalls; \$40	Pets not a	illowed.	
AN OWN RESII ASSET LIMIT INF	DENTIAL PROPERTY:	YES			GENERAL		l. Annlinguta
	ssets is counted to dete	rmine	LEASE:		keep all c	updates not required ontact info current, unication from housi nanner.*	as well as respond
50% of AMI: 1 per	IIA: rson \$25,320; 2 persons rson \$42,200; 2 persons rson \$50,640; 2 persons	\$42,300	FURNISHED: Partly furnishe appliances onl		Has court Has gues Funding:	Il worker on site for yard with BBQ area t parking. Low Income Housir max; RHTF + gran LIHTC	, victory garden. ng Tax Credits-
					Application	n:	
II 1-PERSON MAXIN	MUM MONTHLY INCOM	IE:	3525		учение		

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	Last Con	nplete Update:	1/24/2022			AREA:	Kaneohe
PROJECT NAME:	KO'OLAU VII	LAGE (HPI	HA-wind) -	NOT ACCEP	TING	PROJECT TYPE:	Family
	45-1027 Kamau Pl.					PHONE: 233-376	6
O.T.						FAX: 233-376	9
CITY:	Kaneohe	STATE: HI	ZIP:	96744		,	
APPLY TO	NOT ACCEPTING			APPLY ADE 1002 North S Honolulu, HI NOT ACCER	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE	<ul><li>Oahu applications of NOT ACCEPTING</li><li>832-5961</li></ul>			<b>FAX:</b> 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:
One E	Bdrm: 8	0		526	1	4	YES
Two E	3drm: 24	0		662	2	6	YES
Three E	36	0		915	3	8	YES
Four B	3drm: 12	0		996	4	10	YES
	NT IS 30% OF INCO for Federal Low Inco 8/2/2016*****		UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM W. ESTIMATE MAXIMU	(Months): 36
AGE CRITERIA:					т	O REMAIN ON W	00
-	d must be 18 years or	older	WAITL PARKING INF	IST FOR PARKING:	PET INFO:	CALL EVERY	(Months): YES
1	ASSET LIMITS	S: NONE	Included		the categori	mals ok, but only o es listed below: der 25 lbs) or cat	
	DENTIAL PROPERTY	': NO			GENERAL II		
ASSET LIMIT INFO			LEASE: 1 year		homeless in displaced.  *Applicants	MCES: Domestic V	ers; involuntary
2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$: 00; 3 persons - \$68,5 00; 5 persons - \$82,2 00; 7 persons - \$94,3	FURNISHED: Partly furnishe appliances on		manner. No applicants n info/househ waitlist statu need userna Funding: Fe	ence from HPHA, waitlist updates in must update any cold composition in us via hpha.myhou ame/password to ded Low Inc Pub Hs	eeded, however, ontact fo and check ising.com (will do so).	
1-PERSON MAXIM	IUM MONTHLY INCO	DME:	4570				
2-PERSONS MAXI	MUM MONTHLY INC	OME:	5220				

		Last Comp	lete Update:	2/22/2022				AREA:	Ewa Beach
PROJECT NAME:	KO'O	LOA'ULA	- CLOSEI	o for apps			PROJEC	T TYPE:	Family
ADDRESS:	91-1159	Keahumoa Pa	arkway				PHONE:	550-380	00
CITY:	Ewa Be	ach	STATE: HI	ZIP:	96706		FAX:	356-333	30
MANAGER	: Laurie	Burgess - Prop	perty Manager		91-1159	ADDRESS: Keahumoa			OUT-OF-STATE
APPLY TO	:				Ема веа	ach, HI 9670	Ю		APPLICATION ACCEPTED: YES
APPLY ATTN	l:								120
APPLY PHONE	: 550-38	300			FAX: 356-3330		MAIL: www.mutu	ıal-housin	g.org
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIM Num of Pe	ber Num	IMUM ber of ople:	CAREGIVER Allowed:
S	tudio:								
One I	Bdrm:	25	1000	>2x rent					
Two i	Bdrm:	59	1155	>2x rent					
Three I	3drm:	20	1495	>2x rent			_		
Four I	Bdrm:	15	1650	>2x rent		]			YES
RENT INFO: RE 60% AMGI: (see h (48); 3-bd (16); 4-h 50% AMGI: 1-bd ( (3) - \$1,210; 4-bd	nigher rer od (12). 4) - \$865	nt above) 1-bd 5; 2-bd (7) - \$10	(20); 2-bd	Water and sev	ver; solar water he	eating		IIMUM W. STIMATE MAXIMU	(Months): 0
1	(-, + :, - :			Į.					STIMATE 0
AGE CRITERIA:  18 and older							TO REMA CALL	_	(Months): 0
				WAITE PARKING INF	IST FOR PARKIN O: NO		INFO:	F	PETS OK: NO
	AS	SSET LIMITS:	YES	one bedroom	all is included per unit ; two stalls Il other sized units		not allowed.		·
AN OWN RESID		PROPERTY:	YES				ERAL INFO:		
ASSET LIMIT INF	O:			LEASE:  1 year		keep to co	all contact info	current, a	; Applicants must as well as responding management in
INCOME CRITERI Gross income mus		ater than two ti	mes the	FURNISHED:		Fund Reve	ding: Hula Mae I enue Bonds.	Multi Fam	
rent.	J			appliances, ca vinyl floors, m	nergy efficient arpeted bdrms, arble counter tops eneer cabinets	walk laun s, com www Appl	dry room, reside munity room, on v.mutual-housing	bq pavilio ent service n-site mar g.org re satisfac	ns. Coin operated es office and agement office.
1-PERSON MAXIM	IOM MUI	NTHLY INCOM	IE:	3520					
2-PERSONS MAXI	мим мо	ONTHLY INCO	ME:	4020					

		Last Comple	te Update:	1/24/2022			AREA:	Kalihi
PROJECT NAME:	KUHIC	HOMES	(HPHA-h	on) - NOT	<b>ACCEPTING</b>	APP	PROJECT TYPE:	Family
ADDRESS:	Ahonui St		-	-			PHONE: 832-607	75
CITY	Honolulu		STATE: HI	ZIP:	96819		FAX: 832-343	38
OII I.	Honoiulu		STATE. HI	217.	96819			
MANAGER	: Nua Vao	vasa			APPLY ADI 1002 North			OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, H		ICATIONS	APPLICATION ACCEPTED:
	NOT AC	CEPTING APP	PLICATIONS		NOT ACCE	I IIIIO AI I LI	ICATIONS	NO
APPLY ATTN		plications office CEPTING APF						
APPLY PHONE	: 832-5961	1			<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	org
					-			
Unit		Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
St	tudio:							
One E	3drm:	20	0		490	1	4	YES
Two E	Bdrm:	32	0		688	2	6	YES
Three E	Bdrm:	37	0		877	3	8	YES
Four E	Bdrm:	37	0		1042	4	10	YES
RENT INFO: RE 8 5 Bdrm units Minimum Rent: \$0 *******CLOSED 8	) for Federa	al Low Income		UTILITIES INC Water and gas electricity	CLUDED: s + allowance for		MINIMUM W ESTIMATE	
				Į.			LIST ES	STIMATE 60
AGE CRITERIA: Head of household	d must ha	18 years or old	or				TO REMAIN ON W	
li lead of flouseriole	a must be	TO years or old	Ci	WAITLI PARKING INF	ST FOR PARKING:	PET INFO		PETS OK: YES
				Included	0.		nimals ok, but only	
	ASS	SET LIMITS:	NONE				ories listed below: under 25 lbs) or  cat	
AN OWN RESID	DENTIAL P	ROPERTY:	NO			GENERAL	_ INFO:	
ASSET LIMIT INFO				LEASE:			ENCES: Domestic \s in transitional shelt	
Cannot own a hou	ise on Oan	u		1 year		displaced		ors, involuntary
INCOME CRITERI	IA:					correspor manner.	nts must respond to a ndence from HPHA, No waitlist updates r s must update any c	in a timely needed, however,
ncome Eligibility = Maximum Annual			50:	FURNISHED:	d main:	info/house	ehold composition in	nfo and check
2 persons - \$60,90 4 persons - \$76,10	00; 3 perso	ns - \$68,500;	00,	Partly furnishe appliances on			atus via hpha.myhoo rname/password to	
6 persons - \$88,30 8 persons - \$100,4	00; 7 perso					Funding:	Fed Low Inc Pub Hs	sing 100%
o persons - \$100,2	+30					All convic	etions must be 3 yrs	ago, unless it's
1-PERSON MAXIM	IUM MONT	HLY INCOME	:	4570		į.		
2-PERSONS MAXI	MUM MON	ITHLY INCOM	E:	5220				

		Last Comp	lete Update:	10/18/2021			AREA:	Liliha
PROJECT NAME:	KUK	UI GARDI	ENS				PROJECT TYPE:	Family
ADDRESS:	1103 Li	liha St.					PHONE: 532-003	33
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: 762-233	33
MANAGER APPLY TO		e Ishimie, Propo	erty Manager		APPLY AD 1103 Liliha Honolulu, H	St., Ste. 102		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l· Kukui	Gardens						YES
APPLY PHONE				F	<b>AX</b> : 762-2333	EMAIL:	www.eahhousing.o	rg
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	tudio: Bdrm:	115	1239	3110		1	2	YES
Three I	Bdrm: Bdrm:	106	1685	3695 4235		3	7	YES
Four I	Bdrm:	46	1864	4687		4	9	YES
Peposit plus first rate tupdates not required updating contact in respond to common anagement in a AGE CRITERIA:	month re lired to re nfo), how unication	nt emain on waitlis vever, applican from housing	st (unless	UTILITIES INCLU Water & Sewer	IDED:		MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W	(Months): 4  JM WAIT STIMATE 6  VAITLIST
Head of household	d must b	e 18 years or c	older	WAITLIST PARKING INFO:  1 stall included, v	FOR PARKING:	PET INFO	CALL EVERY	PETS OK: NO
AN OWN RESIC ASSET LIMIT INF	DENTIAL	SSET LIMITS: . PROPERTY:		LEASE: First year: Fixed lease. Month-to-N	12-month	GENERAL Funding:		L bedroom sizes.
INCOME CRITER	IA:			FURNISHED: Partly furnished-appliances only, in				
 1-PERSON MAXIN 2-PERSONS MAXI				4085				

		Last Comp	lete Update:	2/1/2022			AREA:	Downtown
PROJECT NAME:	KUK	UI TOWER	R - CLOSI	ED FOR app	lications		PROJECT TYPE:	Family
ADDRESS:	35 Nort	h Kukui St.					PHONE: 537-493	35
CITY:	Honolul	lu	STATE: HI	ZIP:	96817		FAX: 537-968	32
	Celest	a Malloe, Prope e Russell, Assi onnie Chan, Lea	stant Resident	Manager	APPLY AD On-Site	DRESS:		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	:: 537-49	935			<b>FAX:</b> 537-9682	EMAIL:	KT-Management@	eahhousing.org
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	126	778	1695	560	1	3	YES
Two	Bdrm:	254	846	1843	742	2	5	YES
Three	Bdrm:							
RENT INFO: RE Calculated by usir income, the minim \$778 for 1 bdrm; \$ income cannot be	ng 30% on num and 5737 - \$8 at or ab	of the household maximum rents 346 2 bdrm. 30 ove the maximum	d's adjusted s are \$678 - % of	UTILITIES INCL Water, sewer, g			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA: Head of household	d must b	e 18 years or o	lder		ST FOR PARKING:		TO REMAIN ON W CALL EVERY	(Months): 12
	A	SSET LIMITS:	NONE	PARKING INFO Parking 1st stall stalls range fror \$175/month, de availability.	Il \$25; additional m \$105 to	PET INFO reasonabl	e accommodations	PETS OK: NO for disability
AN OWN RESIDE		PROPERTY:	YES	LEASE:			updates must be cor	
				1 year; then mo	onth-to-month	"update c	ach year, via submis ard".*	SSION OF AN
INCOME CRITER Section 8 limit - 50 Section 236 limit -	0% AMI;			FURNISHED:		Complete Post card active on	sent once a year to	keep application
Applicant's month cannot exceed \$2	ly adjust	ed household ir		Partly furnished appliances only	major ,	communit	ty room, picnic/bbq a ained personnel pat	area on site.
1-PERSON MAXIM	IUM MO	NTHLY INCOM	E:	1		J		

L	ast Complete Upda	e: 1/24/2022			AREA:	Makiki
PROJECT NAME: KULA C	KAHUA APT	S.			PROJECT TYPE:	Emergency/Transi
ADDRESS: 1311 Ward	Ave.				PHONE: 599-575	59
CITY: Honolulu	STATE	HI ZIP:	96814		FAX: 545-862	23
MANAGER: Tani Kalah	iki and Keala Souza		APPLY AD			OUT-OF-STATE
APPLY TO: Housing So	olutions, Inc.					APPLICATION ACCEPTED:
APPLY ATTN:						NO
<b>APPLY PHONE:</b> 599-5759			<b>FAX:</b> 545-8623		ani@hsiservices.n ceala@hsiservices	
	umber UNITS: REN	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	24		255	1	2	YES
One Bdrm:	5		410	1	2	YES
Two Bdrm:						
Three Bdrm:						
Four Bdrm:						NO
RENT INFO: RENT IS 30% C Rent is 30% of income up to th Transitional Housing, where the permanent housing is initially 3 must be following service plan program. Depost = \$0	e maximum of range. e goal of finding months. Residents	UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 1  JM WAIT
AGE CRITERIA:		į.				STIMATE 6
Head of household must be 62		١٨/٨١٦١	IST FOR PARKING:		TO REMAIN ON W CALL EVERY	
spouse/partner must be 18. Caphysician's note indicating the	NEED for a caregiver			PET INFO:	F	PETS OK: NO
Applicants must have verifiable	residential history.	\$40/month		Service Ani	imal - Doctor Verifi	ication Required
	T LIMITS: NONE	⊒∣		J		
AN OWN RESIDENTIAL PROASSET LIMIT INFO:	OPERTY: NO			GENERAL I		
		Must accept of housing.	offer for permanent	Documenta Verification. Must partic	rals Only ation of homeless s	status and income
INCOME CRITERIA:		_		Application	·	
			edmicrowave, tovetop (no oven).		gement to email	
1-PERSON MAXIMUM MONTH		3520				

		lete Update:	2/1/2022			AREA:	Makiki
	KULANA HAL				P	PROJECT TYPE:	Elderly
ADDRESS:	1551 South Beretania	St.			F	PHONE: 983-155	
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 983-155	53
MANAGER	R: Tanya Metzker (Gene	eral Mgr.)		APPLY ADI	DRESS:		OUT-OF-STA
APPLY TO	<b>)</b> : Kulana Hale LLP				lanagement Offic	ce	APPLICATIO ACCEPTEI
APPLY ATT	N: Tanya Metzker, GM						YES
APPLY PHONE	E: 983-1551			<b>FAX:</b> 983-1553		nya@kulanahale. ww.kulanahale.co	
Uni	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
8	Studio: 122	1295		400	1	2	YES
One	<b>Bdrm:</b> 42	1495		520	1	3	YES
Two	Bdrm: 11	1855		594	2	4	YES
Three	Bdrm:						
Four	Bdrm:						NO
Credit Check Fee	, 424.30		Licentoly, water	er, and maintenance			(Months): 1  JM WAIT  STIMATE 3
	t be 55 or older				1.	CALL EVERY	
	t be 55 or older			ST FOR PARKING:	PET INFO:		(Months):
	t be 55 or older		WAITLIS PARKING INFO Parking: \$60/m	): NO		P	
	at be 55 or older ASSET LIMITS:	NONE	PARKING INFO	): NO	PET INFO:	P	(Months):
	ASSET LIMITS: DENTIAL PROPERTY:		PARKING INFO	): NO	PET INFO: Service Pets GENERAL IN	F Allowed	(Months):
AN OWN RESI SSET LIMIT INF	ASSET LIMITS: DENTIAL PROPERTY:	YES al gross	PARKING INFO	onth	PET INFO: Service Pets GENERAL IN *Waitlist upokeep contact	s Allowed  NFO: dates not required	(Months): PETS OK: NO I; Applicants must well as respond to
AN OWN RESI SSET LIMIT INF Income from Assi Income. Assets o	ASSET LIMITS: DENTIAL PROPERTY: FO: ets counted towards total over \$5k, .06% is conside	YES al gross	PARKING INFO Parking: \$60/m	onth	PET INFO: Service Pets  GENERAL IN *Waitlist upo keep contac communicat manner.*	FAllowed  NFO:  dates not required t info current, as vion from manager	(Months): PETS OK: NO  I; Applicants must well as respond to ment in a timely
AN OWN RESI SSET LIMIT INF Income from Assi Income. Assets o	ASSET LIMITS: DENTIAL PROPERTY: FO: ets counted towards total over \$5k, .06% is consider	YES al gross ered income	PARKING INFO Parking: \$60/m  LEASE: 6 months (Initial	onth	PET INFO: Service Pets  GENERAL IN *Waitlist upo keep contac communicat manner.*	FAllowed  NFO: dates not required t info current, as vion from manager  HTC are allowed with N	(Months): PETS OK: NO  I; Applicants must well as respond to ment in a timely
AN OWN RESI SSET LIMIT INF Income from Assi Income. Assets o	ASSET LIMITS: DENTIAL PROPERTY: FO: ets counted towards total over \$5k, .06% is conside	YES al gross ered income	PARKING INFO Parking: \$60/m  LEASE: 6 months (Initial  FURNISHED: Partly furnished	onth  al lease term)  dmajor  Carpet, blinds,	PET INFO:  Service Pets  GENERAL IN  *Waitlist upo keep contac communicat manner.*  Funding: LII Caregivers a work outside Opened 199	Allowed  NFO: dates not required t info current, as vicent from managed  HTC are allowed with Me home.	(Months): PETS OK: NO  I; Applicants must well as respond to ment in a timely

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		Last Comp	lete Update:	2/1/2022			AREA:	Kaneohe
PROJECT NAME:	KUL	ANA NAN	<b>APARTM</b>	IENTS			PROJECT TYPE:	Family
ADDRESS:	46-229	Kahuhipa St.					<b>PHONE</b> : 247-060	02
CITY:	Kaneoh	ie	STATE: HI	ZIP:	96744		<b>FAX</b> : 247-060	02
MANAGER	R: Farod	Jackson			APPLY AD			OUT-OF-STATE
APPLY TO	<b>):</b> Hawaii	ian Properties			On-Site On	II A 104		APPLICATION ACCEPTED:
APPLY ATTN	<b>l:</b> Kulana	a Nani						YES
APPLY PHONE	<u>:</u> 247-06	602		F	FAX: 247-0602	EMAIL:	kn-management@	eahhousing.org
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:							
Two	Bdrm:	40	1575		745	2	5	YES
Three	Bdrm:	80	1765		862	3	7	YES
Four	Bdrm:	40	1810		980	4	9	YES
Wait List for 2 bed Wait List for 3 bed Wait List for 4 bed	drooms is	s 6 months - 12 s 3 months - 6	months	UTILITIES INCLU Electricity, water			MINIMUM W ESTIMATE MAXIMU	(Months): 12  JM WAIT
AGE CRITERIA:				įe.			TO REMAIN ON W	STIMATE 84
Head of househol				WAITLIST	Γ FOR PARKING:		CALL EVERY	
Applicants can ap history.				PARKING INFO:	NO	PET INFO	; F	PETS OK: NO
Minimum compos		SSET LIMITS:		\$30/month \$50 for 2nd stall	(if available)	Only assis	stive animals	
AN OWN RESID		PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	·O:			LEASE: 1 year		well as re	ts must keep contact spond to communic ment in a timely man	ation from
						Office Ho Monday tl	urs: 8am - 4pm hru Friday	
5-PERSONS MAX		MONTHLY INCO	OME:	FURNISHED:		Basketba	Il courts, picnic/bbq	area
\$6,510.00	-			Partly furnished-		10 handic	ap units	
				range/oven), ving		envelope	n: uest with self-addres om manager's office	
1-PERSON MAXIM	иим моі	NTHLY INCOM	E:	0				
2-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	3888				

		Last Comp	lete Update:	1/24/2022				AREA:	Waimanalo
PROJECT NAME:	KULA	<b>NAKAU</b>	IALE MAL	UHIA O N	A KŪ	PUNA		PROJECT TYPE:	Elderly
ADDRESS:	41-209 I	llauhole St.						<b>PHONE</b> : 426-14	
CITY:	Waimar	nalo	STATE: HI	ZIP:		96795		<b>FAX</b> : 426-14	01
MANAGER	: Noheal	lani Hoopii				APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	: Locatio	ons				Waimanalo	o, HI 96795		APPLICATION ACCEPTED: YES
APPLY ATTN	l: Proper	ty Managemen	t Division						123
APPLY PHONE	: 426-14	00			FAX:	738-8981	EMAIL:	locationsrentals.co rentals.aspx (click	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	85	1000	2xrent	і І. І [	528	1	2-3	YES
Two E	Bdrm:								
Four E									YES
RENT INFO: RE Various rent amou \$825, \$960, and \$  *No waitlist update must keep contact  AGE CRITERIA:	unts are a 1000 per es neede	as follows: \$560 month. d, however, ap	0, \$800,	Water and se \$144/mo for e			e of	MINIMUM W ESTIMATE MAXIM	(Months): 24  UM WAIT STIMATE 60
All residents must	be 55 or	older and HOI	H be Native	WAITI	IST FOI	R PARKING:		CALL EVERY	
Hawaiian				PARKING INF		NO	PET INFO	:	PETS OK: NO
]	AS	SSET LIMITS:		Parking include tenant stalls, handicap acc	includin	g 9			
AN OWN RESID		PROPERTY:	YES	accessible.			GENERAL	. INFO:	
ASSET LIMIT INFO	O:			LEASE:				nust be native Haw ants must be a mini	
INCOME ODITED	14.			1 year; then n	nonth-to	-month	Househol processin	g. Section 8 accept eed not meet the m	be done at time of ted, and voucher
INCOME CRITERI Maximum income:				FURNISHED:			'	ts must apply to De	ent of Hawaiian
50% 40,850 4	27,990	1 person 80% 65,360 00% 81,700	74,640	Partly furnishe appliances or floors, curtain	ıly. Carp		Homeland		to actual property.
							*Commur	ity room, communi	ty garden plots;
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	E:	4828					
2-PERSONS MAXI	MUM MC	ONTHLY INCO	ME:	5513					

	Last Comp	lete Update:	2/22/2022			AR	EA: Waianae
PROJECT NAME:	KULIA I KA NI	JU (Kahik	<mark>olu Ohana H</mark>	ale O'Wai'a	nae)	PROJECT TY	PE: Family
ADDRESS:	85-296 Ala Hema St.					PHONE: 697	-7300 753-308
CITY	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 697	-7302
<b>3</b>	VValariae	317.11.21   TII		90192			
MANAGER	: Leslie Young, Site Ma	anager		APPLY AD			
APPLY TO	: Kulia I Ka Nuu			85-235 Ala Waianae, F	Akau St., Un II 96792	iit 712	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	:						
APPLY PHONE	: 697-7300		F	AX:	EMAIL	.: www.hawaiiaffo	ordable.com
Unit	Type: Number		Minimum		MINIMUM Number	MAXIMUN Number o	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People		Allowed:
	tudio: 24	944					
	<b>3drm:</b> 46	1418					
Three I	3drm:						
Four I	3drm:						YES
24 Studios @ \$55	NT IS 30% OF INCOM 1 - \$944; based on 30% 6 @ \$1260 (24 units) - \$ 0% of income.	6 of income.	UTILITIES INCLU Electric, water, a			MINIMUM ESTIMA MAX	OTAL UNITS: 70  M WAIT LIST TE (Months): 6
AGE CRITERIA:			Įt.			LIS TO REMAIN O	N WAITUST
Head of household	d must be 18 years or cave verifiable residentia		WAITLIST	Γ FOR PARKING:			RY (Months): 6
		,	PARKING INFO:		PET INF	O:	PETS OK: NO
,	ASSET LIMITS:		Parking available (car registration, and insurance) n	safety check,			
	DENTIAL PROPERTY:		date	·	GENERA		
ASSET LIMIT INF	O:		LEASE:		applican well as r	its must keep all o	gular waitlist updates, contact info current, as unication from housing nanner.*
INCOME CRITERI	١٨٠				Formerly O'Waiar	y knowns as Kahi nae.	kolu Ohana Hale
	olulu Median Income		FURNISHED:		Funding	: RHTF	
					2. 6 mo 3. Birth	s: inths of pay stubs inths bank statem certificates al Security Card	

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	2/22/2022			AREA:	Barber's Point
PROJECT NAME:	<b>KUM</b>	UHONUA	(Building	36)			PROJECT TYPE:	Transitional
ADDRESS:	91-1096	Yorktown St.					PHONE: 682-549	
CITY:	Kapolei		STATE: HI	ZIP:	96707		<b>FAX</b> :  682-549	95
APPLY TO	Carla k		Program Manaç nt Program Mai		APPLY AD P.O. Box 75 Kapolei, HI	5547		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN		3			FAX: By CES	EMAIL:	: Website: www.hcapweb.org/l	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:	65	0		340	1	3	
	Bdrm: Bdrm:							
Three	Bdrm:							
RENT INFO: RE Charges a "Progra TB clearance requ *No waitlist; Entry 59 units available	am Fee", uired. coordina for public	not "Rent"		UTILITIES INC	CLUDED:		MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA: Adults ONLY (>18	Byrs); *Ma	iximum 3 ppl p	er unit	WAITLI PARKING INFO	ST FOR PARKING: O: NO	PET INFO	TO REMAIN ON W CALL EVERY	
AN OWN RESI		SSET LIMITS:		Parking includ		GENERAL		
ASSET LIMIT INF			,	LEASE:		*Waitlist	updates not required contact info current, a unication from housing	as well as respond
INCOME CRITER No minimum incol calculated by 30% incomes not provi	me requir 5 of gross	income; maxir	mum	FURNISHED: Small refrigera bathroom, mic		use. Res meals. Program classes a	rooms and two kitch sidents are responsib provides case mana and workshops relate permanent housing a	ple for their own gement, ongoing d to personal

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Co	omplete Update:	1/24/2022			AREA:	Moiliili
PROJECT NAME:	KUMUWAI A	APARTMENT	TS .			PROJECT TYPE:	Elderly
ADDRESS: 1	902 Young Stree	t				<b>PHONE</b> : 762-09	02
CITY:	onolulu	STATE: HI	ZIP:	96826		FAX:	
MANAGER:	Maretta Espiritu			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO:	Housing Solutions	s, Inc.					APPLICATION ACCEPTED:
APPLY ATTN:	Maretta Espiritu						NO
APPLY PHONE:	762-0902		F	AX:		Website: https://ww Email: Maretta@hs	ww.hsiservices.net/ siservices.net
Unit Ty	ype: Number of UNITS		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stu	<b>dio:</b> 29	900			1	2	
One Bd	lrm:	0					
Two Bd		0					
Three Bd	lrm:	0					
Four Bd	lrm:	0					
Security Deposit: \$9 Section 8 and other  AGE CRITERIA:	housing vouchers	s accepted.	All utilities include	ea.		LIST E	(Months): 1  UM WAIT  STIMATE 6  VAITLIST
All applicants must b	oe 62 or older.			FOR PARKING:	-	CALL EVERY	
	ASSET LIMI	TS:	PARKING INFO:  Parking included waitlist for parkin	, however, a	PET INFO:		PETS OK:
AN OWN RESIDE					GENERAL	INFO:	
ASSET LIMIT INFO:			LEASE:		for homele Features i Amenities facilities, a	ne permanent houses persons at leas nclude kitchens an include resident pa and common area lear a bus stop.	t 62 years old. d private baths.
NCOME CRITERIA:					located ne	ai a bus stop.	
			FURNISHED:				
-PERSON MAXIMUI	M MONTHLY INC	COME:	3675				
-PERSONS MAXIMI	LIM MONTHLY IN	ICOME:	4200				

Minimum INCOME Required:	P.O. Bo Kunia, F FAX: 439-6375 SQ FT:	EMAIL:  MINIMUM Number of People	MINIMUM W	9-6375 9-6375  OUT-OF-STATAPPLICATIO ACCEPTED  CAREGIVER Allowed:  YES  AL UNITS: 82
Minimum INCOME Required:	APPLY P.O. Bo Kunia, F  FAX: 439-6375  SQ FT:  630  960-1200  1300	EMAIL:  MINIMUM Number of People  2 3	KU-management@  MAXIMUM Number of People:  5 7 9  TOTA	OUT-OF-STATAPPLICATIO ACCEPTED  CAREGIVER Allowed:  YES  AL UNITS: 82
Minimum INCOME Required:	APPLY P.O. Bo Kunia, F  FAX: 439-6375  SQ FT:  630  960-1200  1300	EMAIL:  MINIMUM Number of People  2 3	KU-management@  MAXIMUM Number of People:  5 7 9  TOTA MINIMUM W	OUT-OF-STAT APPLICATION ACCEPTED  Deahhousing.org  CAREGIVER Allowed:  YES  AL UNITS: 82
INCOME Required:	P.O. Bo Kunia, F FAX: 439-6375 SQ FT:	EMAIL:  MINIMUM Number of People  2 3	MAXIMUM Number of People:  5 7 9  TOTA	APPLICATIO ACCEPTED  Deahhousing.org  CAREGIVER Allowed:  YES  AL UNITS: 82
INCOME Required:	FAX: 439-6375	MINIMUM Number of People	MAXIMUM Number of People:  5 7 9  TOTA	CAREGIVER Allowed: YES  AL UNITS: 82
INCOME Required:	SQ FT:  630  960-1200  1300	MINIMUM Number of People	MAXIMUM Number of People:  5 7 9  TOTA	CAREGIVER Allowed:  YES  AL UNITS: 82
INCOME Required:	SQ FT:  630  960-1200  1300	MINIMUM Number of People	MAXIMUM Number of People:  5 7 9  TOTA	CAREGIVER Allowed:  YES  AL UNITS: 82
INCOME Required:	SQ FT:  630  960-1200  1300	Number of People	Number of People:  5 7 9  TOTA	Allowed:  YES  AL UNITS: 82
UTILITIES IN	960-1200	3	7 9 TOTA	AL UNITS: 82
UTILITIES IN	960-1200	3	7 9 TOTA	AL UNITS: 82
UTILITIES IN	1300		9 TOTA	AL UNITS: 82
UTILITIES IN	NCLUDED:		MINIMUM W	
1				(Months):
ĮL			LIST ES	STIMATE
WAIT	LIST FOR PARKIN		CALL EVERY	
PARKING IN	IFO: NO	PET INFO:		PETS OK: YES
1 covered ca	arport for each hous	se Subject to	specific policy requ	uirements.
		GENERAL		
LEASE:		keep all co	ontact info current, nication from housi	as well as respond
		United Sta	ates Department of	Agriculture
Enclosed sto carport, wash energy efficie	orage closet in each she/dryer hook ups/ ent appliances/wat iixtures in kitchen	farm labor  On Site Mon Site U.  Kunia Farr  Communit	income as defined anager .S. Post Office mers Market ty gym, Community	d by the USDA  / room with kitchen
	FURNISHED Enclosed str carport, was energy effici conserving f	FURNISHED: Enclosed storage closet in eac carport, washe/dryer hook upsenergy efficient appliances/wat conserving fixtures in kitchen and bathroom, solar water	keep all count to communication to commu	FURNISHED:  Enclosed storage closet in each carport, washe/dryer hook ups/energy efficient appliances/water conserving fixtures in kitchen and bathroom, solar water  keep all contact into current, to communication from hous a timely manner.*  One member of the househounited States Department of (USDA) definition of farm lab farm labor income as defined on Site Manager On Site Manager On Site U.S. Post Office Kunia Farmers Market Community gym, Community

	Last Comple	ete Update:	1/24/2022				AREA:	Waialua
DDO IECT NAME:	<b>KUPUNA HOM</b>		IIA /LIDL	۰۵ ۸۱	n) NO	TACC	PROJECT TYPE:	
		E U WAIAI	LUA (HPF	1A-ce	n) - NO	IACC		1=,
ADDRESS:	67-088 Goodale Ave.						PHONE: 637-824	
CITY:	Waialua	STATE: HI	ZIP:		96791		<b>FAX</b> : 622-636	52
	,	,	,					
MANAGER	: Jimary Quinones				APPLY AL			
APPLY TO	D: HPHA NOT ACCEPTING AP	PLICATIONS			PO Box 17	h School St., B 7907 Honolulu, EPTING APPL	HĬ 96817	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: NOT ACCEPTING AP	PLICATIONS						NO
APPLY PHONE	E: 832-5961			FAX:	832-3461	EMAIL	hphaishereforyou.c	rg
			Minimum	_		MINIMUM	MAXIMUM	
Unit	Number of UNITS:	RENT:	INCOME Required:		SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio: 24	0			390	1		YES
One	Bdrm: 16	0			520	1		YES
Two	Bdrm:			I [				
Three	Bdrm:			_ [				<u> </u>
Four	Bdrm:							
DENT INFO: DE	NT IS 30% OF INCOME	VEC	LITH ITIES IN	OLUBER	<b>.</b> .		TOTA	L LINITC: 40
	) for Federal Low Income		Water and ele		):		MINIMUM W	L UNITS: 40
*********CLOSED	8/2/2016*****						ESTIMATE	_
								JM WAIT STIMATE 24
AGE CRITERIA:							TO REMAIN ON W	
Head of household disabled	d must be 62 years or old	der, or	WAITL	IST FO	R PARKING	:	CALL EVERY	
			PARKING INF			PET INFO		PETS OK: YES
1			Parking include	aea		Small per	s under 25 lbs. only	
AN OWN DESI	ASSET LIMITS: DENTIAL PROPERTY:					GENERA	INFO:	
ASSET LIMIT INF	,	NO	LEASE:			PREFER	ENCES: Domestic \	
Cannot own a hou	use on Oahu		1 year			homeless displaced	s in transitional shelt I.	ers; involuntary
						*Applicar	its must respond to	any
INCOME OBITED	1.0		1			correspoi	ndence from HPHA, No waitlist updates r	in a timely
INCOME CRITER 80% AMI: 1 perso	n \$53,250; 2 persons \$6	0,900; 3	FURNISHED:			applicant	s must update any cehold composition in	ontact
	4 person \$76,100.		Partly furnishe			waitlist st	atus via hpha.myhoi rname/password to	using.com (will
			appliances or	ily no ca	irpet		es, under age 62 sp	,
II 1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4570			ļ		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ΛF:	5220					

	Last Comple	te Update:	2/1/2022			AREA:	Wahiawa
PROJECT NAME:	LA'IOLA ELDEF	RLY - NOT	ACCEPT	ING APPLICA	ATIO	PROJECT TYPE:	Elderly
ADDRESS:	1 lho lho Pl.					PHONE: 622-635	50
						FAX: 622-635	51
CITY:	Wahiawa	STATE: HI	ZIP:	96786		,	
	: Jay Domanguera, Resi Lyn - Admin (675-0099 : Hawaii Affordable Prop	)		APPLY AD Manageme 1 Iho Iho P Wahiawa, I	nt Office I., 1st Floor		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Lyn						NO
APPLY PHONE	:: 622-6350			<b>FAX:</b> 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:
S	tudio: 60	170	YES	384	1	2	YES
One	<b>Bdrm:</b> 48	195	YES	506	2	2	YES
Two	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:						YES
Deposit same as studio; \$195 for 1	NT IS 30% OF INCOME: rent. Minimum rent is \$17 bdrm. EED 8/2/2016*****		JTILITIES INC			MINIMUM WA ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:						TO REMAIN ON W	, 33
Head of Househol	ld must be 62 years or old		\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IST FOR BARKING.		CALL EVERY	
	5+. Caregiver 18+. Othe ousehold must be 62+.		WAITE PARKING INF	IST FOR PARKING: O: YES	PET INFO	: P	ETS OK: NO
Applicants must h	ave verifiable residential	history.	Parking includ	ded (limited)	Doctor's n	ote required	
	ASSET LIMITS:	YES					
AN OWN RESID	DENTIAL PROPERTY:	YES			GENERAL	. INFO:	
ASSET LIMIT INF	O: erty in same county.	Asset	EASE:			ts must keep contact spond to communicate	
	38,600; 2 people - \$44,10		1 year			nent in a timely man	
					Opened 1	991	
INCOME CRITER Maximum Annual 2- persons - \$39,2	Income: 1-person \$34,30		FURNISHED: Partly furnishe appliances on		Funding	State Low Income 1	00%
1-PERSON MAXIM	IUM MONTHLY INCOME	<b> </b>	2858				
2-PERSONS MAXI	MUM MONTHLY INCOM	E: ;	3267				

		Last Comp	lete Update:	2/28/2022			AREA:	Lanakila
PROJECT NAME:	LANA	AKILA GA		PROJECT TYPE:	Family			
ADDRESS:	833 No	rth School St.					<b>PHONE</b> : 949-41	11
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX</b> : 949-72	11
MANAGER	: Shane	Lyman, Reside	ent Manager		1055 Ka	ADDRESS: alo Pl., Ste. 103		OUT-OF-STATE
APPLY TO	): Bob Ta	anaka Inc.			Honoluli	u, HI 96826		APPLICATION ACCEPTED: YES
APPLY ATTN	l: Ext. 24	1						123
APPLY PHONE	<b>:</b> : 949-41	111			<b>FAX:</b> 949-7211	EMAIL	:	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	6	090	2.5xrent				YES
	Bdrm:	15	1099	2.5xrent				YES
Three I		6	1215	2.5xrent	-			YES
	Bdrm:		1213					NO
City Section 8 vou	ichers ac	ccepted.		Water				(Months): 12  JM WAIT
A OF ODITEDIA				ĮI.				STIMATE 24
AGE CRITERIA: Head of household	d must b	e 18 years or o	lder	\A/AIT!!	OT FOR RADIKIA	10.	TO REMAIN ON V CALL EVERY	
				PARKING INFO	ST FOR PARKIN O:	PET INFO	): I	PETS OK: NO
				Parking includ	ed			
		SSET LIMITS:				]		
AN OWN RESIDE		. PROPERTY:	YES			GENERA	L INFO: Sect 8 Vouchers	
Income from asse income limit	ts canno	t make applica	nts go over	1 year; then m	onth-to-month	*Along w applicant well as re	ith completing regula s must keep all cont espond to communic	act info current, as ation from housing
INCOME CRITER	IA:			•		manager	ment in a timely man	iner.*
Min. income requi below income limi		st make 2.5x re	nt and be	FURNISHED:  Partly furnishe appliances onl				
T-PERSON MAXIM				4696 5367				

		Last Comp	lete Update:	2/22/2022			AREA	. Kailua
PROJECT NAME:	LANI	HULI					PROJECT TYPE	
ADDRESS:	25 Aulik	e St.					PHONE: 263-02	268
CITY:	Kailua		STATE: HI	ZIP:	96734		FAX:	
MANAGER	R: Dale C	cripps, Residen	t Manager		APPLY ADI			
APPLY TO	): Bob Ta	anaka Inc.			1055 Kalo F Honolulu, H			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Ext. 24	ı						YES
APPLY PHONE	E: 949-41	11			<b>FAX:</b> 949-7211	EMAIL:		
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	50	726	2.5xRent	413/443	1	2	YES
One	Bdrm:	32	864	2.5xRent	456/499	1	2	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							NO
Accepts section 8	voucher	S		Water			MAXIM LIST E	IUM WAIT STIMATE 24
AGE CRITERIA: Head of househole	d must b	e 62 years or o	lder, or				TO REMAIN ON V	
disabled. Under a not without HOH.				WAITLIS PARKING INFO	ST FOR PARKING: ): YES	PET INFO	:	PETS OK: NO
				\$25/month		for medica	al/assistance only	
		SSET LIMITS:				J	INIEO	
AN OWN RESIDERS ASSET LIMIT INF		. PROPERTY:	NO	15405		GENERAL		MD letter; can work
Income from asse limits.	ets canno	t put person ov	er income	1 year				
INCOME CRITER	IA:					Accepts s	section 8	
Minimum Income	Required	d. Must make 2	2.5 x the rent	FURNISHED:  Partly furnished appliances only			OCCURRED ON	AST COMPLETED
-PERSON MAXIM	10M MUN	NTHLY INCOM	E:	4696		]		
2-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	5367				

	Last Comp	lete Update:	1/24/2022			AREA:	Kakaako
OJECT NAME:	LOLIANA					PROJECT TYPE:	Family
ADDRESS:	565 Quinn Lane					PHONE: 522-054	41
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX: 522-050	39
MANAGER	: Jen Yu, General Man	ager		APPLY AD	DRESS:		
APPLY TO	: Housing Solutions, In	c.					OUT-OF-STA APPLICATI ACCEPTE
APPLY ATTN	l:						
APPLY PHONE	: 522-0541		F	AX:	EMAIL:	jen@hsiservices.ne	et
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio: 43	900		319	2	4	
	Bdrm:						
	Bdrm:						
Three E							
Four E	Barm:	J		J	J		NO
NT INFO: RE	NT IS 30% OF INCOM	E: NO	UTILITIES INCLU	IDED:		TOTA	L UNITS: 42
00/month			Electricity, water,	refuse, sewer		MINIMUM W ESTIMATE	
						MAXIMU	JM WAIT STIMATE
E CRITERIA:						TO REMAIN ON W	,
ult 18+ with at	least 1 minor child (und	ler 18)	WAITLIST	FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO:	NO	PET INFO:	F	PETS OK: NO
			\$35/ month				
N OWN DESIG	ASSET LIMITS: DENTIAL PROPERTY:				J GENERAL	INEO:	
SET LIMIT INFO		INO	LEASE:		Homeless	or at risk homeless	
			Month-to-month		Under 50%	e a registered sex	
COME CRITERI	IΔ·				Application		
ist be less than			FURNISHED:		Ask mana jen@hsise	gement to email it, rvices.net	at
			unfurnished, majo only. No carpet	or appliances			
ERSON MAXIM	IUM MONTHLY INCOM	1E:	0				

		Last Comp	lete Update:	1/24/2022			AREA:	Waianae
PROJECT NAME	MA'II	II/HPH/	, N(201-N(	OT ACCEP	TING APPICA	TION	PROJECT TYPE:	
ADDRESS:			<del>(-ice) - iv</del>	OT ACCEP	TING AFFICA	TION		],
ADDICESS.	01-1121	vialiona St.					PHONE: 697-717	
CITY:	Waiana	е	STATE: H	II ZIP:	96792		<b>FAX</b> : 697-717	4
MANAGER	: HPHA	·	PPLICATIONS	3	Honolulu, I	n School St.	ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN								NO
APPLY PHONE	_		PPLICATIONS	•	<b>FAX:</b> 832-3461	EMAIL	: hphaishereforyou.o	rg
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	3drm:							
Two	Bdrm:	7	0		912	2	6	YES
Three I	Bdrm:	13	0		1394	3	8	YES
Four I	Bdrm:							
Minimum Rent: \$0  *********CLOSED	for Fede	eral Low Incom		UTILITIES IN	CLUDED: owance for electricity	У	MINIMUM W ESTIMATE MAXIMU LIST ES	(Months): 36  JM WAIT STIMATE 60
AGE CRITERIA: Head of household	d must be	e 18 years or c	older				TO REMAIN ON W CALL EVERY	
		-		WAITE PARKING INF	LIST FOR PARKING FO:	: PET INFO	): F	PETS OK: YES
	AS	SSET LIMITS:	NONE	Included	,	the categ	animals ok, but only ories listed below: 'under 25 lbs) or cat	one from each of
AN OWN RESID		PROPERTY:	NO			GENERA		
ASSET LIMIT INF		ahu		LEASE:			ENCES: Domestic \ in transitional shelt	
				1 year		displaced	i.	
INCOME CRITER		AMI		FURNISHED:		correspondanter. applicant	nts must respond to a ndence from HPHA, No waitlist updates r s must update any c	in a timely needed, however, ontact
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 pers 00; 5 pers 00; 7 pers	1 person - \$53 sons - \$68,500 sons - \$82,200	); );	Partly furnish		waitlist st need use	ehold composition ir atus via hpha.myhou rname/password to Fed Low Inc Pub Hs	using.com (will do so).
φισοιίσ - ψ100,	.50					All convid	ctions must be 3 yrs	ago, unless it's
1-PERSON MAXIM				4570				

		Last Comple	ete Updat	e:	1/24/2022				4054	Waianae
DDO IECT NAME:	RA A 'III	I II /UDU A	loo)	NOT	ACCEE	TINIC	ADDLI	CATIO	AREA: PROJECT TYPE:	
PROJECT NAME:			<del>-1ee) -</del>	NOI	ACCEP	TING	APPLI	CATIO		1
ADDRESS:	87-165 K	čeliikipi St.							PHONE: 697-71	
CITY:	Waianae		STATE:	HI	ZIP:		96792		<b>FAX</b> : 697-71	74
MANAGER	: Mandy	Miyamoto						DDRESS:		011 05 07475
APPLY TO		CCEPTING AP	PI ICATIO	NS.			Honolulu,	th School St. HI 96817 CEPTING APPI	LICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		pplications offic		110						NO
		CCEPTING AP		NS				EMAIL	: hphaishereforyou.c	org
APPLY PHONE	: 832-596	51				FAX:	832-3461			
Unit	Type:	Number			Minimum			MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT	:	Required:		SQ FT:	of People		Allowed:
S	tudio:					Ī				
One I	Bdrm:									
Two	Bdrm:	12	0			<b>]</b> [	912	2	6	YES
Three I	Bdrm:					<u> </u>				
Four I	Bdrm:	12	0			J	1394	4	10	YES
RENT INFO: RE Minimum Rent: \$0	) for Fede	ral Low Income			TILITIES IN Vater and all			ty	MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:									TO REMAIN ON V	VAITLIST
Head of household	d must be	18 years or old	der		WAITI	IST FO	R PARKING	<b>3</b> :	CALL EVERY	(Months):
					ARKING IN	FO:		PET INF		PETS OK: YES
1	AS	SET LIMITS:	NONE	-  "	nciuaea			the cate	animals ok, but only gories listed below: (under 25 lbs) or ca	
AN OWN RESID		PROPERTY:	NO					GENERA		
ASSET LIMIT INF		hu		<u> </u>	EASE:				RENCES: Domestic \ ss in transitional shelt	
				1	year			displace	ed.	
									ints must respond to ondence from HPHA,	
INCOME CRITER								manner.	No waitlist updates of the must update any of	needed, however,
ncome Eligibility = Maximum Annual	Income: 1	person - \$53,2	250;		URNISHED		ior	info/hou	sehold composition i	nfo and check
2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30	00; 5 pers	ons - \$82,200;			appliances of		,	need us	ername/password to : Fed Low Inc Pub H	do so).
8 persons - \$100,4									ictions must be 3 yrs	
			_					All COIN	ionono muor de o yro	ago, aniloss its
1-PERSON MAXIM					570					

		Last Comp	lete Update:	2/1/2022			AREA:	Waianae
PROJECT NAME:	MA'II	LI LAND T	RANSITIC	NAL HOUS	SING		PROJECT TYPE:	Emergency/Transi
ADDRESS:	87-190	Maliona St.					PHONE: 696-488	35
CITY:	Waiana	Α	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-713	31
	VValaria		0.72.		30732			
		sa Joseph, Prog	gram Director	System (CES)	APPLY ADI Referral thro			OUT-OF-STATE APPLICATION
APPLY ATTN		alo tillough ook	Sidiliated Entry	5y5t6iii (020)				ACCEPTED: NO
APPLY PHONE	<b>Ξ:</b> 696-48	385			<b>FAX:</b> 696-7131	EMAIL:		
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:	7	550		380	2	4	
One	Bdrm:	4	650		620	5	6	
Two	Bdrm:	4	750		608	6	8	
Three	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Transitional Shelt must have at leas from here is equiv in terms of eligibil  AGE CRITERIA: Adult 18+ with at	er for hor t one chi valent to l ity for HF	meless families ld under 19 yrs being evicted fr PHA housing	only and . Evicted om HPHA		ST FOR PARKING:		MINIMUM W ESTIMATE  MAXIMULIST ES  TO REMAIN ON W CALL EVERY	(Months):  O  JM WAIT STIMATE  O  VAITLIST (Months):
	Λ	SSET LIMITS:	NONE	PARKING INFO	):	PET INFO	): F	PETS OK: NO
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF				LEASE:	1	keep con communi manner.*		well as respond to ment in a timely
INCOME CRITER	IA:			,		participar		
				refrigerator; 2bc oven/range, all stovetop only (r	drm has other units have	VI-SPDA	s verification needed T Required though Coordinated	

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	te Update:	2/22/2022				AREA:	Aiea	
PROJECT NAME:	MAKALAPA MA	NOR (Co-o	p Fee)				PROJECT TYPE:	Family	
ADDRESS:	99-120 Kohomua St.						PHONE: 487-711	4	
CITY:	Aiea	STATE: HI	ZIP:	9	6701		FAX:		
	: Tracy Hefferon, manag			3′	<b>PPLY ADI</b> 165 Waiala i. 96816	DRESS: ae Ave. #200, I	Honolulu,	OUT-OF-STATE APPLICATION	
APPLY ATTN	·							ACCEPTED: YES	
APPLY PHONE	: 735-9099			<b>FAX:</b> 78	1-295-342		nttps://mdihawaii.cc racyh@mdihawaii.	om/makalapamanor com	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	sc	) FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio: 18	0				1	2	YES	
	<b>Bdrm:</b> 29	0				2	4	YES	
Three I	Bdrm: 29 Bdrm: 34	0				6	8	YES	
5 - Five-bdrm units Down Payment bayear. 1 bdrm = \$1 (6/08) = \$27,105;	NT IS 30% OF INCOME: s (8 min people 10 max) ased on size of unit and til 17,893; 2 bdrm = \$21,365 4 bdrm = \$31,977 Addtl F er, and Notary can add up	me of the ; 3 bdrm	ΓΙLITIES INCL ater	LUDED:			MINIMUM WARE MAXIMU	(Months): 6 IM WAIT STIMATE 24	
Head of household	d must be 18 years or old			ST FOR P	ARKING:	DET 11/20	CALL EVERY		
	ASSET LIMITS:	P	ARKING INFO			PET INFO:	Ρ	PETS OK: YES	
AN OWN RESID	DENTIAL PROPERTY:					GENERAL	INFO:		
ASSET LIMIT INF	O:	_	ASE:			7 handicap 1 2-bdrm 3 3-bdrm 2 4-bdrm 1 5-bdrm			
INCOME CRITERIA:  Maximum annual income: 1 person - \$53,700, 2 persons - \$61,350, 3 persons - \$69,000, 4 persons - \$76,650, 5 persons - \$82,800, 6 persons - \$88,950, 7 persons - \$95,050			JRNISHED: artly furnished opliances only ave carpet		nits	Community hall Washer/Dryer hookups in unit Funding: 24 units Section 8; rest of units are Section 236/Co-op  NO RESPONSE IN 2021.			
	1UM MONTHLY INCOME	: 44	175			10/23/2017	MPLETED UPDATE 7.	3333233	

	Last Comp	lete Update:	1/24/2022			AREA:	Nuuanu
PROJECT NAME:	MAKAMAE (H	PHA-hon)	- NOT ACC	CEPTING APP	LICA P	ROJECT TYPE:	Elderly
	21 South Kuakini St.	117 ( 11011)	11017100			PHONE: 586-972	24
						FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96813		1700-972	.0
MANAGER	: Sol Sentons			APPLY ADD			
APPLY TO	: HPHA NOT ACCEPTING AF	PPLICATIONS		1002 North S Honolulu, HI NOT ACCEI		ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Oahu applications offi NOT ACCEPTING AF						NO
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461	EMAIL: hp	ohaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 108	0		384	1	2	YES
One I	Bdrm: 16	0		500	1	4	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:						
	NT IS 30% OF INCOME of for Federal Low Incom 8/2/2016*****		Water and allo	CLUDED: owance for electricity		MINIMUM W. ESTIMATE MAXIML	(Months): 24
AGE CRITERIA:					T	O REMAIN ON W	00
Head of household	d or spouse must be 62	years or	\ <b>\</b> / <b>\</b>   <b>T</b>	IST FOR PARKING:		CALL EVERY	
older, or disabled			PARKING INF		PET INFO:	Р	PETS OK: YES
]			Included		Small pets u	nder 25 lbs. only	
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO			GENERAL IN		
Cannot own a hou			LEASE:		PREFEREN homeless in	CES: Domestic V transitional shelter	iolence victims; ers; involuntary
			1 year		displaced.		
					corresponde	must respond to a ence from HPHA,	in a timely
INCOME CRITER			FURNIQUER			waitlist updates nust update any co	
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	· • •	Partly furnishe appliances on		info/househo waitlist statu need userna If elder dies,	old composition in s via hpha.myhou me/password to o under age 62 spi g: Fed Low Inc Pu	ufo and check using.com (will do so). ouse may rent
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4570		`		5
	MUM MONTHLY INCO		5220				

	KANA HAL	_				PROJECT TYPE:	]
ADDRESS: 95-1	41 Kipapa Dr.				1	PHONE: 623-392	20
CITY: Milila	ani	STATE: HI	ZIP:	96789		FAX: 623-392	20
MANAGER: Mid	hael Ramos			APPLY AD	DRESS: apa Drive, Mililar	ni 96789	OUT-OF-STA
APPLY TO: Ma	kana Hale Cooper	ative		00 111 1400	apa 21170, Millian	00700	APPLICATION ACCEPTE
APPLY ATTN:							YES
APPLY PHONE: 623	3-3920		F	FAX:	EMAIL:		
Unit Type	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio							
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
o bdrm rent is \$592- ree bdrm rent is \$650	NT INFO: RENT IS 30% OF INCOME: YES to bdrm rent is \$592-696 maximum. ee bdrm rent is \$656-771 maximum. ur bdrm rent is \$729-857 maximum.		UTILITIES INCLU Water	UDED:		MINIMUM W ESTIMATE MAXIMU	
SE CRITERIA:					Т	O REMAIN ON W	į.
ead of household mus			WAITLIS <sup>-</sup>	T FOR PARKING:		CALL EVERY	(Months):
story.	modi vermable rec	Sideritial	PARKING INFO:		PET INFO:		PETS OK: NO
	ASSET LIMITS:		Parking included stall @ \$30/mo.	d; waitlist for 2nd		ve animals with m	edical verification
AN OWN RESIDENT SET LIMIT INFO:	IAL PROPERTY:	YES			GENERAL II Application:		
operty is counted who	en determining inc	ome	LEASE:  Month-to-month			n manager's office	<b>)</b> .
gibility.					*Note, waitli every 6 mor	ist status inquiry n nths.	nust be in writing,
COME CRITERIA:						regular waitlist up contact info update	
ximum Annual Income: 2 persons: \$45,650;		5,650;	FURNISHED: Partly furnished-	major	.   `		
	ersons: \$51,350; 4 persons: \$57,050; ersons: \$61,600; 6 persons: \$66,200; ersons: \$70,750; 8 persons: 75,300;	⊪Paruv turnisned-	-majoi	*Applicants must respond to any correspondence from management, in a timely manner.*			

	Last Comp	lete Update:	1/24/2022			4054	McCully
DDO IECT NAME.	BAAIZIIA ALII (I	IDIIA ban)	NOT A	CCEDTING	ADDLIC	AREA:	
	MAKUA ALII (I	1PHA-non)	- NOT A	CCEPTING	APPLIC		
ADDRESS:	1541 Kalakaua Ave.					PHONE: 973-01	
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> : 973-01	97
	,						
MANAGER	: Loane Ah Sam			APPLY	ADDRESS:		
					lorth School St.		OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING AF				ılu, HI 96817 CCEPTING APF	PLICATIONS	APPLICATION ACCEPTED:
ADDLY ATTN							NO
APPLY ATTN	I: Oahu applications offi NOT ACCEPTING AF						
APPLY PHONE	: 832-5961			FAX: 832-346		IL: hphaishereforyou.	org
Unit	Type: Number		Minimum		MINIMUI Numbei		CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of Peopl		Allowed:
S	tudio:						
One	Bdrm: 210	0		522	1	4	YES
Two	Bdrm:						YES
Three				_	-		
Four	Bdrm:						
DENT INEO: DE	NT IS 30% OF INCOME	VEC	LITHITICON	CLUDED.		TOT	AL LINITS: D44
	) for Federal Low Incom		UTILITIES IN				AL UNITS: 211
*********CLOSED		-				MINIMUM W ESTIMATE	
CLOSED	6/2/2016						UM WAIT
			<u> </u>				STIMATE 60
AGE CRITERIA:						TO REMAIN ON V	
Head of househole	d or spouse must be 62	years or	WAITI	LIST FOR PARKI	NG:	CALL EVERY	(Months):
older, or disabled			PARKING IN	FO: YES	PET IN	FO:	PETS OK: YES
<u> </u>			Included		Small p	ets under 25 lbs. only	′
	ASSET LIMITS:	NONE					
AN OWN RESI	DENTIAL PROPERTY:	NO			GENER	AL INFO:	
ASSET LIMIT INF			LEASE:			RENCES: Domestic	
Cannot own a hou	ise on Oahu		1 year		displac	ess in transitional shelled.	ters; involuntary
					*Applic	ants must respond to	anv
J					corresp	ondence from HPHA	, in a timely
ncome Eligibility =			FURNISHED		applica	r. No waitlist updates ints must update any o	contact
Maximum Annual	Income: 1 person - \$53		Partly furnish			usehold composition i status via hpha.myho	
	00; 3 persons - \$68,500 00; 5 persons - \$82,200			nly, no carpet		sername/password to	
6 persons - \$88,30	00; 7 persons - \$94,350					dies, under age 62 sp	
8 persons - \$100,4	400				unit. Fu	unding: Fed Low Inc P	Pub Hsing 100%
J.			1		J		
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4570				
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	5220				

Last Complete Update:	2/22/2022	AREA: Liliha
PROJECT NAME: MALULANI HALE		PROJECT TYPE: Elderly
ADDRESS: 114 North Kuakini St.		PHONE: 524-2731 537-1213
CITY: Honolulu STATE: H	ZIP: 96817	FAX: 545-5214
MANAGER: John Valledor, Resident Mgr.; Sunni x 10  APPLY TO: Urban Real Estate Co.	ie Lee, COS 524-2731 APPLY ADDRESS: 50 S. Beretania St. C1 Honolulu, HI 96813	APPLICATION ACCEPTED:
APPLY ATTN: Housing Management Department		YES
<b>APPLY PHONE</b> : 524-2731ext 3609	<b>EMA</b> <b>FAX:</b> 545-5214	AIL: None
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:  SQ FT:  MINIMU Number of Peop	er Number of CAREGIVER
One Bdrm:         150         1410           Two Bdrm:		2 YES
Four Bdrm:		NO NO
RENT INFO: RENT IS 30% OF INCOME: NO  Project has some Section 8 units (60 units; 5 year wait, as of 2022).  No wait for market rents - call Sunnie directly.  Market Rate - \$1410	UTILITIES INCLUDED: Electricity and water	TOTAL UNITS: 150  MINIMUM WAIT LIST ESTIMATE (Months): 0  MAXIMUM WAIT LIST ESTIMATE 60
AGE CRITERIA:  Head of Household 62+ or disabled; spouse/civil union partner 18+; all other members of the	WAITLIST FOR PARKING:	TO REMAIN ON WAITLIST CALL EVERY (Months): 6
household must be 62+ or disabled  ASSET LIMITS: NONE	PARKING INFO: YES PET IN Parking available (45 stalls) 2 year waiting list after move-in	IFO: PETS OK: YES ct to property manager's approval
AN OWN RESIDENTIAL PROPERTY: YES	GENEF	RAL INFO:
ASSET LIMIT INFO:	1 year Transp	rly tenant dies, under age 62 spouse may nit.  portation to Shopping available through lic Charities Hawaii
INCOME CRITERIA:	federa	
Maximum annual income for Sec. 8 Units \$24,500 Maximum annual income (80% of AMI) = 1 Person \$65,350; 2 People \$74,650	Partly furnishedmajor appliances only, carpet SQFT Applic	ng: Section 8 60 units Market 89 units + 1 unit for resident mgr of units not available from manager.  ation: request with self addressed stamped
1-PERSON MAXIMUM MONTHLY INCOME:	5446	·

		Last Comp	lete Update:	2/22/2022			AREA:	Pearl City	
PROJECT NAME:	MAN	ANA GAR	DENS				PROJECT TYPE:	Family	
ADDRESS:	949 Lue	hu St.					PHONE: 455-42	225	
CITY:	Pearl Ci	ty	STATE: HI	ZIP:	96782		<b>FAX</b> : 455-42	25	
MANAGER	: Sherry	Revalee			APPLY AD 949 Luehu Pearl City,	St.		OUT-OF-STATE	
APPLY TO	: Locatio	ons LLC			reall City,	HI 90702		APPLICATION ACCEPTED: YES	
APPLY ATTN	l: Proper	ty Managemer	nt Division					123	
APPLY PHONE	: 455-42	25			<b>FAX:</b> 455-4232		Locationsrentals.corentals.aspx	om/affordable-	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
One I	Bdrm:								
	Bdrm:	71	940	2.5x rent	746			YES	
Three I									
Four I	Bdrm:			ļ.				YES	
RENT INFO: RE Has Sliding Scale RAP (rent assistant Section 8 certifications income requirements)	for Rent nce) = \$7 te holder	: \$940 minus 725 minimum i s need not me	\$215 max rent.	Water & Sewe			MINIMUM W ESTIMATE MAXIM	(Months): 24	
AGE CRITERIA:				i.			TO REMAIN ON V	STIMATE 60 VAITLIST	
Head of household	d must be	e 18 years or c	older	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6	
				PARKING INF		PET INFO	: 1	PETS OK: NO	
J.	Δ.5	SSET LIMITS:	NONE	Parking include	ded				
AN OWN RESID	DENTIAL					GENERAL	INFO:		
ASSET LIMIT INF	O:			LEASE:		application	tion letter mailed at n. Common laundry	/ area. Large	
				1 year		Visitor par	y area. On-site res king. Near Pearl C d Pearl Highlands.		
INCOME CRITER	IA:					2019 Und	ate - Info from Web	nsite	
Maximum Annual 1 person - \$49,020 2 people - \$55,980 3 people - \$63,000 4 people - \$69,960 5 people - \$75,600 6 people - \$81,180	0 0 0 0 0 0	60% AMI:		FURNISHED: Partly Furnish appliances, vi window curtai up.		,	ONSE IN 2021.		
1-PERSON MAXIN	10M MUI	NTHLY INCOM	1E:	4085					
2-PERSONS MAXI	мим мо	NTHLY INCO	ME:	4665					

	Last Comple	ete Update:	2/22/2022				AREA:	Manoa
PROJECT NAME:	MANOA GARD	FNS FLDE	RI Y HOI	ISIN	G		PROJECT TYPE:	<u> </u>
	2790 Kahaloa Dr.	LINO LLDL	IXET HO	JOHA			PHONE: 808-762	<u> </u>
	<u> </u>						FAX: 930-301	
CITY:	Honolulu	STATE: HI	ZIP:		96822		,	
MANAGER	: Michelle Look, Propert	y Manager			APPLY ADD			
APPLY TO	: Locations LLC				Locations, Pr Division, P.O Hi. 96823-242	. Box 22420,		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 808-738-3147			FAX:	808-930-3015		Michelle.Look@Lookhttps://www.location	cationsHawaii.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	1	390	1	2	YES
One I	Bdrm: 31	1005	2xrent	Ī	448	2	3	YES
Two I	Bdrm:			Ī				
Three I	Bdrm:							
Four I	Bdrm:							YES
Market rent for stu Market rent for 1bo	drom: \$1005 to \$1400 olders need not meet the		UTILITIES INC		D:		MINIMUM WA ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:		įę					TO REMAIN ON W	AITLIST 60
All applicants/residents of application.	dents must be 62 or olde	r at time	WAITL	IST FO	R PARKING:		CALL EVERY	
Applicants may ap	oply without verifiable res		PARKING INF		YES	PET INFO	: P	PETS OK: NO
history.	ASSET LIMITS:		51 stalls; \$20, parking also a					
AN OWN RESID	DENTIAL PROPERTY:					GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:			Caregivers	s are allowed with M	ID letter; can work
			6 months, the	n mont	n to month	Catholic C	992 ation to Shopping av Charities Hawaii n and Resident Sele	-
INCOME CRITER	IA:					Online ww	w.eahhousing.org	cuon rian.
	/II \$50,640, 80%AMI \$67, MI \$57,840, 80%AMI \$77	520	FURNISHED: Partly furnishe appliances or	edmaj		NO RESP	ONSE IN 2021. LA OCCURRED IN 202	
	NUM MONTHLY INCOME		4085					

	Last Comp	lete Update:	1/24/2022			AREA:	Chinatown	
ROJECT NAME: MAR	IN TOWE	R				PROJECT TYPE:	Family	
ADDRESS: 60 Nor	th Nimitz Hwy.					PHONE: 528-446	60	
CITY: Honolu	llu	STATE: HI	<b>ZIP</b> : 96817			<b>FAX</b> : 524-0060		
MANAGER: Lee Y	asutake			APPLY AE	tz Hwy		OUT-OF-STAT	
APPLY TO: Hawa	ii Affordable Pro	pperties		Honolulu, I	HI 90817		APPLICATION ACCEPTED YES	
APPLY ATTN: Laura	Kim, Admin As	sistant					. 20	
APPLY PHONE: 528-4	460		F	<b>AX:</b> 524-0060	EMAIL:	Not Accepted		
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Studio:	19	1100	2637.50	430	1	2	YES	
One Bdrm:	108	1200	2825.00	655	1	3	YES	
Two Bdrm:	109	1330	3387.5	729	2	5	YES	
Three Bdrm:								
Four Bdrm:							NO	
ALL @ 60% AMI			Water + Sewer					
AGE CRITERIA:						TO REMAIN ON W		
Head of household must be	oe 18 years or o	lder	WAITLIST	FOR PARKING	<u>:</u>	CALL EVERY	(Months): 12	
			PARKING INFO:	clude parking	PET INFO	nimals only.	PETS OK: YES	
Δ	SSET LIMITS:	NONE	INCHIL GOES HOT III	ciude parking.	Service a	nimais only.		
AN OWN RESIDENTIA					GENERAL	_ INFO:		
ASSET LIMIT INFO:			LEASE:			all forms of subsidy popular ple: Section 8)	payments	
			1 year			s have a Lanai		
					Application	on: om Resident Manag	uorla offica	
INCOME CRITERIA: People 1 2 \$52,920 \$60,480 \$ No Market Rent Units	3 4 68,040 \$75,540	5 \$81,600	FURNISHED:  Partly furnished- appliances only	-major	Email: ma	om Resident Manag arin@hawaiiaffordab nawaiiaffordable.com	le.com or	
-PERSON MAXIMUM MC	NTHLY INCOM	IE:	4410					
P-PERSONS MAXIMUM M	ONTHLY INCO	ME:	5040					

	Last Com	plete Update:	2/22/2022			AREA:	Chinatown
PROJECT NAME:	MAUNAKEA	TOWER (C	LOSED for	apps in 2007	P	ROJECT TYPE:	Family
	1245 Maunakea St.					HONE: 537-990	5
	<u> </u>					FAX: 545-166	
CITY:	Honolulu	STATE: H	ZIP:	96817		•	
MANAGER	: Debra Fong			APPLY ADD	RESS:		OUT-OF-STATE
APPLY TO							APPLICATION ACCEPTED:
APPLY ATTN	I: Maunakea Tower						
APPLY PHONE	: 537-9905			<b>FAX:</b> 545-1663		ndalwoodmgt.cor aunakeatower@s	n andalwoodmgt.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One I	<b>Bdrm:</b> 254	0	NO	560	1	2	YES
Two I	<b>Bdrm:</b> 126	0	NO	742	2	4	YES
Three I							
Four I	Bdrm:						NO
RENT INFO: RE	NT IS 30% OF INCOM	ME: YES	UTILITIES INC	:LIDED:		TOTA	L UNITS: 380
	Y ACCEPTING APPLI		Water	ACODED.		MINIMUM W	Į.
Applications given	out 5/17 placed on wa	aiting list				ESTIMATE	
						MAXIMU LIST ES	M WAIT TIMATE 120
AGE CRITERIA:					TC	REMAIN ON W	
Head of household	d must be 18 years or	older	WAITLI	ST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO: Assistive anii		ETS OK: NO
1			Parking includ	eu	Assistive ariii	nais only	
AN OWN DESI	ASSET LIMITS DENTIAL PROPERTY				JENERAL IN	EO:	
ASSET LIMIT INF		. 1123	LEASE:		Funding: 379	units Low Incom	e Housing Tax
				onth-to-month	Credit. Secti	on 8 100%	
					Confirmation application	letter sent upon	receipt of
INCOME CRITER	IA:		,			n wait list will rece	eive a notice
	Income: 1 person - \$3		FURNISHED:		annually		
4 persons - \$52,30	50; 3 persons - \$47,10 00;	00,	Partly furnishe appliances on			ISE IN 2021. LA: CURRED ON 9/	ST COMPLETED 14/2017.
I-PERSON MAXIM	IUM MONTHLY INCO	ME:	3054		1		
2-PERSONS MAXI	MUM MONTHLY INC	OME:	3488				

	Last Comple	ete Update:	1/24/2022				AREA:	Palama
PROJECT NAME:	<b>MAYOR WRIGH</b>	IT HOMES	(HPHA-h	on) -	NOT A	CCEP	PROJECT TYPE:	
	521 North Kukui St.						PHONE: 832-315	53
OITY	J	OTATE III	7 71D F				FAX: 832-318	38
CITY:	Honolulu	STATE: HI	ZIP:		96817		-	
MANAGER	: Cynthia Yoshida - Man	ager			APPLY AL	DDRESS: h School St.		OUT-OF-STATE
APPLY TO	· HPHA				Honolulu,	HI 96817	101710110	<b>APPLICATION</b>
"""	NOT ACCEPTING APP	PLICATIONS			NOT ACC	EPTING APPLI	ICATIONS	ACCEPTED: NO
APPLY ATTN	I: Oahu applications offic NOT ACCEPTING APP							140
APPLY PHONE		Lio/trioito		EAY.	832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	002 0001			1 77.	002 0401			
Unit	Type: Number		Minimum INCOME	Г		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:		SQ FT:	of People	People:	Allowed:
St	tudio:							
One E	Bdrm: 24	0			530	1	2	YES
Two E	Bdrm: 114	0		Ī	732	2	4	YES
Three E	<b>Bdrm:</b> 168	0			908	3	6	YES
Four E	Bdrm: 50	0			1203	4	8	YES
	NT IS 30% OF INCOME:  of for Federal Low Income 8/2/2016******	projects	UTILITIES INC Water and gas electricity				MINIMUM W ESTIMATE	
		Į.					LIST ES	STIMATE 60
AGE CRITERIA:	d must be 18 years or old	lor					TO REMAIN ON W	
li lead of flousefloid	u must be to years or old				R PARKING	_		PETS OK: YES
			PARKING INF Included	<u> </u>	J	PET INFO multiple a	nimals ok, but only o	
	ASSET LIMITS:	NONE					ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:					GENERAL	_ INFO:	
ASSET LIMIT INFO			LEASE:				ENCES: Domestic V	
Cannot own a hou	ise on Oanu		1 year			displaced		ers, involuntary
INCOME CRITERI	IA:					correspor manner.	ts must respond to andence from HPHA, No waitlist updates resmust update any c	in a timely needed, however,
ncome Eligibility =	: 80% of AMI Income: 1 person - \$53,2	)F().	FURNISHED:			info/house	ehold composition in	nfo, and check
2 persons - \$60,90	00; 3 persons - \$68,500; 00; 5 persons - \$82,200;		Partly furnishe appliances on				atus via hpha.myhou rname/password to	
6 persons - \$88,30	00; 7 persons - \$94,350;					Funding:	Fed Low Inc Pub Hs	sing 100%
8 persons - \$100,4	+50					All convic	tions must be 3 yrs	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOME	i:	4570			Į.	-	
2-PERSONS MAXI	MUM MONTHLY INCOM	IE:	5220					

	Last Comp	lete Update:	2/28/2022				AREA:	Mililani
PROJECT NAME:	MEHEULA VIS	TA I					PROJECT TYPE:	Elderly
ADDRESS:	95-1060A Lehiwa Drive	9					PHONE: 626-916	52
CITY:	Mililani	STATE: HI	ZIP:		96789		FAX: 626-916	53
MANAGER	: Resident Manager - L		ct AA - Tracy Ni	colas	APPLY ADD	DRESS:		
APPLY TO	and Cassidy Navares  : Meheula Vista				95-1060A Le Mililani HI 9			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Management Office							YES
APPLY PHONE	: 626-9162			FAX:	626-9163	EMAIL:	http://www.locationsble-rentals.aspx	srentals.com/afforda
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 75	915	2 X rent		420			
Two I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE	NT IS 30% OF INCOME	E: NO	UTILITIES INC			_		L UNITS: 75
50% AMGI - \$915		cepted to	Licensity, was	o., oon	O.		MINIMUM W ESTIMATE	(Months): 6
<u> </u>	come. No credit evaluati	ion required						JM WAIT STIMATE 12
AGE CRITERIA: All residents must	be 55 or older.		\A/A  <del>T</del>	OT FO			TO REMAIN ON W CALL EVERY	
Applicants can ap histories.	ply without verifiable res	sidential	PARKING INFO	0:	NO na first-	PET INFO	: F	PETS OK: NO
	ASSET LIMITS:	NONE	come, first-ser Once all stalls	have b	een			
AN OWN RESID	DENTIAL PROPERTY:	YES	assigned, tena those without a			GENERAL		ar weitligt undetee
	ssets is counted to dete	rmine	LEASE:			applicants well as re	th completing regula s must keep all cont spond to communic sent in a timely man	act info current, as ation from housing
INCOME ODITED	14.					225 more	units planned.	
INCOME CRITERI 30% AMI - Max in \$30,240 two perso	come \$26,460 one pers	on,	FURNISHED:  Range/oven, grefrigerator, fre	ezer, v	vinyl	landscape laundry,	ea, community room	coin-operated
			flooring, windo ceiling fan.	W COVE	iiilyə,	purpose p		
<u> </u>						Funding:	LIHTC, HHFDC, RH	ITF, and DURF
1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	3675					

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	Last Comp	olete Update:	2/28/2022				AREA:	Mililani
PROJECT NAME:	MEHEULA VIS	STA II					PROJECT TYPE:	Elderly
ADDRESS:	95-1060B Lehiwa Driv	/e					PHONE: 626-916	62
CITY:	Mililani	STATE: Hi.	ZIP:		96789		FAX: 626-916	53
	Resident Manager - and Cassidy Navares		ct AA - Tracy Ni	colas	APPLY ADD 95-1060A Le Mililani, Haw	ehiwa Drive		OUT-OF-STATE APPLICATION
								ACCEPTED: YES
APPLY ATTN	: Management Office					EMAN.	Eili	
APPLY PHONE	: 626-9162			FAX:	626-9163	EMAIL:	rentalapplications@ ~	locationshawaii.co
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One E		980			420			
Three E								
Four E	Bdrm:							YES
8 units @ 30% AM	NT IS 30% OF INCOM IGI=\$678; 60 units @ 9 ts @ 60% AMGI = \$98	50%	UTILITIES INC			d.	MINIMUM W ESTIMATE MAXIMU	-
AGE CRITERIA:							TO REMAIN ON W	
submission. Applicants can app	e 55 at the time of appoly without verifiable re		PARKING INFO	O:	R PARKING:	PET INFO:	CALL EVERY	(Months): 6 PETS OK: NO
history.	ASSET LIMITS:	NONE	\$50 mo. Parki once all stalls occupancy is r	are ass estricte	isgned, d to those			
	ENTIAL PROPERTY:	YES	who do not ow	n a ven	icle.	GENERAL		
ASSET LIMIT INFO	D:		LEASE:			applicants well as res	h completing regula must keep all conta spond to communica ent in a timely mani	act info current, as ation from housing
			<u> </u>				ree property. On-sit Meeting & multi-pur	
year., 2 persons - 50% AMI - Maximu year.; 2 person - \$	um income, 1 person - \$30,240 per year. um income, 1 person - 50,400 per year um income 1 person \$	\$44,100 per	FURNISHED: Major applican disposal, vinyl fan, window co	flooring	, ceiling	locked ent	ry doors, common l a, community room.	aundry area,
1-PERSON MAXIM	UM MONTHLY INCOM	ME:	3675			Į.		

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Last Complete Update	2/28/2022			AREA:	Mililani
PROJECT NAME: MEHEULA VISTA III				PROJECT TYPE:	Elderly
ADDRESS: 95-1060C Lehiwa Drive				PHONE: 626-916	62
CITY: Mililani STATE:	HI ZIP:	96789		<b>FAX</b> : 626-916	63
MANAGER: Resident Manager - Luana Holi; P and Cassidy Navares APPLY TO: Management Office	Project AA - Tracy Nic	olas APPLY ADI 95-1060A L Mililani, HI S	ehiwa Drive		OUT-OF-STATI APPLICATION ACCEPTED:
APPLY ATTN: Meheula Vista I - ATTN: Resident	t Manager				
<b>APPLY PHONE</b> : 626-9162		<b>FAX:</b> 626-9163	EMAIL:	Email: rentalapplications@ ~	locationshawaii.co
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:         75         980           Two Bdrm:	2x Rent				
Three Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: NO  30% AMI Units - \$678/month - 8 Units 50% AMI Units - \$915/month - 60 Units 60% AMI Units - \$980/month - 7 Units	UTILITIES INCL Water, Sewer, a			MINIMUM W ESTIMATE MAXIMU	(Months): 6
I AGE CRITERIA:				TO REMAIN ON W	12
Applicants must be 55 at time of application submission. Applicants can apply without verifiable residential history.	WAITLIS PARKING INFO		PET INFO	CALL EVERY	
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES	once all stalls a	estricted to those	GENERAL	. INFO:	
ASSET LIMIT INFO:	LEASE:		applicants well as re	th completing regula s must keep all cont spond to communic tent in a timely man	act info current, as ation from housing
INCOME CRITERIA:  30% AMI - Maximum income, 1 person - \$26,460 per year., 2 persons - \$30,240 per year.  50% AMI - Maximum income, 1 person - \$44,100 per year.; 2 person - \$50,400 per year  60% AMI - Maximum income 1 person \$52,920 per year; 2 person \$60,480 per year	Major appliance	looring, ceiling	manager, entry doo	free property. On-si meeting/multi-purp rs, common laundry nunity room.	ose room, locked
1-PERSON MAXIMUM MONTHLY INCOME:	3675		]		

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		Last Comp	lete Update:	2/22/2022			AREA	.: Waipahu
PROJECT NAME:	MOK	UOLA VIS	STA				PROJECT TYPE	Family
ADDRESS:	94-333 [	Mokuola St.					PHONE: 671-40	075
CITY:	Waipahi	u	STATE: HI	ZIP:	96797		<b>FAX</b> : 671-28	307
MANAGER APPLY TO					P.O. Bo Honolul	ADDRESS: ox 22420 lu, HI 96823 or Mokuola Street, V	Vaipahu	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>l:</b> Proper	ty Managemen	t Division					YES
APPLY PHONE	E: 671-40	75			<b>FAX:</b> 671-280		http://www.locatio ble-rentals.aspx	nsrentals.com/afforda
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm:	69	1100	2475.00	641		5	
Three				2470.00	041			YES
Four	buriii.					,	,	155
RENT INFO: RE	NT IS 30	% OF INCOM	E: NO	UTILITIES INC	CLUDED:		тот	AL UNITS: 69
4 units @ 30% AM 65 units @ 60% A Section 8 certifica gross income req 600+ credit score	AMGI for S ate holder uirement.	\$1100 s need not me	et the min	Water and sev	wer			VAIT LIST E (Months): 2
Packground choo				Į.			LIST E	STIMATE 3
AGE CRITERIA: Head of househol	d must be	e 18 vears or o	lder				TO REMAIN ON Y	
Trodu or riodocrior	a made b	0 10 90410 01 0	idoi	WAITLI PARKING INF	IST FOR PARKII O: NO	NG: PET INFO	١٠	PETS OK: NO
	AS	SSET LIMITS:	NONE		ee; 105 parking		nimal. Emotional n	- P
AN OWN RESI						GENERAL	L INFO:	
ASSET LIMIT INF	O:			LEASE:		Playgroui A/C, stac	nd, picnic area. Ea	ich unit will have
							ap units available o	n site
						Funding:		ar one
INCOME CRITER	IA:							AST COMPLETED
30% of AMI: 1 Pe 60% of AMI: 1 Pe				FURNISHED:			OCCURRED ON (	
1-PERSON MAXIN	MUM MON	NTHLY INCOM	E:	4085				
2-PERSONS MAX	IMUM MC	ONTHLY INCO	ME:	4665				

		Last Compl	ete Update:	2/22/2022			AREA	Moiliili	
PROJECT NAME:	NA P	OLEA					PROJECT TYPE	Transitional	
ADDRESS:	1020 Is	enberg St.					PHONE: 946-80	63	
CITY			CTATE:	710.	2222		FAX: 955-53	04	
CITY:	Honolu	lu	STATE: HI	ZIP:	96826		-		
	Seren	Souza, Director a Kyi-Yim, Case	es Manager				ager/ -referring OUT- alk-ins APP		
APPLY ATTN		SING SOLUTION manager or refe						ACCEPTED: NO	
APPLY PHONE	packe	t only for client	0 0 7		FAX: 955-5304	EMAIL: S	erena@hsiservic	es.net	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	64			120	1	1	NO	
One I	Bdrm:								
Two I	Bdrm:								
Three I	Bdrm:								
Four I	Bdrm:							NO	
RENT INFO: RE Must be homeless service plan. Sing male and female t	s willing gle occu	to follow an indiv pancy; shared b	/idualized	UTILITIES INCL Electricity and w			MINIMUM W ESTIMATE MAXIM		
AGE CRITERIA:						٦	TO REMAIN ON V		
one person per un	nit, must	be 18+		WAITLIS PARKING INFO	T FOR PARKING:	PET INFO:	CALL EVERY	(Months): 1 PETS OK: NO	
AN OWN RESID	DENTIA	SSET LIMITS: L PROPERTY:		Q 40/monum		GENERAL I			
ASSET LIMIT INF	O:			LEASE:		Coordinate	d Entry System (0	CES) Referral Only	
				120 days			ONSE IN 2021. LA OCCURRED ON 0	AST COMPLETED 5/14/2020.	
INCOME CRITER	IA:								
				FURNISHED:  No furniture. Bucloset space.	uilt-in desk and				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	olete Update:	1/25/2022			AREA	. Kakaako
PROJECT NAME:	NA LEI HULU	KUPUNA			PI	ROJECT TYPE:	
	610 Cooke St.				P	HONE: 593-10	09
CITY	Honolulu	STATE: HI	ZIP:	96813		FAX:	
GII I .	Horiolulu	STATE: HI	211 .	90013			
MANAGER	R: Angela Hoan, Proper	ty manager			DDRESS:	alulu III	OUT OF STATE
APPLY TO	<b>):</b> Na Lei Hulu Kupuna			96813	e Street #114, Hone	olulu, mi	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	N:						YES
APPLY PHONE	E: 593-1009			FAX:		w.mdihawaii.co gela@mdihawai	
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio: 75	916		350	1	2	YES
One	Bdrm:						
	Bdrm:						
Three							
Four	Bdrm:		ļ				YES
RENT INFO: RE	ENT IS 30% OF INCOM	E: NO	UTILITIES INC	LUDED:		ТОТ	AL UNITS: 75
20 Units @ 40% A	nt is management comp AMI - \$733.00/ month AMI - \$916.00/month	pany.	Electricity and	water		MINIMUM W ESTIMATE	
	AMI - \$1099.00/month						UM WAIT
AGE CRITERIA:	as paadad: applicants o	anly nood to	r.		TC	LIST E REMAIN ON V	STIMATE 12
Applicants must b	pe 62 yrs old at time of a	application	WAITLE	ST FOR PARKING		CALL EVERY	
	oply without verifiable re		PARKING INFO		PET INFO:		PETS OK: NO
history, with letter	from their case worker.		No parking ava	ailable.	Accommodat service anima	ion considered	for verifiable
AN 014/N DE011	ASSET LIMITS:				OFNEDAL IN		
ASSET LIMIT INF	DENTIAL PROPERTY: O:	YES	LEASE.		GENERAL IN Transportation	n to Shopping a	available through
			LEASE:  1 year intial lea	ase, then month-to	Catholic Cha	rities Hawaiʻi 2; has Air Condi	-
			month after tha	at	Has social se	ervices on site, p Katie Hoan	part-time,
INCOME CRITER	PIA:				each floor	nits w/ walk in s	hower, one on
Income Limit	1 Person 2 Pers		FURNISHED:		Funding: LIH Accepts Sect	TC, RAP ion 8 & Rent Su	upplement
40% AMI 50% AMI 60% AMI	\$35,280/yr \$40,320 \$44,100/yr \$50,400 \$52,920/yr \$60,480	)/yr	table with chair	d, dresser, coffee rs (which can be quested) and A/C.		an offer of an ap ;, will need to re	partment 2-3 times apply.
" 1-PERSON MAXIN	MUM MONTHLY INCOM	ΛE:	4410		Į.		
2-PERSONS MAX	IMUM MONTHLY INCC	DME:	5040				

	Last Compl	ete Update:	2/22/2022			AREA:	Nanakuli
PROJECT NAME:	NANA'IKEOLA	SENIOR A	PARTMEN	ΓS	-	PROJECT TYPE:	Elderly
ADDRESS:	87-122 Nanaikeola St.					PHONE: 668-470	)2
CITY:	Waianae	STATE: HI	ZIP:	96792		FAX:	
MANAGER	: Mike Klein, Compliand	e Manager		APPLY ADD	RESS:		OUT-OF-STATE
APPLY TO	: Call for viewing and ap	oplication.					APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
ADDLY BUONE	- 669 4702		-	AV.	EMAIL: h	alealiigroup@yaho	oo.com
APPLY PHONE	:: 008-4702			AX:			
Unit	Type: Number	DENT	Minimum INCOME	COLET	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio:						
	Bdrm: 39			500	1	3	
Three I							
	Bdrm:						NO
1 1				,		,	0
	NT IS 30% OF INCOME		UTILITIES INCLU		_	TOTA	L UNITS: 39
No minimum incor exceed 50% AMI	me; maximum income no	ot to	\$75 monthly utility	I garbage included y allowance. No A	C.	MINIMUM W ESTIMATE	-
			Utility Allowance	s Subject to Chan	ge		JM WAIT
			<u> </u>			LIST ES	STIMATE 36
AGE CRITERIA: Head of household	d must be 62 years or ol	der;			T	O REMAIN ON W CALL EVERY	
spouse/partner mi	ust be 18 and older; all o e 62. Caregiver must be	ther family	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:	F	PETS OK: YES
			Parking is include available, but is li		If under the	provisions of pet p	policy.
	ASSET LIMITS:	NONE	total)	Timod (20 otalio	]		
AN OWN RESIDE	DENTIAL PROPERTY:	YES			GENERAL I	NFO: eanette Weinberg	Nanaikeola
	<u>.                                    </u>		LEASE:  1 year; co-signer	possible if		tments, opened 3	
			credit score is lov		TDD (877)4	47-5991 n 202 program, H	awaii
INCOME CRITER	14.				Intergenera	tional Community Veinberg Foundati	Development
Not to exceed 30%	% of Median (Very Low Ir		FURNISHED:		Resident m	anager on site. on each floor.	
\$33,550 for 1; \$38	3,350 for 2; \$43,150 for 3	i.	major applicance coverings	s, window	2 units are	nandicapped acce	ssible
						NSE IN 2021. LA CCURRED ON 10	
1-PERSON MAXIM	IUM MONTHLY INCOMI	≣:	2796				
2-PERSONS MAXI	MUM MONTHLY INCOM	ΛΕ:	3196				

	Last Comple	te Update:	1/24/2022			AREA:	Waianae
PROJECT NAME:	NANAKULI HOI	MES (HPH)	۸-امو) - N	OT ACCEPTIN	IG A	PROJECT TYPE:	Family
	87-1606 to 87-1612 Farr	•	4 100) 14	OT ACCEL THE		PHONE: 697-717	1
	<u> </u>					FAX: 697-717	
CITY:	Nanakuli	STATE: HI	ZIP:	96792		11211   667 7 17	
MANAGER APPLY TO	: Mandy Miyamoto : HPHA NOT ACCEPTING APF	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCEP	school St. 96817	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	: Oahu applications office NOT ACCEPTING APP						NO
APPLY PHONE		LICATIONS		<b>FAX:</b> 832-3461	EMAIL:	nphaishereforyou.or	g
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One E	Bdrm:						
Three E		0		1024	3	8	YES
	NT IS 30% OF INCOME: for Federal Low Income 8/2/2016*****		JTILITIES INC Water and allo	ELUDED: wance for electricity		MINIMUM WA ESTIMATE ( MAXIMU LIST ES TO REMAIN ON W	Months): 36  M WAIT TIMATE 60  AITLIST
Head of household	d must be 18 years or old			ST FOR PARKING:		CALL EVERY (	, [
	ASSET LIMITS:		PARKING INFO	0:	the catego	imals ok, but only ories listed below: nder 25 lbs) or_cat	ETS OK: YES
	DENTIAL PROPERTY: I	NO			GENERAL		
ASSET LIMIT INFO	<u> </u>	The second secon	EASE: 1 year			NCES: Domestic V in transitional shelte	
2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances onl		correspond manner. N applicants info/house waitlist sta need usern Funding: F	s must respond to a dence from HPHA, i o waitlist updates n must update any cohold composition in tus via hpha.myhou name/password to coed Low Inc Pub Hs	n a timely eeded, however, ontact fo, and check sing.com (will lo so).
	IUM MONTHLY INCOME		4570				

		Last Comp	lete Update:	2/22/2022			AREA:	Kakaako
PROJECT NAME:	NEX	T STEP SI	HELTER				PROJECT TYPE:	Emergency
ADDRESS:	200 Kea	awe Street					PHONE: 585-880	00
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX:	
MANAGER APPLY TO	: Intake Admis	7:00am - 10:0 sions: 1:00pm	0pm			e Street, Hono dress: P.O. Bo		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE					FAX:	EMAIL	:	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:	135						
	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Rent ranges from Single: \$60 or \$90 Couple: \$120  AGE CRITERIA:	\$60 - \$1		E: N/A	UTILITIES INC	LUDED:		MINIMUM W ESTIMATE MAXIMI	(Months):  JM WAIT STIMATE
Adults Only 18 and No children under		s old		WAITLI	ST FOR PARKING	:	CALL EVERY	
	, , , , ,			PARKING INFO		PET INFO	): F	PETS OK: UNKNO
AN OWN RESID	DENTIAL	SSET LIMITS: . PROPERTY:				GENERA	L INFO:	
ASSET LIMIT INF	O:			LEASE: 90 Days		Resident Honolulu Applicati	on:	P.O. Box 941,
INCOME CRITER	ΙΔ.					Next Ste	p Shelter Front Desk	ξ
N/A				FURNISHED:  Non furnished			PONSE IN 2021. LA : OCCURRED ON 0:	

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	2/1/2022			AREA:	Kakaako
ROJECT NAME:	NOHONA HAL	E.			P	ROJECT TYPE:	Micro Units
ADDRESS:	630 Cooke Street				Р	HONE: (808) 65	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : (808) 46	65-2217
MANAGER	R: Dorene Young			APPLY ADI	DRESS: St., Honolulu, HI	96813	OUT-OF-STATI
APPLY TO	D: Nohona Hale EAH Housing				site: eahhousing.c		APPLICATION ACCEPTED:
APPLY ATTN	: Leasing Office						YES
APPLY PHONE	<u>≡</u> : 808-650-3931			<b>FAX</b> : (808) 465-22		nail: NH- anagement@eah	
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	Studio: 111	999	2x Rent	355	1	2	
One	Bdrm:	0					
Two	Bdrm:	0					
Three	Bdrm:	0					
Four	Bdrm:	0					YES
AMI - \$556/montl *100 Micro-units ( AMI - \$999/month  AGE CRITERIA: 18+	(355 sq. ft. + 75 sq. ft. la	nai) - 60%			тс		(Months): 6  JM WAIT STIMATE 12  /AITLIST
10+			WAITL PARKING INF	IST FOR PARKING:	PET INFO:		PETS OK: NO
			No parking av		No pets allow		LTO OK. INO
	ASSET LIMITS:						
	DENTIAL DECREETY.	VE0			OFNEDAL IN	FO:	
AN OWN RESI		YES			GENERAL IN	1 0.	
ASSET LIMIT INF		ts.	LEASE: 1-year lease f month-to-mor	or first year, then the thereafter.	**No waitlist applicants m well as respo	updates needed,	info updated, as ation from
ASSET LIMIT INF	FO: ered income for all asse	ts.	1-year lease f		**No waitlist applicants m well as respo management	updates needed, ust keep contact and to communicat t in a timely man	info updated, as ation from ner.*

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		Last Compl	ete Update:	2/22/2022			AREA:	Nuuanu
PROJECT NAME:	NUUA	NU YMC	<mark>A - Men's</mark>				PROJECT TYPE:	Emergency/Transi
ADDRESS:	1441 Pal	i Hwy					PHONE: 536-35	56
CITY:	Honolulu		STATE: HI	ZIP:	96813		<b>FAX</b> : 521-11	81
MANAGER  APPLY TO	<b>):</b> Alina Pi	-	rship Coordinat	or	<b>APPLY ADI</b> 1441 Pali H Honolulu, H	wy.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	<u>:</u> : 536-355	6			FAX: N/A	EMAIL:	: cyoung@ymcahon apiunno@ymcahor	
Unit	т Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	50	45					
One I	Bdrm:					1	1	
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE \$45/night, \$255/w Student housing a monthly \$720	eek - singl	e w/ shared ba	athroom.	UTILITIES INC Access to fitne			MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:							TO REMAIN ON V	
Must be 18+. SR	O			WAITLI PARKING INFO	ST FOR PARKING: O:	PET INFO		PETS OK: NO
AN OWN RESI		SET LIMITS: PROPERTY:				GENERAI	L INFO:	
ASSET LIMIT INF				LEASE:		Tempora	ry Residence for sin	gle men ONLY
No income require	ements.			None		Check-In Mon-Fri 1 Sat 12pm Sun 12pr	12pm - 8pm n-5pm	
INCOME CRITER	IA:			ELIDAUO: :EE		Check-O	ut 12pm	
					sser, closet, desk,	Last Upd	ate in 2019 - Info fro	om Website
				& lamp.		NO RESI	PONSE IN 2021.	

2-PERSONS MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	2/22/2022			AREA:	Waipahu
PROJECT NAME:	OASIS AT WA	IPAHU APA	RTMENT	S		PROJECT TYPE:	Family
ADDRESS:	94-207 Waipahu St.					PHONE: 671-280	00
CITY:	Waipahu	STATE: HI	ZIP:	96797		FAX: 676-694	15
<b></b>	VVaipariu	- III		30131			
MANAGER	: Bethany Combs			APPLY ADD			
APPLY TO	: Site			Attention: M 94-207 Waip Waipahu, Hl	oahu Street		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>!:</b>						NO
APPLY PHONE	: 671-2800			<b>FAX:</b> 676-6945	EMAIL:	website: oasis-tow	nhomes.com
Unit	Type: Number	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER
s	of UNITS:	REINT.	Required:	SQF1.	of People	People:	Allowed:
	Bdrm:						
Two	Bdrm:	1900	2.5xrent	882	1	5	
Three I	Bdrm:	2200	2.5xrent	998	1	7	
Four	Bdrm:						YES
	NT IS 30% OF INCOME	E: NO	UTILITIES INC	CLUDED:	_	TOTA	L UNITS: 406
324 Units @ Mark 82 Units @ 80% A Preference given		able units,	None			MINIMUM W ESTIMATE	
including the 80%							JM WAIT
AGE CRITERIA:	40	Paren				TO REMAIN ON W	/AITLIST
submission.	18 yrs old at time of ap ply without verifiable res		WAITLI PARKING INF	ST FOR PARKING: O:	PET INFO		PETS OK: YES
history.	,		One stall inclu	ided. \$100/month	Maximum month.	2 pets allowed. \$50	
ANI OWAL DECU	ASSET LIMITS:				CENEDA	INICO.	
ASSET LIMIT INF	DENTIAL PROPERTY: O:				GENERAL	es - Waipahu St. &	Farrington Hwy
			LEASE: 6 - 12 month l	ease agreements	*24 hr Fit internet a *Gated co Onsite la	ness room, business ccess, pool (8ft), wa ommunity w/ courtes undry	s room w/ free iding pool (2ft)
INCOME CRITER	IA:				Online pa		
2.5 x rent			FURNISHED:		Dog Park		
			Full range, ref ceiling fans, a disposal	rigerator, blinds, /c, garbage		PONSE IN 2021. LA OCCURRED ON 5/	

	Last Compl	ete Update:	2/22/2022			AREA:	Punaluu
PROJECT NAME:	<b>OCEANSIDE H</b>	AWAII ASS	ISTED LIV	ING & MEM	ORY	PROJECT TYPE:	Retirement
ADDRESS:	53-594 Kamehameha H	łwy.				PHONE: 293-110	00
CITY:	Hauula	STATE: HI	ZIP:	96717		<b>FAX</b> : 450-22	76
	ridddid	J		30717			
MANAGER	R: Walter Long, Executive	e Director		APPLY ADD	RESS:		OUT-OF-STATE
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED:
APPLY ATTN	I: Chris Mausolf, Commu	unity Relations Di	rector				YES
APPLY PHONE	:: 293-1100		F	FAX: 450-2276	EMAIL:	sales@oceansideh	awaii.com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One I	Bdrm:	3995					
	Bdrm:	5195					
Three	Bdrm:						
Four	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME	: NO (	JTILITIES INCL	UDED:		TOTA	AL UNITS: 152
Private Studio Apa Private Deluxe Ap	rtment: \$2795/month artment: \$ 3595/month partment: \$ 3895/month		Electricity and w TV and Wi-fi	ater Cable		MINIMUM W ESTIMATE	AIT LIST
Deluxe One-Bedro	oom Apt: \$4595/month	Į.					STIMATE
AGE CRITERIA:						TO REMAIN ON W	
55+		,	WAITLIST PARKING INFO:	T FOR PARKING:	DET INICO		PETS OK: YES
			PARKING INFO.	NO		time fee; must be u tions, flea tx, need a	nder 50 lbs with
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				J GENERAL	_ INFO:	
ASSET LIMIT INF	O:		EASE:		Type II Ai 26 bed Al	rch facility, Assisted zheimers & dement	living license ia unit, five of
			Month-to-month		which ma	y be used extended	Arch
						once weekly housed 4hr care w/emerger	
INCOME CRITER	IA:				system, to managem	ransportation, medic nent, movie theater	cation with 73 inch
			FURNISHED: Kitchenette with	microwave and	screen, o activities,	n site hair salon, sei respite	nior focused
			refrigerator		Website:	oceansidehawaii.co	m
						PONSE IN 2021. LA OCCURRED ON 1	
1-PERSON MAXIM	NUM MONTHLY INCOME				p.		

DJECT NAME: <mark>OHANA OLA O KAHUN</mark>	MANA			PROJECT TYPE:	Transitional
ADDRESS: 86-704 Lualualei Homestead Rd.				PHONE: 696-40	95
CITY: Waianae STATE:	II ZIP:	96792		<b>FAX</b> : 696-71	44
MANAGER: Summer Pakele, Manager		APPLY AI	DDRESS:		OUT-OF-ST
APPLY TO: Alternative Structures International					APPLICAT ACCEPTI
APPLY ATTN:					
APPLY PHONE: 696-4095	F	AX:	EMAIL: V	Vebsite: www.kah	umana.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:				4	
Two Bdrm:				8	
Three Bdrm:				10	
Four Bdrm:			]		
NT INFO: RENT IS 30% OF INCOME: YES	UTILITIES INCLU			ТОТА	AL UNITS: 48
	Electric and wate	er		MINIMUM W ESTIMATE	
					UM WAIT STIMATE
E CRITERIA:			Т	O REMAIN ON V	
families with minor children; program requires erral from social service agency before family can up application.	WAITLIST PARKING INFO:	FOR PARKING	: PET INFO:		PETS OK:
	included, one sta				r
ASSET LIMITS: N OWN RESIDENTIAL PROPERTY:			GENERAL I	NFO:	
SET LIMIT INFO:	LEASE:		Referral to Coordinated	Ohana Ola is thro	ugh the CES)
			*CURRENT	LY NO WAITLIS	Τ*
OME CRITERIA:			need to upo	updates needed; late contact info,	
	FURNISHED:		manageme	respond to commont, in a timely manapplication.*	

	Last C	omplete Update:	2/28/2022			AREA:	Kakaako
PROJECT NAME:	OLA KA'ILI	MA ARTSPA	CE LOFTS			PROJECT TYPE:	Family
ADDRESS:	1025 Waimanu St	reet				PHONE: (808) 4:	39-6402
						FAX: (808) 4:	
CITY:	Honolulu	STATE: HI	ZIP:	96814		,	
MANAGER	: EAH Housing			APPLY AD	DRESS:		
APPLY TO	Hanalulu HI 968	I025 Waimanu Stre 14 .A KA'ILIMA ARTSF		and submit https://www	v.eahhousing.o	·	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		cations only; paper	applications are n	s/artspace- o	-lofts/		YES
APPLY PHONE	longer accepted. : (808) 439-6402			FAX: N/A	EMAIL:		EAHHOUSING.ORG
Unit	Type: Number of UNITS		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	0					
One I	3drm:	615	2.5x rent	680-721		3	
Two I	3drm:	1268	2.5x rent	851-1016		5	
Three I	3drm:	1452	2.5x rent	1265-1279		7	
Four I	3drm:	0					YES
AMI - 34 Units - \$ \$1293/mo Two Bedrooms 50 60% AMI - 6 Units	%AMI - 9 Units - \$6 1067/mo; 60% AM 0% AMI - 23 Units - \$1539/mo	615/mo; 50% I - 7 Units - - \$1268/mo;	UTILITIES INCI			MINIMUM W ESTIMATE MAXIMU	(Months): 24  JM WAIT
AGE CRITERIA:	500% AMI 9 I Inite	@1/E2/ma				TO REMAIN ON W	
18+			WAITI IS	ST FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO	: F	PETS OK: YES
]			Resident parkir	ng garage.	Includes a	\$250 Pet Deposit.	
AN OWN DEGIS	ASSET LIMI				) OENEDAL	INFO	
AN OWN RESIL	DENTIAL PROPER O:	TY: NO	15405		*Along wit	:h completing regula	ar waitlist updates,
			1 Year		well as re	s must keep all cont spond to communic ent in a timely man	ation from housing
					Applicatio		
INCOME CRITERI		3 4	FURNISHED:			iy, at w.eahhousing.org/a	apartments/artspac
30%AMI \$25,400 50% AMI \$42,300 60%AMI \$50,760	\$29,000 \$32,6 \$48,350 \$54,4			es only (stove and	*Commun *Courtyard gardens	vasher and dryer fac ity room d with playground a nanagement office	
1-PERSON MAXIM	IUM MONTHLY IN	COME:	0		p.		

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0

		<u> </u>	ete Update:	2/1/2022			AREA:	Mililani
PROJE	CT NAME: OLA	LOA RETII	REMENT (	COMMUNIT	Υ	F	PROJECT TYPE:	Retirement
Α	ADDRESS: 95-105	0 Makaikai St.				F	PHONE: 626-232	3
	CITY: Mililani		STATE: HI	ZIP:	96789		FAX: 626-280	0
	MANAGER: Corne	lius Dobber			APPLY ADI Look in Sun realtor	DRESS: day paper or co	ntact a	OUT-OF-STATI APPLICATION ACCEPTED:
	PPLY ATTN:				FAX: 626-2800		aloa.info@hawaii. ww.olaloaretireme	
	Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	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
Additio on size Landlo be purd	INFO: RENT IS 30 and maintenance fee of unit Rental price of to determine action chased or rented by a RITERIA:	e \$242 - \$527, c es based on ma ual rental price. owner.	depending irket value.	Water  WAITLIS PARKING INFO	T FOR PARKING:	TO PET INFO:	MINIMUM WA ESTIMATE ( MAXIMU LIST ES O REMAIN ON W CALL EVERY (	(Months): IM WAIT TIMATE AITLIST
				Parking include			inches in height)	2.0 0.0 [1720
AN C	A DWN RESIDENTIAI	SSET LIMITS:					lp to landlord if all	owed.
	LIMIT INFO:			LEASE:		1) Units are Call a realto 2) Olaloa Do privately ow 3)There are	for sale/rent by in r or watch for ad. DES NOT handle	the rental of their services.
INCOM	IE CRITERIA:			•		emergency	push button transi	mitters staffed 24
Max in	come - NONE			FURNISHED: Partly furnished appliances only		4) Each unit	pond (no doctors has lanai (not inc ty does not keep ates necessary*	or nurses) Iluded in sq. ft.) a waitlist, thus, no

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	lete Update:	7/16/2020			AREA:	Downtown
ROJECT NAME:	OLD	VINEYAR	D				PROJECT TYPE:	Family
ADDRESS:	265 Sou	uth Vineyard St.					PHONE: 524-27	31 x 3609
CITY:	Honolul	u	STATE: HI	ZIP:	96813		<b>FAX</b> : 545-52	14
	-		-	_ee, COS 524-2731	APPLY AD 50 S. Bere Honolulu, I	tania St. C101		OUT-OF-STATE APPLICATION
		Real Estate Co			,			ACCEPTED: YES
APPLY ATTN	N: Housir	ng Management	t Department			EMAIL:	None	
APPLY PHONE	<b>E</b> : 524-27	731 x 3609		FA	<b>X</b> : 545-5214			
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	itudio:							V/F0
	Bdrm:	14	0	NO		1	2	YES
	Bdrm:	13	0	NO		2	4	YES
Three	Bdrm:	5	0	NO		3	6	YES
Four	Bdrm:					<u> </u>		NO
RENT INFO: RE	ENT 13 30	7% OF INCOME	ITES	Water	JEU:		MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:							TO REMAIN ON V	VAITLIST
Head of househol	ld must b	e 18 years or ol	lder	WAITLIST	FOR PARKING	:	CALL EVERY	(Months): 6
				PARKING INFO:		PET INFO	: 1	PETS OK: NO
	A	SSET LIMITS:	NONE	Parking included				
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:		Funding: \$	Section 8 100%	
				1 year		Applicatio Send requ envelope	n: lest with self addre	ssed stamped
INCOME CRITER	RIA:						ONSE IN 2020. LA 03/19/2019	ST COMPLETED
				FURNISHED:  Partly furnishedr appliances only. N		OPDATE	03/19/2019	
-PERSON MAXIN	иим моі	NTHLY INCOM	E:	2042		]		
P-PERSONS MAX	IMUM MO	ONTHLY INCOI	ME:	2333				

	Last Complete	e Update:				AREA:	Honolulu
ROJECT NAME:	One Kalakaua					PROJECT TYPE:	Retirement
ADDRESS:	(information pending)					PHONE:	,
CITY:		STATE:	ZIP:	0		FAX:	
MANAGER	<b>R</b> :			APPLY AD	DRESS:		OUT-OF-STAT
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED
APPLY ATTN	<b>l</b> :						
APPLY PHONE	Ē:		F	FAX:	EMAIL:		
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:	0					
	Bdrm:	0					
	Bdrm:	0					
Three		0					
Four	Bdrm:	0					
RENT INFO: RE	ENT IS 30% OF INCOME:	U	TILITIES INCL	UDED:		TOTA	AL UNITS:
						MINIMUM W ESTIMATE	
						MAXIMU	(Months): (Month
AGE CRITERIA:						TO REMAIN ON W	
				T FOR PARKING:		CALL EVERY	Į.
		P/	ARKING INFO:		PET INFO:	-	PETS OK:
	ASSET LIMITS:						
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	· O:	LE	EASE:				
NCOME CRITER	IA:		JRNISHED:				
			JKNISHED.				
DEDCOMMAN	ALINA NAONITHI WINDOWS		0		<u> </u>		
	MUM MONTHLY INCOME:		0				
-PERSONS MAXI	IMUM MONTHLY INCOME	:	0				

	Last Compl	ete Update:	12/14/2021			AREA:	Kalaeloa
PROJECT NAME:	ONELAU'ENA	- Hope for	a New Be	ginning		PROJECT TYPE:	Emergency/Transi
ADDRESS:	50 Belleau Woods St.					PHONE: 782-43	12
CITY	   Kapolei	STATE: HI	ZIP:	96707		<b>FAX</b> : 682-54	28
<b>U</b>	Кароїєї	0171121   111		30707			
MANAGER	R: Tanya Tehotu, Execut	ive Director		APPLY AD			
APPLY TO	<b>):</b> Kealahou West Oʻahu		87-132 Farrington Hwy Waianae, HI 96792				OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	1: No action required unl	ess updating co	ntact info				
APPLY PHONE	E: 782-4342			<b>FAX:</b> 682-5428	EMAIL:	t.tehotu@kwohawa	ii.org
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:						
One	Bdrm:						
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						NO
Male (single occupant) dorm; S 3ppl) Couple stud Large family unit (	ENT IS 30% OF INCOME pant) dorm; Female (sing Studio (1-3 ppl); ADA stu io (1-3ppl); Family unit (1/4-6ppl) 30% household total inc	gle dio (1- I-4ppl)	UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMI	(Months):  JM WAIT STIMATE
Head of househol	d must be 18 at time of a		\\/ \ I T	IST FOR PARKING:		CALL EVERY	
Applicants must h	npleted upon eligibility of nave verifiable residential		PARKING INF	O:	PET INFO	: 1	PETS OK: UNKNO
Multi-lamily unit (	(6-12ppl) \$150/mo		1 assigned pa	rking			
	ASSET LIMITS:				J		
AN OWN RESIDE	DENTIAL PROPERTY:				GENERAL		· West Otahu
ASSET ENVIT IN	<u>o.</u>		LEASE:		.	o through Kealahou	
						omeless - preferen Coast, but will place	
INCOME CRITER	IA:		FURNISHED:		adult child and single Applicatio Pick up fr		with no children,
INCOME CRITER	IA.		FURNISHED:		and single Applicatio Pick up fr	es in: om Kealahou West	

1-PERSON MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	12/14/2021			AREA:	Kalaeloa	
PROJECT NAME:	ONEMA	ALU - Tr	ansitiona	l shelter			PROJECT TYPE:	Transitional	
ADDRESS:	48 Belleau	Woods St.					PHONE: 682-586	88	
CITY:	Kapolei		STATE: HI	ZIP:	96707		<b>FAX</b> : 682-542	28	
			1						
MANAGER	: Tanya Tel	notu			APPLY ADD	RESS:			
APPLY TO	):				P.O. Box 75349 Kapolei, HI 96707			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l:							NO	
APPLY PHONE	: 682-5868				<b>FAX:</b> 682-5428	EMAIL:	:		
Unit		lumber UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	11			267	2	4		
One I	Bdrm:	5			329	3	5		
Two I	Bdrm:	26			535	4	8		
Three I	Bdrm:								
Four I	Bdrm:								
RENT INFO: RE Unit size determin Must be family wit age. *All units rent base Market rate: \$750 ALL DECERDATE	ed by family th at least or ed on 30% o month	v size. No Sine child 0 to	ingles. 17 years of	UTILITIES INC Water and elec			MINIMUM WARE MAXIMU	(Months):	
AGE CRITERIA:							TO REMAIN ON W		
Head of household of application sub		8 years or ol	der at time	WAITLI	ST FOR PARKING:		CALL EVERY	(Months):	
Application is prov		d of househo	old upon	PARKING INFO		PET INFO	): P	PETS OK: NO	
<u></u>		ET LIMITS:	NONE		urrent reg, safety ce, and driver's				
AN OWN RESIDE		ROPERTY:				GENERAL		e 1 e 1 e	
None	<u> </u>			LEASE:		verified	B clearance, inc veri		
				4-month progra may be renewe		Commun unit. Exp	s must participate in al kitchen, but micro bress bus from Kapol takes app. 30 min F	+ minifridge in ei transit center to	
INCOME CRITER  Must provide verif		onthly incom	e that	FURNISHED:		1 '		O bedues = (4)	
confirms the appli program fee while family. No max in	cant's ability meeting ba	to afford the sic needs of	e monthly	Yes. Beds allowed after inspection. No large, bulky  A home			meless verification letter needs to be		
						ľ	d if referral accepts placement.  SPONSE IN 2022		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	11/24/2021			AREA:	Waianae	
PROJECT NAME:	PAI'OLU KAIAI	ULU (Waia	nae Civic	Center)		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	85-638 Farrington Hwy					PHONE: 664-140	00 696-6775	
CITY:	  Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-67	11	
MANAGER	: Operations Manager: Program Director: Tar		ı	APPLY AD	DRESS:		OUT-OF-STATE	
APPLY TO	P: Need to be assessed Info below) if homeles	by Service Provi	ders (see Gene	ral		APPLICATION ACCEPTED:		
APPLY ATTN	l:						NO	
APPLY PHONE	: 664-1400			<b>FAX:</b> 696-6711	EMAIL:			
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:							
Three I	Bdrm:							
Small (45) - 8 ftx1 Medium (20) - 10ft Large (32) - 12ftx1	NT IS 30% OF INCOME 0 ft (80 sq ft) \$120 - 1 per tx12ft (120 sq ft) \$150 - 12ft (144 sq ft) \$150 - 3 pr nits. Emergency Shelter	erson 2 persons persons	UTILITIES INC Electricity, wate Public telephor	er, and sewer.		MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:						TO REMAIN ON W		
0-60+, minors are	accompanied by legal g	uardians	WAITLIS	ST FOR PARKING:	PET INFO	CALL EVERY		
	ASSET LIMITS:	NONE		nicles with valid			,	
	DENTIAL PROPERTY:				GENERAL			
ASSET LIMIT INF	O:		LEASE:			Coast Comprehens	ve Health Center:	
			None		<b>"</b> '	559; 696-1586	h. (n) 606 F667	
			<u> </u>			Community Outread	47	
NCOME CRITERIA:			FURNISHED: Admini 1 bed, additional cots. Cubicle			aikiki Health Center - Care-A-Van dministered by US Veterans Initiative ubicle like units. Community bathrooms, ommunity Meals		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	7/16/2020			AREA:	Kapolei
ROJECT NAME: PAL	EHUA TER	RACE PH	. 1		P	ROJECT TYPE:	Family
ADDRESS: 92-10	74 Palahia St.				F	PHONE: 672-560	02
CITY: Kapole	ei	STATE: HI	ZIP:	96707		<b>FAX</b> : 672-564	46
MANAGER: Ann	Suan			<b>APPLY AD</b> 1330 S. Be	DDRESS: eretania St. #200 l	Hon. HI	OUT-OF-STATE
APPLY TO: Mana	agement Specialis	sts Co.		96814			APPLICATION ACCEPTED:
APPLY ATTN: Affor	dable Housing De	ept.					YES
APPLY PHONE: 949-7	7611 x131		FA	<b>X</b> : 946-0572	EMAIL: m	schousing@hawa	aii.rr.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:							
Two Bdrm:	76	1050	2363	819			YES
Three Bdrm:	7	1200	2700	1037			YES
Four Bdrm:							
AGE CRITERIA: Head of household must	he 18 years or old	dor	Water		т		(Months): 12  JM WAIT STIMATE 12  VAITLIST
riead of flousefloid filust	be to years of on	uei	WAITLIST PARKING INFO:	FOR PARKING	: PET INFO:		PETS OK: NO
			Parking included		TET INTO:	<u>'</u>	LTO OIL INO
,	ASSET LIMITS:	NONE					
AN OWN RESIDENTIA					GENERAL IN	NFO:	
ASSET LIMIT INFO:			LEASE:		Funding: RI Accepts Sec	HTF	
			1 year			s through Equifa	x
						NSE IN 2021	
INCOME CRITERIA:					THE RESIDENCE	1102 111 2021	
60% of AMI: 1 person \$4	0,260; 2 persons	\$46,020	FURNISHED:  Partly furnishedrappliances only	major			
-PERSON MAXIMUM MO	ONTHLY INCOME	≣:	3355		]		
2-PERSONS MAXIMUM N	MONTHLY INCOM	ΛE:	3835				

		Last Comp	lete Update:	7/16/2020					AREA:	Kapolei
PROJECT NAME:	PALE	HUA TEF	RACE PH	. 2				PROJECT	T TYPE:	Family
ADDRESS:	92-1074	Palahia St.						PHONE:	672-560	)2
CITY:	Kapolei		STATE: HI	ZIP:		96707		FAX:	672-560	)2
MANAGER	R: Ann Su	uan					ADDRESS:			
APPLY TO	<b>)</b> : Manag	ement Speciali	sts Co.			96814	Beretania St. #2	UU HON. HI		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>1:</b> Afforda	able Housing D	ept.							YES
APPLY PHONE	<b>≣</b> : 949-76	311 x131			FAX:	946-0572		: mschousin	g@hawa	aii.rr.com
	t Type:	Number of UNITS:	RENT:	Minimun INCOMI Require	<b>=</b>	SQ FT:	MINIMUM Number of People	MAXI Numb Pec		CAREGIVER Allowed:
	itudio:				<u> </u>					
	Bdrm:		1000	0.05,,D	 	770				
Three		7	1030	2.25xRe	<u> </u>	778 948	.			
	Bdrm:		1130		- ;					
RENT INFO: RE 7 units at 30% AM				Water				ES <sup>-</sup>	IMUM W. TIMATE	L UNITS: 64  AIT LIST (Months): 12  JM WAIT
]				<u> </u>					LIST ES	STIMATE 36
AGE CRITERIA: Head of househol	d must be	e 18 years or o	lder				_	TO REMA CALL		/AITLIST (Months):
		·		WAI PARKING II		R PARKIN	G: PET INFO	D:	F	PETS OK: NO
<u> </u>				Parking inc	luded					
		SSET LIMITS:					J			
AN OWN RESII		PROPERTY:	NO				GENERA	L INFO: nity Room, P	icnic Are	a
				LEASE:			All units Credit ch	have 2 bathr eck through Section 8	rooms	
INCOME CRITER	IA:						Funding:	RHTF		
60% of AMI: 1 per	rson \$40,	260; 2 persons	\$46,020	Partly furnis appliances	shedmaj	or	NO RES	PONSE IN 2	2021	
 1-PERSON MAXIN	MUM MON	NTHLY INCOM	E:	3355						
2-PERSONS MAX	IMUM MC	ONTHLY INCO	ME:	3835						

	Last Comple	ete Update:	11/24/2021			AREA:	Palolo
PROJECT NAME:	<b>PALOLO CHIN</b>	ESE HOME				PROJECT TYPE:	Retirement
ADDRESS:	2459 10th Ave.					PHONE: 737-255	55
CITY:	Honolulu	STATE: HI	ZIP:	96816		<b>FAX</b> : 748-491	6
APPLY TO	<ul> <li>Darlene Nakayama         Hansel Purugganan &amp; Coordinators         Call 748-4911 during of for tour of facility.     </li> <li>Additional phone lines:</li> </ul>	office hours (Mon-	-Fri 8:00 - 4:30pm	APPLY ADD	PRESS:		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY PHONE				AX:	EMAIL:	http://palolohome.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One I	Bdrm:						
Two I	3drm:						
Three I	3drm:						
Four I	3drm:						NO
Adult Residential ( plus Registration F Intermediate Care Overnight Respite Adult Day Care: \$ *No action require AGE CRITERIA: Serves primarily fr	: \$412 - \$500/day	822/month  fee trinfo	JTILITIES INCLU	FOR PARKING:		MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W CALL EVERY	(Months): 0  JM WAIT STIMATE 0  /AITLIST (Months): 0
functional abilities exam & TB cleara		. Physical	PARKING INFO:		PET INFO:	: F	PETS OK: UNKNO
ANI OVANA DECIS	ASSET LIMITS:				CENEDA	INCO.	
ASSET LIMIT INF	DENTIAL PROPERTY:   O:		LEASE:		Res.	- Intermediate/Skilleresidential care hor	-
I INCOME CRITERI	١٨٠						
INCOME ORITER	iri.		FURNISHED:				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	12/15/2021			AREA:	Palolo
PROJECT NAME:	PALOLO VALL	EY HOME	S (HPHA-	hon) - NOT AC	CCE	PROJECT TYPE:	
	2107 Ahe St.					<b>PHONE</b> : 733-911	13
						FAX:	.0
CITY:	Honolulu	STATE: HI	ZIP:	96816		,	
MANAGER	: Kelsie Tilton			APPLY ADD			0117 05 07475
APPLY TO	. UDUA			1002 North S Honolulu, HI	96817		OUT-OF-STATE APPLICATION
APPLITO	NOT ACCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications offic						NO
	NOT ACCEPTING AP	PLICATIONS		000 0404	EMAIL:	nphaishereforyou.o	rg
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number	$\overline{}$	Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:						
One E	3drm: 8	0		513	1	4	YES
Two E	Bdrm: 34	0	<u> </u>	676	2	6	YES
Three E	<b>3drm:</b> 40	0		1045	3	8	YES
Four E	32	0		1147	4	10	YES
, ,			,		,	,	
	NT IS 30% OF INCOME	: YES	UTILITIES INC		_	TOTA	L UNITS: 118
5 Bedroom Units a Minimum Rent: \$0	also available ) for Federal Low Income	projects	Water and allo	wance for electricity		MINIMUM W	(8.4 (1 )
**************************************						ESTIMATE	
							JM WAIT STIMATE 60
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 18 years or old	der	WAITL	ST FOR PARKING:		CALL EVERY	(Months):
			PARKING INF	O: NO	PET INFO:		PETS OK: YES
]			Included		With Permi	t	
	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO: NCES: Domestic V	/iologog vietimo
Cannot own a hou			LEASE:		homeless i	n transitional shelte	
			1 year		displaced.		
<u> </u>					Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI						ons must be 3 yrs a champhetamine or s	
ncome Eligibility = Maximum Annual	: 80% of AMI Income: 1 person - \$53,2	250;	FURNISHED:  Partly furnished	nd major		, , , , , , , , , , , , , , , , , , , ,	
4 persons - \$76,10	00; 3 persons - \$68,500; 00; 5 persons - \$82,200;		appliances on				
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350; 450						
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	ΛΕ:	5220				

		Last Comp	lete Update:	11/24/2021			AREA	Palolo
ROJECT NAME:	PAL	OLO VALL	EY HOME	SI			PROJECT TYPE	Family
ADDRESS:	2170 A	he St.					PHONE: 733-86	50
CITY:	Honolu	lu	STATE: HI	ZIP:	96816		FAX: 735-52	11
	): Mutua	da Samson - Pro		i dba Palolo Valley	APPLY ADI 2170 Ahe S Honolulu, H	t.		OUT-OF-STAT APPLICATIOI ACCEPTED:
APPLY ATTN		o, <u>L</u>						
APPLY PHONE	E: 733-80	650		F	<b>AX</b> : 735-5211	EMAIL		
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:	9	568		485	1	4	YES
Two	Bdrm:	64	721		604	2	6	YES
Three	Bdrm:	9	907		860	3	8	YES
Four	Bdrm:					<u> </u>		NO
Palolo Homes doe renters names are AGE CRITERIA: Head of househol	e taken f	rom Section 8 w	vaitlist	Water				(Months): 3  UM WAIT STIMATE 7
applying. Applicants must h		•		WAITLIST PARKING INFO:	FOR PARKING:	PET INFO	<b>)</b> :	PETS OK: NO
, ippilioanio maorii				Every unit given	only 1 stall		nimals Only - MD N	P.
	А	SSET LIMITS:	YES					
AN OWN RESI		PROPERTY:	NO			GENERA	L INFO:	
ASSET LIMIT INF Cannot own a hou applicable income limit for continued	use. Ass	ission or three		LEASE:  1 year; then mon	th-to-month	Funding: Funding: Application Available	RHTF	office
INCOME CRITER	IA:							
Maximum Annual 2 persons - \$29,0 4 persons - \$36,2 6 persons - \$42,0 8 persons - \$47,8	10; 3 pei 40; 5 pei 60; 7 pei	rsons - \$32,640 rsons - \$39,150 rsons - \$44,940		FURNISHED:  Partly furnished- appliances only	-major			
-PERSON MAXIN	иим мо	NTHLY INCOM	E:	2115		]		

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		Last Comple	ete Update:	11/24/2021			AREA:	Palolo
PROJECT NAME:	PAL	OLO VALL	EY HOME	SII			PROJECT TYPE:	Family
ADDRESS:	2170 A	he St.					PHONE: 733-865	50
CITY.	<u> </u>		STATE: HI	ZIP:	00040		FAX: 735-52	11
CITY:	Honolul	u	STATE: HI	ZIP:	96816			
MANAGER		a Samson, Prop	perty Mgr.		APPLY ADI			OUT-OF-STATE
APPLY TO	: Mutua Home		iation of Hawai	i dba Palolo Valley	Honolulu, H			APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 733-86	650		F	<b>AX</b> : 735-5211	EMAIL:		
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:	5Bdrm 8	1284	rtequireu.	1345	5	12 12	
One I	Bdrm:	16	568		478	1	4	YES
Two I	Bdrm:	64	721		647	2	6	YES
Three I	Bdrm:	76	907		880	3	8	YES
Four I	Bdrm:	60	1093		1100	4	10	NO
Palolo Homes doe pulled from Sectio 16 full handicappe available	es not ha	ve a waitlist; nai	mes are	UTILITIES INCLU Water	DED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	12
Head of household applying. Applicants must h		-		WAITLIST PARKING INFO:	FOR PARKING:	PET INFO	CALL EVERY	(Months): 12 PETS OK: NO
		SSET LIMITS:				GENERAL		
AN OWN RESIDE		PROFERIT.	NO	LEASE:		Funding:	LIHTC	
Cannot own a hou applicable income limit for continued	for adm	ission or three ti		1 year; then mont	th-to-month	Funding: Application Program	RHTF ons available through	n Section 8
INCOME CRITER	IA:					NO RESF	PONSE 2021	
Maximum Annual 2 persons - \$29,0° 4 persons - \$36,2° 6 persons - \$42,0° 8 persons - \$47,8°	10; 3 per 40; 5 per 60; 7 per	rsons - \$32,640; rsons - \$39,150; rsons - \$44,940;		FURNISHED:  Partly furnished appliances only	major			
I 1-PERSON MAXIN	IUM MO	NTHLY INCOME	≣:	2115		,		

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Look Commission	In data.	0/45/0004				
Last Complete U	- 1	2/15/2021			/ U \ _ / U	McCully
PROJECT NAME: PAOAKALANI (HP	<mark>PHA-hon</mark> )	- NOT A	CCEPTING A	PPLI	PROJECT TYPE:	Elderly
ADDRESS: 1583 Kalakaua Ave.					<b>PHONE:</b> 973-019	
CITY: Honolulu ST	ATE: HI	ZIP:	96826		<b>FAX</b> : 973-019	7
,		,				
MANAGER: Ioane Ah Sam  APPLY TO: HPHA  NOT ACCEPTING APPLIC	CATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCPE	School St.	ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN: Oahu applications office						NO
NOT ACCCEPTING APPLI APPLY PHONE: 832-5961	ICATIONS		<b>FAX:</b> 832-3461	EMAIL:	nphaishereforyou.or	g
Unit Type: Number of UNITS: F	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:						
RENT INFO: RENT IS 30% OF INCOME: YE Minimum Rent: \$0 for Federal Low Income proj ************************************		FILITIES INC lectricity and			TOTAI MINIMUM WA ESTIMATE ( MAXIMU LIST ES	Months): 24 M WAIT
AGE CRITERIA:					TO REMAIN ON W	
Head of household or spouse must be 62 year older, or disabled	s or	WAITLI	ST FOR PARKING:		CALL EVERY (	
		ARKING INF	O: NO	PET INFO:		ETS OK: YES
ASSET LIMITS: NON		cluded		Small pets	under 25 lbs. only	
AN OWN RESIDENTIAL PROPERTY: NO				GENERAL		
ASSET LIMIT INFO:  Cannot own a house on Oahu		ASE:		homeless	NCES: Domestic Vi in transitional shelte	
	1	year		displaced.		
]					s, under age 62 spo ng: Fed Low Inc Pu	
INCOME CRITERIA:		IDNIICHIED.			ons must be 3 yrs a	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450	P	JRNISHED: artly furnishe opliances onl		crystal me	thamphetamine or s	ex offender
1-PERSON MAXIMUM MONTHLY INCOME:	45	570		r		

		Last Compl	ete Update:	7/16/2020			AREA	Chinatown
PROJECT NAME:	PAU	AHI HALE					PROJECT TYPE	: Family
ADDRESS:	126 No	rth Pauahi St.					PHONE: 524-72	233
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX:	
MANAGER	: Bill Ha	nrahan, Manag	er		APPLY AD	DRESS:	345	OUT-OF-STAT
APPLY TO	: Mental	l Health Kokua			1221 ((αριο	nam biva., cuite	040	APPLICATION ACCEPTED:
APPLY ATTN	: Melby	Albano						
APPLY PHONE	: 737-25	523		ı	FAX:	EMAIL: r	nalbano@mhkha	waii.org
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	38	760		120	1	1	YES
	3drm:							
	Bdrm:							
Three F								
Tour	Julii.		J					
RENT INFO: RE			:: YES	UTILITIES INCL		_	TOT	AL UNITS: 38
Minimum rent \$30 15 units must be of \$300 minimum rent equivalent of one	offered to nt payme	those eligible tent. Security de	o pay the posit is	Electricity and w	rater		MINIMUM V ESTIMATE	(Months):
equivalent of one	month re							UM WAIT STIMATE 12
AGE CRITERIA:	001104	NOV (0D0)				-	ΓΟ REMAIN ON \ CALL EVERY	
SINGLE ROOM O Must be over the a				WAITLIS PARKING INFO	T FOR PARKING:	PET INFO:		PETS OK: NO
				Not included. A	vailable next	TET IIVI O.		TETO OIL MO
	A	SSET LIMITS:	NONE	door for \$40/mo	ntn.	]		
AN OWN RESID		PROPERTY:	YES			GENERAL		
ASSET LIWIT INT	<u> </u>			LEASE: 1 year			k-up. Single roon n's and women's	
				l year		Funding: U		
 INCOME CRITERI	IΔ·			1		Application	:	
Maximum Annual 50% area AMI)		1 person - \$40,	260 (below	FURNISHED: Unfurnished.		,   '	m Manager's Offic	ce
1-PERSON MAXIM 2-PERSONS MAXI				3355				

	Last Comp	olete Update:	11/24/2021			AREA	Makiki
PROJECT NAME:	PIIKOI VISTA					PROJECT TYPE	Elderly
ADDRESS:	1326 Piikoi St.					PHONE: 521-71	11
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 521-68	97
MANAGER	R: Peggy Zayasu, Resid	dent Manager		APPLY AD			OUT-OF-STATE
APPLY TO	): Locations			Honolulu, F	-		APPLICATION ACCEPTED:
APPLY ATTN	I: Property Manageme	nt Division					YES
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978		http://www.locatior ble-rentals.aspx	nsrentals.com/afforda
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 47	1058	2xrent	420			
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						YES
Food stamps can	ENT IS 30% OF INCOM be used to meet min. in the holders need not me uirement.	ncome.	UTILITIES INC			MINIMUM W ESTIMATE MAXIM	(Months): 3
AGE CRITERIA:			Į.			LIST E TO REMAIN ON V	STIMATE 36
All residents must		A	WAITLI	IST FOR PARKING:		CALL EVERY	
Does not require v	verifiable residential his	iory	PARKING INF		PET INFO:		PETS OK: NO
J	ASSET LIMITS:	NONE	\$40 fee for pa	rking			
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O: ssets is counted to dete	ermine	LEASE:		Opened 2/	07	
eligibility.	ssets is counted to dete	Simile			Funding: L	IHTC	
					Communit	y garden, Locked y room for activitie undry room on 8th	s, Social Worker
INCOME CRITER 50% AMI: 1 perso	:IA: on \$42,300; 2 persons \$	548,350	FURNISHED: Partly furnishe appliances on		Application Download Ask mana Send requ envelope	•	essed stamped
I-PERSON MAXIN	MUM MONTHLY INCOM	ΛE:	3525		Į.		
2-PERSONS MAXI	IMUM MONTHLY INCO	DME:	4029				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021			AREA:	Makiki
PROJECT NAME:	PLAZ	ZA AT PUI	NCHBOWI	Ret./Assi	isted Living		PROJECT TYPE:	Retirement
ADDRESS:	918 Lur	nalilo St.			*		PHONE: 792-880	00
CITY:	Honolul	u	STATE: HI	ZIP:	96822		<b>FAX</b> : 538-961	6
MANAGER		Andrade: Adm Nishimura: Bu	inistrator siness Office Ma	anager	APPLY ADI	DRESS:		OUT-OF-STATE
		lazaassistedlivi						APPLICATION ACCEPTED: YES
APPLY PHONE		Barnoski: Sales	Manager		<b>FAX:</b> 538-9616		ashley@plazaassis uilani@plazaassiste	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	38	5075		277	1	2	
One	Bdrm:	27	6400		415	1	2	
Two	Bdrm:	3	9825		833	1	2	
Three	Bdrm:							
RENT INFO: RE 68 Independent ui \$5125+. 20 Assis private; \$6975+ pi \$5890+ semi-priva montly rate/30 + 1	nits: STU ted living rivate. 20 ate; \$755	JDIO: \$3990+; g units: \$5250+ 0 Memory Care 50+ private. Re	1 BD: - semi - units:	UTILITIES INC Water, trash a standard cable	nd sewer, electricity,		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:  No minimum age Does not require v			ory	WAITLI	ST FOR PARKING:		TO REMAIN ON W CALL EVERY	
		SSET LIMITS:	.,	PARKING INFO	O: NO or independent	PET INFO:	F	PETS OK: YES
AN OWN RESI			NO			, GENERAL	INFO:	
ASSET LIMIT INF				" LEASE:			ay, weekly house clice, activities. Rout	
				Month-to-mon written 30 day	th rental with termination notice	provided for activities. Nurses are	or medical appts, she Flexible assisted live e staffed 24hr/day. I rm care insurance	nopping, other ing services.
INCOME CRITER None	IA:			FURNISHED:		Nurse inte	rcom system	
None				Microwave, sn w/freezer, carp	irse call systems,	Call projec	et for more details	
<u> </u>								

		Last Comp	lete Update:	7/16/2020			AREA:	Kaneohe
PROJECT NAME:	POH	<mark>AI NANI G</mark>	OOD SAN	IARITAN			PROJECT TYPE:	Retirement
ADDRESS:	45-090	Namoku St.					PHONE: 247-621	1 or
CITY:	Kaneol	ne	STATE: HI	ZIP:	96744		<b>FAX</b> : 236-200	)1
	,							
MANAGER		a Camero, Exe	cutive Director		APPLY ADI	DRESS:		
		oohainani.org			On-Site			OUT-OF-STATE APPLICATION
APPLY TO	7835 (	Gruhler, Sales N direct	/lanager	236	<b>-</b>			ACCEPTED: YES
APPLY ATTN	l:							
APPLY PHONE	: 808-2	36-7835		F	<b>AX</b> : 236-7828	EMAIL:	jgruhler@good-sam	n.com
Unit	Туре:	Number	$\overline{}$	Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:	139	3185		305	1	2	
One I	Bdrm:	35	4463		490	1	2	
Two	Bdrm:	10	6924		866	1	2	
Three	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Unit size range fro Home - \$7,373 Apartments/Cotta, reservation fee \$2 of \$500; waitlist fe	om 305-8 ges have 2,300 + r	366 sft, 1 or 2 pp e non-refundable efundable secui	ol. Care	UTILITIES INCLU	JDED:		MINIMUM W. ESTIMATE MAXIMU	(Months): 2
AGE CRITERIA:				įt.				STIMATE 8
All residents must	be 55 o	r older		WALTE ICT	TOD DADKING.		TO REMAIN ON W CALL EVERY	
				PARKING INFO:	FOR PARKING:	PET INFO	: F	PETS OK: YES
				\$25/month		Small dog	allowed in Cottages	s only
	А	SSET LIMITS:	NONE					
AN OWN RESID		PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	O:			LEASE:		programs		
				Month-to-month			ee includes three me ping, weekly linen e	
							PONSE IN 2021	•
INCOME CRITER								
Since private pay income and asset			cient	FURNISHED:				
]				<u> </u>		]		

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021			AREA:	Kakaako
PROJECT NAME:	POH	ULANI EL	DERLY				PROJECT TYPE:	Elderly
ADDRESS:	626 Co	ral St.					PHONE: 744-60	63
CITY:	Honolul	lu	STATE: HI	ZIP:	96813		<b>FAX</b> : 744-65	82
	rionoidi	u	· · · · · · · · · · · · · · · · · · ·		30013			
MANAGER	R: DeAnr	n Auwae, Manaç	ger		APPLY A	DDRESS:		OUT-OF-STATE
APPLY TO	): Hawai	i Affordable Pro	perties Inc.					APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :							NO
APPLY PHONE	<b>:</b> : 744-60	063			<b>FAX:</b> 744-6582	EMAIL	: http://hawaiiafforda properties/	able.com/residential-
Unit	Type:	Number		Minimum		MINIMUM	MAXIMUM	OADEON/ED
	туре.	Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio:	128	1350	2,288	425	1	2	YES
One	Bdrm:	135	1450	2,525	454	1	2	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE Deposit=same as No action required information or in re	rent; aco	cepts section 8 updating contact	et	UTILITIES INC			MINIMUM W ESTIMATE MAXIMI	(Months): 0
AGE CRITERIA:				le.				STIMATE 0
All household mer	mbers m	ust be 62 at tim	e of	\A/A I <del>T</del> I I	ST FOR PARKING	٥.	TO REMAIN ON V CALL EVERY	
application. Cared Does not require				PARKING INF		PET INFO	): I	PETS OK: NO
	A	SSET LIMITS:	NONE	month; parking Kakaako for \$	50/mo (call District			
AN OWN RESI		PROPERTY:	YES	prking - 597-1	789)	GENERA	L INFO:	
ASSET LIMIT INF		erest in resident	ial property	LEASE:			s are allowed in both letter; cannot work o	
in fee simple or le unit within the san	asehold,	usuitable for a		1 year		elevators Services Transpor	: meal site tation to Shopping a	
INCOME CRITER				FUDNIOUES		Funding:	Charities Hawaii State Rental Assist	ance 100%
Maximum Annual 1 person - \$67,52 2 persons - \$77,1	0			FURNISHED:  Partly furnishe appliances only			1992 k with lap pool, joggi ultipurpose room	ng path, garden
Note: Minimum Ir minimum rent	ncome R	equired is 2.5 x	the				•	
I 1-PERSON MAXIM	иим мо	NTHLY INCOM	E:	5626		Į.		
2-PERSONS MAXI	IMUM M	ONTHLY INCO	ME:	6426				

	Last Comp	olete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HO</b>	MES I (HPI	HA) - NOT A	CCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	1638 - 1699 Ahiahi Pl					PHONE: 832-333	36
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	85
MANAGER	: Julie Wiggett			APPLY ADD			
APPLY TO	: NOT ACCEPTING A	PPLICATIONS		1002 North : Honolulu, HI NOT ACC		LICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: NOT ACCEPTING A (Oahu applications o				FMAII · ·	nphaishereforyou.c	NO
APPLY PHONE	: 832-5961		F	<b>FAX</b> : 832-3461	LINAL.	ipridisficitoryou.c	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:						
Two I	Bdrm:						
Four I	Bdrm: 14	0		1116	4	10	YES
14 five bdrm units Minimum Rent: Or	ne Bdrm - \$108; Two B 2; Four Bdrm - \$180		Water and alloward gas	JDED: ance for electricity		MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT
AGE CRITERIA:	^CED 0/2/201&******	****	je.			LIST ES TO REMAIN ON W	AITLIST 60
Head of household	d must be 18 years or	older	WAITLIST	Γ FOR PARKING:		CALL EVERY	
			PARKING INFO: Included		PET INFO:	F	PETS OK: NO
	ASSET LIMITS:	YES					
AN OWN RESIDE	DENTIAL PROPERTY:	NO			GENERAL		-NOEO
Cannot own a hou times the applicab	se on Oahu. Assets li le income for admissic continued occupancy.		LEASE: 1 year		1.)The Elde Veterans w Families of was detern	DUSING PREFERE erly 2.) The Displace If service connected deceased veterant nined to be service erans 6.) Families r	ced 3.) Disabled ed disabilities 4.) as whose death e connected. 5.)
INCOME CRITER	IA:				Transitiona	al Shelters 7.) All o	
	n \$33,300; 2 persons \$ 4 person \$47,550.	\$38,050; 3	FURNISHED: Partly furnished- appliances only,			tate Pub Hsing 10 ons must be 3 yrs	
	IUM MONTHLY INCOM		3450				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HO</b>	MES II (HP	HA) - NOT	<b>ACCEPTING</b>	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.	•	•			PHONE: 832-333	36
CITY	Honolulu	STATE: HI	ZIP:	96817		FAX: 322-063	32
OII I.	Pronoiulu	STATE. HI	2	90017			
	: Julie Wiggett	PPI ICATIONS		1002 North S	PTING APPLI School St.	CATIONS	OUT-OF-STATE APPLICATION
	I: NOT ACCEPTING AF			Honolulu, HI	96817		ACCEPTED: NO
~	(Oahu applications of				EMAIL:	hphaishereforyou.o	ra
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461		, , , , , , , , , , , , , , , , , , , ,	-9
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 12	0		676	2	6	YES
Three I		0		940	3	8	YES
Four I							
Minimum Rent: Or Three Bdrm - \$152 funding source: sta	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bd 2; Four Bdrm - \$180 ate CLOSED 8/2/2016******	drm - \$128;	UTILITIES INC Water and allo and gas	LUDED: wance for electricity		MINIMUM WA ESTIMATE MAXIML	
AGE CRITERIA:						TO REMAIN ON W	AITLIST
Head of household	d must be 18 years or o	lder	WAITLI	ST FOR PARKING:		CALL EVERY	
			PARKING INFO	D:	PET INFO	: P	PETS OK: NO
1	ASSET LIMITS:	YES	Included				
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	O: ise on Oahu. Assets lin	cite al to two	LEASE:			OUSING PREFERE derly 2.) The Displace	
times the applicab	ole income for admission continued occupancy.		1 year		Veterans Families o was deter	w/ service connecte of deceased veteran mined to be service erans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITER						al Shelters 7.) All ot	
	n \$33,300; 2 persons \$: 4 person \$47,550.	38,050; 3	FURNISHED:  Partly furnishe appliances onl			State Pub Hsing 100 tions must be 3 yrs	
	IUM MONTHLY INCOM		3450		<u> </u>		

	Last C	Complete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	PUAHALA	HOMES III (F	IPHA) NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.	•	<u>*</u>			PHONE: 832-333	36
CITY	I I a a a la la la	STATE: H	ZIP:	00047		FAX: 832-338	35
GITT.	Honolulu	STATE. H	ZIF.	96817			
MANAGER	: Julie Wiggett			APPLY ADI	DRESS: PTING APPL	ICATIONS	OUT-OF-STATE
APPLY TO	: NOT ACCEPTIN	NG APPLICATIONS		1002 North Honolulu, H	School St.	ICATIONS	APPLICATION ACCEPTED:
APPLY ATTN	: NOT ACCEPTING Oahu application	NG APPLICATIONS ns office				hahaishaa faasaa	NO
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461	EMAIL:	: hphaishereforyou.o	rg
Unit	Type: Numbe of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:						
One E	3 <b>drm</b> : 10	0		504	1	4	YES
Two E	3drm: 14	0		676	2	6	YES
Three E	3 <b>drm</b> : 16	0		940	3	8	YES
Four E	Bdrm:						
RENT INFO: REI Minimum Rent: Or Three Bdrm - \$152 funding source sta	ne Bdrm - \$108; T 2; Four Bdrm - \$18 te	wo Bdrm - \$128; 30	UTILITIES IN Water and all and gas	CLUDED: lowance for electricity		MINIMUM WARE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 18 year	s or older	WAITL	LIST FOR PARKING:		CALL EVERY	
			PARKING INI	FO:	PET INFO	): P	PETS OK: NO
1	ASSET LIM	IITS: YES	Included				
AN OWN RESID	ENTIAL PROPER				GENERAL	L INFO:	
ASSET LIMIT INFO		and Problem I to the	LEASE:			OUSING PREFERE	
Cannot own a hour times the applicab times that limit for	le income for adm	ission or three	1 year		Veterans Families was dete	w/ service connecte of deceased veteran rmined to be service terans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITERI						nal Shelters 7.) All ot	
50% AMI: 1 person persons \$42,800;	n \$33,300; 2 perso 4 person \$47,550.	ons \$38,050; 3	FURNISHED: Partly furnish appliances or	edmajor	Funding:	State Pub Hsing 100 ctions must be 3 yrs	
1-PERSON MAXIM	UM MONTHLY IN	ICOME:	3450		<u> </u>		

				AREA:	Kapalama
PROJECT NAME: PUAHALA HOMES IV (H	PHA) - NO	T ACCEPTING	3 AP	PROJECT TYPE:	
ADDRESS: School St. and Lanakila Ave.				PHONE: 832-333	36
				FAX: 322-063	
CITY: Honolulu STATE: HI	ZIP:	96817		,	
MANAGER: Julie Wiggett		APPLY ADI	<b>DRESS:</b> PTING APPLIC	CATIONS	OUT-OF-STATE
APPLY TO: NOT ACCEPTING APPLICATIONS HPHA		1002 North Honolulu, H	School St.		APPLICATION ACCEPTED:
APPLY ATTN: NOT ACCEPTING APPLICATIONS Oahu applications office					NO
APPLY PHONE: 832-5961		<b>FAX:</b> 832-3461	EMAIL: h	nphaishereforyou.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: 4 0		519	1	4	YES
<b>Two Bdrm:</b> 32 0		662	2	6	YES
Three Bdrm: 4 0		808	3	8	YES
Four Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: YES  Minimum Rent: One Bdrm - \$108; Two Bdrm - \$128; Three Bdrm - \$152  ***********************************	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM WA ESTIMATE (	(Months): 36
AGE CRITERIA:			-	TO REMAIN ON W	į oo
Head of household must be 18 years or older	WAITI	IST FOR PARKING:	'	CALL EVERY	
	PARKING INF		PET INFO:	Р	ETS OK: NO
	Included				
ASSET LIMITS: YES AN OWN RESIDENTIAL PROPERTY: NO			J GENERAL I	INFO:	
ASSET LIMIT INFO:	LEASE:		STATE HO	USING PREFERE	
Cannot own a house on Oahu. Assets limited to two times the applicable income for admission or three times that limit for continued occupancy.	1 year		Veterans w Families of was determ	erly 2.) The Displace  If service connected  deceased veterant  nined to be service  rans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITERIA:				l Shelters 7.) All ot	
50% AMI: 1 person \$33,300; 2 persons \$38,050; 3 persons \$42,800; 4 person \$47,550.	FURNISHED: Partly furnishe appliances on		Funding: S	tate Pub Hsing 100 ons must be 3 yrs o	
1-PERSON MAXIMUM MONTHLY INCOME: 2-PERSONS MAXIMUM MONTHLY INCOME:	3450 4895		]		

	Last Compl	ete Update:	11/24/2021			AREA:	Palama
PROJECT NAME:	<b>PUALANI MAN</b>	OR				PROJECT TYPE:	Family
ADDRESS:	1216 Pua Lane					PHONE: 841-56	57
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER APPLY TO	:			APPLY ADD Get applicat	DRESS: ion onsite; brii	ng I.D.	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE			F.	AX:	EMAIL:	None	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 62	0	NO	565	2	4	YES
Two I	Bdrm:						
Four I	Bdrm:						NO
	NT IS 30% OF INCOME		UTILITIES INCLU Water	IDED:		MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA: Head of household	d must be 18 years or ol	der	_	FOR PARKING:		TO REMAIN ON V CALL EVERY	(Months): 6
			PARKING INFO:  Parking included	NO	PET INFO:	· ·	PETS OK: NO
	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	O:		LEASE: 1 year		Funding:	Section 8 100%.	
INCOME CRITERI	IA:		,				
	Income: 50% AMI. to new HUD guidelines		FURNISHED:  Partly furnished-appliances only.	major			

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Campula	to Unidate.	10/15/0001				
	Last Comple		12/15/2021			AREA:	Makiki
PROJECT NAME:	PUMEHANA (HI	PHA-hon)	- NOT AC	CEPTING AP	PLIC	PROJECT TYPE:	Elderly
ADDRESS:	1212 Kinau St.					PHONE: 586-972	4
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 973-019	7
	. Torrorata			00011			
MANAGER	: Sol Sentous			APPLY ADI	DRESS:		
MAINAGER	. Cor Cornous			1002 North			OUT-OF-STATE
APPLY TO				Honolulu, H NOT ACCE	I 96817 PTING APPLIC	ATIONS	APPLICATION ACCEPTED:
	NOT ACCEPTING APP						NO NO
APPLY ATTN	I: Oahu applications office NOT ACCEPTING APP						
APPLY PHONE				<b>FAX</b> : 832-3461	EMAIL: h	nphaishereforyou.or	g
ATTETTTIONE	002 0001			1 AX. 002 0401			
Unit	Type: Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio: 98	0		454	1	2	YES
One I	Bdrm: 40	0		553	1	4	YES
Two I	Bdrm: 1	0					
Three I							
Four I							
Pour	Barm:		1				
RENT INFO: RE	NT IS 30% OF INCOME:	YES	UTILITIES INC	CLUDED:		TOTAL	L UNITS: 139
	) for Federal Low Income			wance for utilities		MINIMUM WA	
*********CLOSED	8/2/2016*****					ESTIMATE (	
						MAXIMU	
			Į.			LIST ES	TIMATE 60
AGE CRITERIA:	dt b a CO a.m. a.m. ald				-	TO REMAIN ON W. CALL EVERY (	
disabled	d must be 62 years or old	er, or		ST FOR PARKING:			
			PARKING INF	0:	PET INFO:	under 25 lbs. only	ETS OK: YES
1	-		Included		Siliali pels	under 25 lbs. only	
	ASSET LIMITS:						
AN OWN RESIL	DENTIAL PROPERTY: I	NO			GENERAL	NFO: NCES: Domestic V	iolence victims:
Cannot own a hou			LEASE:		homeless i	n transitional shelte	
			1 year		displaced.		
						s, under age 62 spo ng: Fed Low Inc Pu	
INCOME CRITER						ons must be 3 yrs a	
ncome Eligibility =	: 80% of AMI Income: 1 person - \$53,2	50.	FURNISHED:			hamphetamine or s	
2 persons - \$60,90	00; 3 persons - \$68,500;		Partly furnishe appliances on				
6 persons - \$88,30	00; 5 persons - \$82,200; 00; 7 persons - \$94,350;						
8 persons - \$100,4	450						
J					]		
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

		Last Comp	lete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	PUNC	HBOWL	HOMES (	HPHA-hon	) - NOT ACCE	EPTIN	PROJECT TYPE:	Elderly
ADDRESS:	730 Capt	tain Cook Ave	·.				PHONE: 586-972	24
CITY	J		STATE: HI		20012		FAX: 586-972	28
CITT	Honolulu		STATE: HI	ZIP:	96813			
MANAGER	· Sol San	itous			APPLY ADI	DRESS:		
MANAGEN	. 001 0011	itous			1002 North	School St.		OUT-OF-STATE
APPLY TO					Honolulu, H NOT ACCE	II 96817 EPTING APPLIC	CATIONS	APPLICATION ACCEPTED:
4001 1/ 4001			PPLICATIONS					NO
APPLY ATTN			ICE PPLICATIONS			====		
APPLY PHONE	: 832-596	S1			<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	org
Unit	Type:	Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	турс.	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:							
One I	Bdrm:	97	0		548	1	4	YES
Two I	Bdrm:	58	0		711	2	6	YES
Three I	Bdrm:	1	0					
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0  ********CLOSED	for Fede	ral Low Incom		UTILITIES INC	CLUDED: owance for utilities		MINIMUM W ESTIMATE MAXIMU	(Months): 24  JM WAIT
AGE CRITERIA:							TO REMAIN ON W	00
Head of household	d or spous	se must be 62	years or	WAITI	IST FOR PARKING:		CALL EVERY	
older, or disabled				PARKING INF		PET INFO:	F	PETS OK: YES
				Included		Small pets	under 25 lbs. only	
	AS	SET LIMITS:	NONE			J		
AN OWN RESID		PROPERTY:	NO			GENERAL		
Cannot own a hou		hu		LEASE:		homeless	NCES: Domestic \ in transitional shelt	
				1 year		displaced.		
]							es, under age 62 sp ing: Fed Low Inc Pu	
INCOME CRITER						All convict	ions must be 3 yrs	ago, unless it's
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 00; 3 pers 00; 5 pers 00; 7 pers	person - \$53 ons - \$68,500 ons - \$82,200	); );	FURNISHED: Partly furnishe appliances on		crystal me	thamphetamine or ation to Shopping a harities Hawaii	sex offender
1-PERSON MAXIM	IUM MON	THLY INCOM	1E:	4570		Į.		
2-PERSONS MAXI	MIIM MO	NTHI Y INCO	ME	5220				

	Last Com	plete Update:	12/15/2021			AREA:	Aiea
PROJECT NAME:	<b>PUUWAI MON</b>	/II (HPHA-h	on) - NOT	ACCEPTING	APP	PROJECT TYPE:	
	99-132 Kohomua St.	(				PHONE: 483-255	50
						FAX: 483-255	
CITY:	Aiea	STATE: HI	ZIP:	96701		,	
MANAGER	: Marcus Asami			APPLY ADD			OUT-OF-STATE
APPLY TO	· HPHA			Honolulu, HI	96817	0.4.7.0.1.0	<b>APPLICATION</b>
"""	NOT ACCEPTING A	PPLICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED: NO
APPLY ATTN	I: Oahu applications of NOT ACCEPTING A						140
APPLY PHONE		a r zio/ariono		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	org
ATTENTIONE	002 0001			TAX: 002 0101			
Unit	Type: Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:						
One I	Bdrm: 48	0		550	1	4	YES
Two I	Bdrm: 86	0		724	2	6	YES
Three I	Bdrm: 88	0		1080	3	8	YES
Four I	Bdrm: 38	0		1158	4	10	YES
	NT IS 30% OF INCOM 0 for Federal Low Incor 8/2/2016******		UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 36
AGE CRITERIA:			is.			TO REMAIN ON W	
	d must be 18 years or	older	\^/^ T	IST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO:	: F	PETS OK: YES
	ASSET LIMITS	NONE	Included		the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF			LEASE:			ENCES: Domestic \ in transitional shelt	
Carmot own a noa	oo on oana		1 year		displaced.		,
					Funding:	Fed Low Inc Pub H	sing 100%
INCOME CRITER	IA:					ions must be 3 yrs	
ncome Eligibility =	: 80% of AMI Income: 1 person - \$5	3 250.	FURNISHED:		crystal me	thamphetamine or	sex offender
2 persons - \$60,90 4 persons - \$76,10	00; 3 persons - \$68,50 00; 5 persons - \$82,20 00; 7 persons - \$94,35	0; 0;	Partly furnishe appliances on				
1-PERSON MAXIM	IUM MONTHLY INCOI	ME:	4570				
2-PERSONS MAXI	MUM MONTHLY INCO	OME:	5220				

	Last Comple	ete Update:	9/30/2021			AREA	Downtown
ROJECT NAME: QUE	EN EMMA	<b>APARTM</b>	ENTS			PROJECT TYPE	Family
ADDRESS: 1270 Q	UEEN EMMA S	TREET				<b>PHONE</b> : 900-71	49
CITY: Honolu	u	STATE: HI	ZIP:	96813		FAX:	
MANAGER:				APPLY AD	DRESS:		OUT-OF-STA
APPLY TO: Camb	ridge Manageme	ent, Inc.					APPLICATIO ACCEPTED
APPLY ATTN:							
APPLY PHONE: 900-7	149		F	FAX:		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					
ENT INFO: RENT IS 30	0% OF INCOME		UTILITIES INCLU	JDFD:		TOTA	AL UNITS:
HTC; Income restrictions	s apply.		CHEMICO INCL			MINIMUM W	
ection o vouchers accept	leu.					ESTIMATE	(Months):
							UM WAIT STIMATE
SE CRITERIA:						TO REMAIN ON V	VAITLIST
			WAITLIS	Γ FOR PARKING:		CALL EVERY	, , , , , ,
			PARKING INFO:		PET INFO:		PETS OK: NO
Δ.	SSET LIMITS:		Limited, on-site pavailable, however parking is unkno	er, a waitlist for	Pets not al	iowea.	
A AN OWN RESIDENTIAL			parking is unkno	WII.	GENERAL	INFO:	
SET LIMIT INFO:			LEASE:		Engaging s	social spaces, new dows, 9 ft. ceilings	v interiors, floor-to-
					wood-style	flooring, some un	its have lanais.
COME CRITERIA:			]				
			FURNISHED:				
PERSON MAXIMUM MO	NTHLY INCOME		0		P		
PERSONS MAXIMUM M			0				

	Last Comple	to Undate:	11/24/2021					
	-						AREA:	Chinatown
	RHF PAUAHI K	UPUNA HA	LE				PROJECT TYPE:	Elderly
ADDRESS:	167 North Pauahi St.						PHONE: 524-584	4
CITY:	Honolulu	STATE: HI	ZIP:		96817		<b>FAX</b> : 949-255	4
		,	,					
MANAGER	t: Sue Stacey				APPLY AD	DRESS:		
1						debaker Rd. h, CA. 90815-49	200	OUT-OF-STATE
APPLY TO	: Retirement Housing Fo	undation			(562) 257-5		900	APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
1						EMAIL:	www.rhf.org	
APPLY PHONE	E: 524-5844			FAX:			_	
Unit	Type: Number		Minimum			MINIMUM	MAXIMUM	CAREON/ER
	of UNITS:	RENT:	INCOME Required:		SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
s	tudio: 12	0			539	1	1	YES
One I	Bdrm: 36	0			579	1	2	YES
Two I	Bdrm:							
Three I	Bdrm:			†				
	Bdrm:			ī				YES
1 0 0 1	Sum.		,					123
RENT INFO: RE	NT IS 30% OF INCOME:	YES	JTILITIES INC	CLUDED	<b>)</b> :		TOTA	L UNITS: 48
2021 Update: No a	action required unless upo	dating	Nater, sewer	& trash			MINIMUM WA	_
	· 1						ESTIMATE (	(Months): 72
		Į.					MAXIMU LIST ES	M WAIT TIMATE 96
AGE CRITERIA:							TO REMAIN ON W	į.
	d must be 62 years or old	er, or	WAITI	IST FO	R PARKING:		CALL EVERY	
disabled (mobility	impaired)	<u>F</u>	PARKING INF	O:		PET INFO:	Р	ETS OK: YES
			Parking not a	vailable				
	ASSET LIMITS:	NONE						
	DENTIAL PROPERTY:	NO				GENERAL		151
ASSET LIMIT INF	0.		EASE:			outside ho	are allowed with M me. If elderly tenar	
			1 year				may rent the unit.	
<u> </u>						Services:	meal site next door	
INCOME CRITER						Funding: S	Section 202	
Maximum Annual persons - \$39,700	Income: 1 person - \$34,7		FURNISHED: Partly furnishe	admaic	)r	Project wil waitlist.	I call applicant to ke	ep application on
			appliances on			Application	· ·	
						Ask mana	gement to mail it	
						envelope	est with self-addres	seu stamped
1-PERSON MAXIM	IUM MONTHLY INCOME	: :	2895			P		
2-PERSONS MAXI	IMUM MONTHLY INCOM	<b>=</b> : (	3308					

		Last Comp	olete Update:	11/24/2021			AREA:	McCully	
PROJECT NAME:	RHF	PHILIP S	TREET AP	ARTMENTS		F	ROJECT TYPE:	Elderly	
ADDRESS:	1605 Ph	nilip St.				F	PHONE: 949-25	55 692-2011	
CITY:	Honolul	u	STATE: HI	ZIP:	96826		<b>FAX</b> : 949-25	54	
MANAGER	t: Sue St	tacey, Manage	r - Suite 200		APPLY ADI			OUT-OF-STATE	
APPLY TO	: Retirer	ment Housing I	Foundation		Long Beach (562) 257-5	, CA. 90815-490 100	00	APPLICATION ACCEPTED:	
APPLY ATTN	l:							YES	
APPLY PHONE	: 949-25	555		F	FAX: 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:	
S	tudio:	10	0	NO	550	1	1	YES	
One I	Bdrm:	24	0	NO	575	1	2	YES	
Two	Bdrm:								
Three I	Bdrm:								
Four	Bdrm:						]	NO	
RENT INFO: RE 2021 Update: No contact informatio from project	action re	quired unless ι	updating	Electricity and w			MINIMUM W ESTIMATE MAXIM		
AGE CRITERIA:			00			T	O REMAIN ON V CALL EVERY		
one member of the spouse/partner me	ust be 18			_	T FOR PARKING:	DET INIEG			
household may be	9 18+.			PARKING INFO: Available	YES	PET INFO: One small pe		PETS OK: YES	
•	A:	SSET LIMITS:	NONE				·		
AN OWN RESID						GENERAL IN	NFO:		
ASSET LIMIT INF	O:			LEASE:		Caregivers a	Caregivers are allowed with MD letter; can work outside home. If elderly tenant dies, under age		
				1 year, then mor	nth to month		nay rent unit.		
INCOME CRITER	IA:					Funding: Se	ction 202 100%		
Maximum Annual Income: 1 person - \$33,550; 2 persons - \$38,350.			3,550;	FURNISHED:  Partly furnished- appliances only.					
I 1-PERSON MAXIM	PERSON MAXIMUM MONTHLY INCOME:			3404		1			
2-PERSONS MAXI	PERSONS MAXIMUM MONTHLY INCOME:			3888					

		Last Comp	lete Update:	11/24/2021			AREA:	Chinatown
ROJECT NAME:	RIVE	R PAUAH	l (Not taki	ng application	ons)		PROJECT TYPE:	Family
ADDRESS:	1155 Riv	er St.					PHONE: 538-162	1
CITY:	Honolulu	1	STATE: HI	ZIP:	96817		FAX: None	
MANAGER	: Luis; St	te. 111			APPLY AD	DDRESS: tly taking applica	itions	OUT-OF-STATE
			United Horizon	-				ACCEPTED: YES
APPLY ATTN			Specialist ( Lv m		<b>AX:</b> 892-1801	EMAIL:		
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
				100				YES
	Bdrm:	41	0	NO		1	3	YES
	Bdrm:	7	0	NO		3	5	ILS
Three E								
Four E	Bdrm:							
RENT INFO: RE	NT IS 30	% OF INCOME	::  YES	UTILITIES INCLU Electricity and wa			MINIMUM W. ESTIMATE MAXIMU	(Months): 60
AGE CRITERIA:						7	ΓΟ REMAIN ON W	AITLIST
Head of household	d must be	e 18 years or o	der	WAITLIST	FOR PARKING	:	CALL EVERY	(Months): 6
				PARKING INFO:		PET INFO:	P	ETS OK: NO
				\$40/month				
		SSET LIMITS:				J		
AN OWN RESID ASSET LIMIT INFO		PROPERTY:	NO			GENERAL I	NFO: ection 8 100%	
				LEASE: 1 year		.	units 2 - 1 bdrm &	1 2 hdrma
				i yeai		З папиісар	units 2 - 1 buill &	1 - 2 buillis
INCOME CRITERI	IA:			1				
Maximum Annual 2 persons - \$38,00 4 persons - \$47,50	Income: 7	sons - \$42,750		FURNISHED:  Partly furnished appliances only. I				
-PERSON MAXIM				2771				

		Last Comp	lete Update:	11/24/2021			AREA:	Makiki
PROJECT NAME:	ROY	AL KINAU	J			P	ROJECT TYPE:	Elderly
ADDRESS:	728 Kina	au St.				F	PHONE: 521-367	78
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX: 521-293	31
MANAGER	: Charles	s Tracy			APPLY AD	DRESS: Street, Honolulu,	HI 96813	OUT-OF-STATE
APPLY TO	: Royal l	Kinau Apartme	nts					APPLICATION ACCEPTED:
APPLY ATTN	: Attn: C	harles Tracy						YES
APPLY PHONE	: 521-36	78		F.	<b>AX</b> : 521-2931	EMAIL: ro	yalkinau@levyre.	com
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	60	952	1.5 x rent	541	1	2	YES
Two I	Bdrm:	24	1325	1.5 x rent	741	1	4	YES
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE 2021 UPDATE: No contact information  Section 8 certificates income room AGE CRITERIA:	o action is n te holders	s required unle	ess updating	UTILITIES INCLU Electric, water, ar			MINIMUM W ESTIMATE MAXIMU LIST ES	(Months): 2  JM WAIT STIMATE 24
All residents must	be 62 or	older		WAITLICT	FOR PARKING:		O REMAIN ON W CALL EVERY	
				PARKING INFO:	YES	PET INFO:	F	PETS OK: NO
	AS	SSET LIMITS:	NONE	Parking included, some covered	57 spaces			
AN OWN RESID		PROPERTY:	YES			GENERAL IN		
ASSET LIMIT INF	O:			LEASE:		opened 1998 units have la		
				1 year; then mon	th-to-month	Funding: LIF Funding: RI	HTC, Section 8 HTF	
INCOME CRITER	IA:			•		8 handicapp	ed access	
50% AMI: 1 person \$42,200; 2 persons \$48,200; 3 persons \$54,250: 4 persons \$60,250			48,200; 3	FURNISHED:  Partly furnished appliances only	rtly furnishedmajor Send request with self addressed st			· }
 1-PERSON MAXIM 2-PERSONS MAXI				3516 4016		J.		

		Last Compl	ete Update:	11/24/2021			AREA:	Downtown	
PROJECT NAME:	SAFE H	HAVEN/I	MENTAL I	HEALTH K	OKUA		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	126 N. Pau	uahi St.					PHONE: 524-723	33	
CITY:	Honolulu		STATE: HI	ZIP:	96817		<b>FAX:</b> 524-035	53	
MANAGER	: Bill Hanra	ıhan			<b>APPLY ADI</b> 126 N Paua	hi Street		OUT-OF-STATE	
APPLY TO	: Mental He Intake Mo		y from 1pm - 4 <sub>l</sub>	om	Honolulu, H	I 96817		APPLICATION ACCEPTED: NO	
APPLY ATTN	:							NO	
APPLY PHONE	: 524-7233				<b>FAX:</b> 524-0353	EMAIL			
Unit		Number f UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	25			80	1	1		
One I	Bdrm:								
Two I	Bdrm:								
Three F									
RENT INFO: RE Rooms with share Includes 3 meals phomeless mentall depression). 18 yr AGE CRITERIA:	d bath and oper day. y ill. (bi-pola	communal di	ning.	UTILITIES INC	ELUDED:		MINIMUM W ESTIMATE MAXIMU	(Months): 2  JM WAIT STIMATE	
Head of household	d must be 1	8 years or ol	der		ST FOR PARKING:	PET INFO	CALL EVERY	(Months):	
				No parking	0.		· · · · · ·	2.0 0.11 110	
		ET LIMITS:							
AN OWN RESID		ROPERTY:	NO	   EASE:			L INFO: lust be homeless an	d severely	
				Month-to-mont	th	AUW, C provided:	HUD Continuum of ( & C Esg; State HPH residential, Case M	A; other services	
INCOME CRITER						Activity C	enter (waiting list) -	provides social nemical	
Max income limits - None			FURNISHED: Bed, dresser		deper integratio servic Intake M-	nab, med/psych svcs, chemical pendency treatment, community			
INCOME CRITER	DENTIAL PR O: IA:		NO	LEASE:  Month-to-mont  FURNISHED:		mentally Funding: AUW, C provided: Plcmt Se Activity C rehab deper integratio servic Intake M-	L INFO:  Just be homeless an ill.  HUD Continuum of the second of the se	Care for sel A; other sel gmt & Com provides so nemical	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Coi	mplete l	Jpdate:	12/1	5/2021					AREA:	Salt Lake
PROJECT NAME:	SALT	LAKE	(HPH	<mark>A-hon)</mark>	- NO	OA TC	CEP	TING	APPS	PRC	JECT TYPE:	Family
ADDRESS:	2907 Ala I	lima St.	•							PHO	ONE: 483-255	0
			_		_						FAX: 483-255	
CITY:	Honolulu		ST	ATE: HI		ZIP:		96818			,	
MANAGER	: Marcus A	sami							ADDRESS:			
APPLY TO		CEPTING	APPLIC	CATIONS			Honolulu, HI 96817 APPLICATIONS ACCEP					OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		olications CEPTING		CATIONS								NO
APPLY PHONE	: 832-5961						FAX:	832-346		IAIL: hpha	ishereforyou.o	rg
Unit		Number of UNITS:		RENT:	11	dinimum NCOME Required:		SQ FT:	MINIM Numb of Pec	per	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:			0				0.40		<u> </u>		YES
	Bdrm: Bdrm:	28		0			] [. ] [	642	1		4	120
Three I										-		
Four I	Bdrm:											
RENT INFO: RE Minimum Rent: \$0  ***********************************	) for Federa	I Low Inc				ITIES IN er and all		D: for electri	icity		TOTA MINIMUM WA ESTIMATE  MAXIMU LIST ES	(Months): 36
AGE CRITERIA:										TO F	REMAIN ON W	00
Head of household	d must be 1	8 years c	or older			WAITL	_IST FO	R PARKII	NG:		CALL EVERY	
					PARI	KING IN			PETI	INFO:	Р	ETS OK: YES
]	ASS	ET LIMIT	S: NON	NE	Inclu	ıded			the c	ategories l	s ok, but only c isted below: 25 lbs) or cat	one from each of
AN OWN RESID	DENTIAL P	ROPERT	Y: NO						GENE	ERAL INFO	<b>)</b> :	
Cannot own a hou		ı			LEAS				home			iolence victims; ers; involuntary
									Fund	ling: Fed L	ow Inc Pub Hs	ing 100%
INCOME CRITER	IA:											ago, unless it's
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 p 00; 3 perso 00; 5 perso 00; 7 perso	person - \$ ns - \$68,5 ns - \$82,2	500; 200;		Partl	NISHED: ly furnish iances or	edmaj	or e carpets	Cryst	ai metham	phetamine or s	sex offender
1-PERSON MAXIM	IUM MONT	HLY INC	OME:		4570	)			-			
2-PERSONS MAXI	MUM MON	THLY IN	COME:		5220	)						

2-PERSONS MAXIMUM MONTHLY INCOME:

	Las	t Comple	ete Update:	3/17/2020	Ō			AREA:	Waianae
PROJECT NAME:	<b>SEA WINI</b>	DS AF	ARTMEN	NTS, H &	J Weir	berg		PROJECT TYPE:	Emergency/Transi
ADDRESS:	85-295 Kauioka	alani Pl.						PHONE: 696-006	<u>"</u> 51
								FAX:	
CITY:	Waianae		STATE: Hi	ZIP:	<u> </u>	96792		,	
MANAGER	: Jesse Smith,	General I	Manager			APPLY A	DDRESS:		
APPLY TO					General Manager, Sea Winds Apartments, 85-295 Kauiokalani Pl. #151, Waianae, Hawaii 96792				OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Jesse Smith								NO
APPLY PHONE	: 696-0061				FAX:		EMAIL:	jesse@hsiservices	net
Unit	Type: Numl	per		Minimur			MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UN		RENT:	Require		SQ FT:	of People	People:	Allowed:
S	tudio: 20	)	975	1600		400	1	4	
One I	3drm:								
Two I	<b>30</b> <sup>4</sup>	**	1295	2000		770	4	7	
Three I	3drm:								
Four I	Bdrm:								NO
RENT INFO: RE	NT IS 30% OF I	NCOME:	NO	UTILITIES I	INCLUDED	١٠		ΤΟΤΔ	L UNITS: 50
20 Transtional stu	dio units with 36	month n		Water, sew		<u> </u>		MINIMUM W	
stay. Rents range								ESTIMATE	
**30 permanent 2 have sliding scale			on site						JM WAIT STIMATE 30
AGE CRITERIA:								TO REMAIN ON W	
18 and older				\Λ/ΔΙ'	TLIST FOI	R PARKING	3·	CALL EVERY	
				PARKING II		NO	PET INFO	): F	PETS OK: YES
				\$25 month				oical household pets See pet agreement fo	
	ASSET L	IMITS:						oo pot agrooment i	or dotaile.
AN OWN RESID		ERTY:					GENERAI		
ASSET LIMIT INF		Limit		LEASE:				n of Housing Solutionse is given if application	
	ala zew mosmo			1 year			in a home 2 units (ir handicap	eless shelter. ncludes 1 studio) are ped; 2 units (include or hearing disabled.	adapted for
INCOME CRITER					_		Application	on:	
\$2000 minimum gross monthly income (not including food stamps) for 2 bdrm. \$1600 minimum gross monthly income for studio			Drapes, tile appliances stove top).	ed floors ar		Pick up fi Email red	Pick up from manager's office Email request to Jesse@hsiservices.net NO RESPONSE IN 2021		
1-PERSON MAXIM	IUM MONTHLY	INCOME	::	3665					

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4185

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Complete Update:	11/24/2021			AREA:	
PROJECT NAME: SECTION 8 (CITY) - CLO	OSED			PROJECT TYPE:	N/A
ADDRESS: 842 Bethel St., First Floor				<b>PHONE</b> : 768-709	96
CITY: Honolulu STATE: H	ZIP:	96813		<b>FAX</b> : 768-703	39
MANAGER:		APPLY AD	DRESS:		OUT-OF-STATI
APPLY TO:					APPLICATION ACCEPTED:
APPLY ATTN:					
<b>APPLY PHONE</b> : 768-7096	F	<b>AX</b> : 768-7039	EMAIL:	www.honolulu.gov/o	dcs/housing.htm
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:					
Three Bdrm:					
Provides Section 8 Vouchers (for private landlord rentals); participant family must minimally pay 30% of adjusted income or \$50, whichever is greater.  WAITLIST CLOSED 6/18/21, after 2000 pre-applicants were randomly selected and placed and waitlist.	UTILITIES INCLU	DED.		MINIMUM W. ESTIMATE MAXIMU LIST ES	(Months):  JM WAIT  STIMATE
AGE CRITERIA:	MAITH 10T			TO REMAIN ON W CALL EVERY	
	PARKING INFO:	FOR PARKING:	PET INFO	): F	PETS OK: UNKNO
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:			GENERAL	_ INFO:	
ASSET LIMIT INFO:	LEASE:				
INCOME CRITERIA:	FURNISHED:				
	TORRIGIES.				
-PERSON MAXIMUM MONTHLY INCOME:					

	Last Comple	te Update:	11/24/2021			AREA:	Hawaii
PROJECT NAME:	<b>SECTION 8 (ST</b>	ATE) - CL	OSED			PROJECT TYPE:	N/A
ADDRESS:	1002 N. School St. P.C	). Box 17907				PHONE: 832-60	40
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-34	61
		ļ					
MANAGER	l:			APPLY AD	DRESS:		
APPLY TO	):						OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	E: 832-6040			<b>FAX:</b> 832-3461	EMAIL: h	nphas8office@haw	<i>r</i> aii.gov
Unit	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 I	Bdrm:	2934					
Four	Bdrm:	3367					
Provides Section (rentals); tenant pa	espond to communication	ndlord a max of	UTILITIES INC	CLUDED: e on per case basis		MINIMUM W ESTIMATE MAXIMI	(Months):
J			Į.				STIMATE
AGE CRITERIA:  18 and older			\A/A I <del>T</del> I I	OT FOR RAPIGNO		TO REMAIN ON V CALL EVERY	
*Max allowable re	nt for 5bdrm: \$3872; 6bdr	m:\$4453	PARKING INF	ST FOR PARKING: O:	PET INFO:	ı	PETS OK:
Į	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	<u>O:</u>		LEASE:  1 year initially		8/16/16 and homeless, violence. E households	cher choice applca d closed 8/18/16 w displaced or victim Elderly and disable s paying more thar	vith preference for n of domestic ed persons or n 50% of their
INCOME CRITER	IA·				program. F	ard rent are also to Rents listed are the	e maximum
Maximum income	is based on 30%AMI and for Honolulu county is lis		FURNISHED:		amount allo	owed for that apart	ment size.
I 1-PERSON MAXIM	MUM MONTHLY INCOME	:	2116		J		
2-PERSONS MAXI	IMUM MONTHLY INCOM	E:	2416				

		Last Comp	lete Update:	11/24/2021			AREA:	Iwilei
PROJECT NAME:	SENI	OR RESI	DENCE A	T IWILEI			PROJECT TYPE:	Elderly
ADDRESS:	888 Iwil	ei Road					PHONE: 888-08	76
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX</b> : 521-119	92
MANAGER	R: Location	ons			APPLY AD	Office	U 00047	OUT-OF-STATE
APPLY TO	<b>D</b> : Senior	Residence at	lwilei		888 IWIIEI R	Road, Honolulu, I	HI 96817	APPLICATION ACCEPTED:
APPLY ATTN	N: Manag	er's Office						
APPLY PHONE	≣: 738-31	00		F	AX:	EMAIL:		
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:							
One	Bdrm:	146	1200	2.5rent				
Two	Bdrm:	13	1300	2.5 rent				
Three I	Bdrm:							
Four	Bdrm:							
RENT INFO: RE 1 bdrm (50% AMI) 1 bdrm (60% AMI) 2 bdrm (60% AMI)	) - \$920 ) - \$1004	- \$1054	E:	UTILITIES INCLU Water and sewer			MINIMUM W ESTIMATE MAXIMU	(Months): 2  JM WAIT
AGE CRITERIA:				Į.			LIST ES O REMAIN ON W	STIMATE 6
62+				\/\AITI 197	Γ FOR PARKING:		CALL EVERY	
				PARKING INFO:		PET INFO:	F	PETS OK: NO
				87 stalls				
	AS	SSET LIMITS:	NONE					
AN OWN RESIDERS ASSET LIMIT INF		PROPERTY:	NO			GENERAL I		
2021 UPDATE: N		s to contact in	formation	LEASE: One-year		Ask manag	ement to mail it n manager's office	9
INCOME CRITER	RIA:			1				
50% AMI \$44,100 3 ppl 60% AMI \$52,920 3 pppl	•			FURNISHED: Partly furnished- appliances only	-major			
-PERSON MAXIN	MUM MON	NTHLY INCOM	IE:	4410		Į		
P-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	5040				

	Last Comp	lete Update:	7/16/2020			AREA:	Kaneohe	
PROJECT NAME:	<b>SENIOR RESI</b>	DENCE AT	KANEOHE			PROJECT TYPE:	Elderly	
ADDRESS:	45-705 Kamehameha	Hwy.				PHONE: 235-289	98	
CITY:	Kaneohe	STATE: HI	ZIP:	96744		FAX: 235-089	97	
MANAGER	R: D: Locations Property M	anagement		APPLY ADI			OUT-OF-STATE APPLICATION	
APPLY ATTN		anagoment					ACCEPTED: YES	
APPLY PHONE			ı	FAX: 235-0897	EMAIL:			
One Two	t Type: Number of UNITS:  Studio: 74  Bdrm: 74  Bdrm: Bdrm:	775	Minimum INCOME Required:	SQ FT: 428	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Four	Bdrm:						NO	
*44 (HUD) Rents *30 (LIHTC) units Deposit same as	are 30% of income; wai are \$775; waitlist 1-3 yr rent. Must be below 60 ate holders need not me uirement	tlist 1-3 yrs rs. % MI	UTILITIES INCL Water & Sewer	UDED:		MINIMUM W ESTIMATE MAXIMI	(Months): 12  JM WAIT	
AGE CRITERIA:						TO REMAIN ON W	/AITLIST	
All residents mus			WAITLIS PARKING INFO Monthly Rent Do parking stalls		PET INFO LIHTC - N HUD - PE	IO PETS	(Months): 6	
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:		Come First Serv		GENERAL			
INCOME CRITER			LEASE: 6 months		Opened 2 extra stora floor near Units have	lryer common area v 2001 age compartments a laundry room		
HUD Units 50% AMI: 1 person \$36,350; 2 persons \$41,850 LIHTC units: (60% AMI) 1 person - \$43,980 2 persons - \$50,220			FURNISHED: Partly furnished appliances only	major	Funding: (24 units) Transport	Funding: LIHTC (30 units), Section 8 (30 units), Funding: RHTF, Section 202 (44 units), Home		
<u> </u>					NO RESF	PONSE IN 2021		
	MUM MONTHLY INCOM		3635					
2-PERSONS MAX	IMUM MONTHLY INCO	ME:	4185					

	Last Comple	ete Undate:	12/3/2021					
	-				_		AREA:	Kapolei
	SENIOR RESID	ENCE AT I	KAPOLE	11&	2		PROJECT TYPE:	Elderly
ADDRESS:	91-1034 Namahoe St.						PHONE: 674-293	
CITY:	Kapolei	STATE: HI	ZIP:		96707		<b>FAX</b> : 674-293	88
	,	,	,					
MANAGER	t: Cat Suan, Resident Ma	anager				DRESS: Place Ste 103 l	Honolulu, HI	OUT-OF-STATE
APPLY TO	): Bob Tanaka Inc.				96826			APPLICATION ACCEPTED: YES
APPLY ATTN	I: Ext 24							120
APPLY PHONE	E: 949-4111			FAX:	949-7211	EMAIL:		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	<b>Bdrm:</b> 79	0			463-500	1	3	
Two I	Bdrm:			] [				
Three I	Bdrm:			<u> </u>				
Four I	Bdrm:						]	NO
60 unit @ 30% AN Namahoe St. 20 91-1098 Namahoe Gross maximum r	ent: \$725/778 month or 3	24 apolei 2 -	JTILITIES ING Water, sewer; SR Kapolei #1 SR Kapolei #2	; 1: \$78/ u	tility allowand		TOTA MINIMUM WA ESTIMATE ( MAXIMU	(Months): 12
income (if qualified	d) Monthly amount is Si	ubject to						TIMATE
AGE CRITERIA:							TO REMAIN ON W	
All residents 62+.	Caregiver allowed with I				R PARKING:		CALL EVERY	
			PARKING INF		NO	PET INFO:	Р	ETS OK: YES
,	ASSET LIMITS:		r arking includ	ucu				
AN OWN RESID	DENTIAL PROPERTY:	NO				GENERAL	INFO:	
ASSET LIMIT INF	O: wn a majority interest in r	esidential _	EASE:			Opened 6/ HUD PRA	/2009 C 202 RHTF	
real estate.	wir a majority interest in r	Coluctitia	One-year				es include: screen d	oors secured
						property, o	on bus route, laundress to the recreation	y room, ceiling
INCOME CRITER	IA:						e; about a 10 minut	
	rson \$25,400; 2 persons rson \$42,300; 2 persons		FURNISHED:			Any crimir	nal conviction = ineli	gible
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>.</u>	3525			Į.		
2-PERSONS MAXI	IMUM MONTHLY INCOM	ΛE:	4029					

	Last Comp	lete Update:	3/5/2020			AREA:	Wahiawa
PROJECT NAME:	SILVERCREST	Γ				PROJECT TYPE:	Elderly
ADDRESS:	520 Pine St.					PHONE: 622-278	35
CITY:	   Wahiawa	STATE: HI	ZIP:	96786		FAX: 621-778	31
	Jivamama	ļ		007.00			
APPLY TO		Property Admini	strator	APPLY ADD On-Site #11			OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN				<b>FAX:</b> 621-7781	EMAIL	:	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One I	<b>Bdrm:</b> 78	0	NO	500		3	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						NO
30% of Adjusted In After application is sent.	s received, a confirmation	on letter is	UTILITIES INCL Water, Sewer, utility allowance	Trash Removal, \$56		MINIMUM W. ESTIMATE MAXIMU	(Months): 12
AGE CRITERIA:						TO REMAIN ON W	
(companion) 18+,	d must be 62+. Spouse minor children allowed i ult children not allowed.	if HOH has	WAITLIS	ST FOR PARKING: YES	PET INFO	CALL EVERY D: F	(Months): 6 PETS OK: YES
over 18 allowed.			Parking include	ed if available	1 animal		
	ASSET LIMITS:	NONE			allillal		
	DENTIAL PROPERTY:	YES			GENERA		
ASSET LIMIT INF	<u>O:</u>		LEASE:		denial (a	viction in the last 7 ye pplicant or caregiver)	
			1 year		automati	drug, and sex offense c denial - regardless accept any evictions/ ons.	of time.
INCOME CRITER	IA:				Opened	1995	
Maximum Ānnual	Income: changes per H	UD	FURNISHED:  Refrigerator, stove, carpet, blinds  Applica Ask ma Send re envelop		Library, of Laundry Application Ask man Send requested	ng: Section 202 PRAC ry, community room, Lanai lounge, Coin dry Facilities cation: nanagement to mail it request with self addressed stamped	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

_	Last Comp	lete Update:	11/24/2021			AREA:	Chinatown
PROJECT NAME: S	MITH BERET	ANIA				PROJECT TYPE:	Family
ADDRESS: 11	70 Nuuanu Ave.					PHONE: 521-648	36
CITY: H	onolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 531-660	05
MANAGER: P	Ko Norasing-Yun			APPLY AD On-Site Ste			OUT-OF-STATE
APPLY TO: S	Showe Management						APPLICATION ACCEPTED:
APPLY ATTN:	***WAITLIST	CLOSED SINCE	2018***				
APPLY PHONE: 5	521-6486		F	<b>AX:</b> 531-6605	EMAIL:		
Unit Ty	of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bd		0	NO	548	1	2	YES
Two Bd	rm: 82	0	NO	719	2	4	YES
Three Bd							NO
Four Bu				1			INO
RENT INFO: RENT		E: YES	UTILITIES INCLU	DED:	_	TOTA	L UNITS: 164
2021 Update: No cha Temtative New Owne	anges er by 2022		Water			MINIMUM W ESTIMATE	
No action required untimely response to co							JM WAIT
AGE CRITERIA:		Idea				TO REMAIN ON W	
Head of household m	lust be 18 years or o	ider.		FOR PARKING:	DET INCO		
			PARKING INFO:  Parking included		PET INFO:	<u> </u>	PETS OK: NO
	ASSET LIMITS:	NONE					
AN OWN RESIDE	NTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO:			LEASE:			ew applicants only s	
			1 year			uted and accepted	
					A lottery is the waitlist	s performed to select.	ct applicant's # for
INCOME CRITERIA:					Funding: S	Section 8 100%	
Maximum Annual Inc 2 persons - \$41,850; 4 persons - \$52,300; 6 persons - \$60,700; 8 persons - \$69,050	3 persons - \$47,100 5 persons - \$56,500		Partly furnished appliances only,				
I-PERSON MAXIMUN	M MONTHLY INCOM	IE:	3517		]		

		Last Comple	ete Update:	12/15/2021			ADEA	Makiki
PROJECT NAME:	SDENI	ED HOL	ISE (HDH	A-han) - N	OT ACCEPT	ING A	AREA: PROJECT TYPE:	Family
ADDRESS:				A-HOH) - N	IOT ACCEL I	ING A	PHONE: 586-972	1 -
7.22.1.200.	Toda Oper	1001 01.					FAX: 586-972	
CITY:	Honolulu		STATE: HI	ZIP:	96822		170.   300-972	
MANAGER		ous			APPLY AE 1002 North Honolulu.	n School St.		OUT-OF-STATE APPLICATION
APPLY TO	NOT ACC	CEPTING API			NOT ACC	EPTING APPLI	CATIONS	ACCEPTED: NO
APPLY ATTN		DIICATIONS OTTIC DEPTING API				EMAII.	hnhaicharafaruau a	ra
APPLY PHONE	: 832-5961				<b>FAX:</b> 832-3461	EWAIL:	hphaishereforyou.o	ıg
Unit		Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	1	0					YES
Three I	Bdrm:	16	0		798	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0  ***********************************	) for Federa	I Low Income		UTILITIES INC Water and gas electricity	CLUDED: s + allowance for		MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT
AGE CRITERIA:				į.			TO REMAIN ON W	STIMATE 60
Head of household	d must be 1	8 years or old	der	WAITI	IST FOR PARKING		CALL EVERY	
				PARKING INF	O: NO	PET INFO:		PETS OK: YES
]	ASS	ET LIMITS:	NONE			the catego	nimals ok, but only or ories listed below: under 25 lbs) or cat	
AN OWN RESID		ROPERTY:	NO			GENERAL		
Cannot own a hou		ı		LEASE: 1 year			ENCES: Domestic Vin transitional shelt	
						Funding: F	Fed Low Inc Pub Hs	sing 100%
INCOME CRITER							ions must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 p 00; 3 persoi 00; 5 persoi 00; 7 persoi	person - \$53,2 ns - \$68,500; ns - \$82,200;	250;	FURNISHED: Partly furnishe appliances on				
1-PERSON MAXIN	IUM MONT	HLY INCOME	≣:	4570				
2-PERSONS MAXI	MUM MON	THLY INCOM	1E:	5220				

		Last Compl	ete Update:	3/4/2020			AREA	Mililani
PROJECT NAME:	THE	COURTY	RDS AT	MILILANI I	MAUKA		PROJECT TYPE	: Family
ADDRESS:	,						PHONE: 626-94	155
CITY:	Mililani		STATE: HI	ZIP:	96789		<b>FAX</b> : 626-94	156
MANAGER	t: David	Smith			APPLY AI ATTN: Ma	DDRESS:	e, 95-1015	OUT-OF-STATE
APPLY TO	: The Co	ourtyards at Mili	ani Mauka		Koolani Dr	r., Mililani, Hi. 96	789	APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	<b>:</b> : 626-94	155			<b>FAX</b> : 626-9456		nttp://www.location ole-rentals.aspx	nsrentals.com/afforda
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	12	975	2.25xRent				
	Bdrm:	24	1147	2.25xRent 2.25xRent				
Three		12	1319	2.25/(10)	1008			
Four	Bdrm:				ļ.	J		YES
RENT INFO: RE	NT IS 30	0% OF INCOME	: NO	UTILITIES INC	CLUDED:		MINIMUM V ESTIMATE MAXIM	(Months): 24
				Į.			LIST E	STIMATE 36
AGE CRITERIA: Head of househole	d must b	e 18 vears or ol	der				TO REMAIN ON Y CALL EVERY	
		o . o you. o o. o.		WAITL PARKING INF	IST FOR PARKING O: NO	: PET INFO:		PETS OK: NO
	۸۹	SSET LIMITS:	NONE	1 stall include	ed; Max 2 stalls, but ed to have 2nd stall	12111110		1 2 1 0 0 1 11   11 0 0
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF				LEASE:		LIHTC		
				1 year		Accepts Se	ection 8 & Rent S	upplement
INCOME CRITER	IA:						ı: from website m manager's offic	ce
60% of AMI: 1 per	rson \$50,	640; 2 persons	\$57,840	FURNISHED: Partly furnish appliances or	edmajor	NO RESPO	ONSE IN 2021	
1-PERSON MAXIM	10M MUI	NTHLY INCOM	≣:	4220		Į.		
2-PERSONS MAXI	мим мо	ONTHLY INCOM	ΛE:	4820				

Last Com	plete Update:	3/3/2020			AREA	Kalihi
PROJECT NAME: THE TOWERS	S AT KUHIC	PARK			PROJECT TYPE	Family
ADDRESS: 1475 Linapuni St.					PHONE: 888-28	116
CITY: Honolulu	STATE: HI	ZIP:	96819		FAX: 888-06	31
MANAGER: Andrew Kopecky, M Tyrone Colding, Mar			APPLY AD on-site	DRESS:		OUT-OF-STATI
APPLY TO: The Michaels Organ	ization					APPLICATION ACCEPTED:
APPLY ATTN:						YES
<b>APPLY PHONE</b> : 888-2816			<b>FAX:</b> 888-0631	EMAIL:	towers@tmo.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:	1356	3280	579			
Two Bdrm:	1627	3937 4268	792			
Three Bdrm:	1880	4200	344			
Four Bdrm:				J		
RENT INFO: RENT IS 30% OF INCOM	ME: NO	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 555
Rent listed is for Tax Credit units. Apply The Towers at Kuhio Park for market un Subsidized units - apply via Hawai'i Pub	its.	Water, electric	ity and gas		MINIMUM V ESTIMATE	
Authority						UM WAIT STIMATE 6
AGE CRITERIA:					TO REMAIN ON V	
Head of household must be 18 years or	older		ST FOR PARKING:			
ASSET LIMITS			O: NO led. Each unit has stalls. Parking is	PET INFO:		PETS OK: NO
AN OWN RESIDENTIAL PROPERTY		opon ion		GENERAL	INFO:	
ASSET LIMIT INFO:		" LEASE:		Newly ren Fitness ce		
If asset generates income, then it is cou income	nted toward	One-year		Social Ser	vices program for inty Section 8 okay	
INCOME CRITERIA:				24-hour m	aintenance and se	ecurity
2x rent		FURNISHED:		NO RESP	ONSE IN 2021	
I-PERSON MAXIMUM MONTHLY INCO	ME:	4220				

_		lete Update:	12/16/2021			AREA	
JECT NAME: THO		DING				PROJECT TYPE	Family
ADDRESS: Unkno	own					PHONE:	
CITY: Honol	ulu	STATE: HI	ZIP:	0		FAX:	
MANAGER:				APPLY AD	DRESS:		OUT-OF-ST
APPLY TO: Hous	sing Solutions, Ind	<b>C.</b>					APPLICAT ACCEPTE
APPLY ATTN: BUIL	DING IS NOT OF	PEN OR IN OPI	ERATION				
PPLY PHONE:			F	FAX:		Website: https://w Email: Unknown	ww.hsiservices.n
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					
CRITERIA:						MAXIM	(Months):
				FOR PARKING:			PETS OK:
			PARKING INFO:	<u> </u>	PET INFO:		PETS OK.
	ASSET LIMITS:						
I OWN RESIDENTIA	AL PROPERTY:				GENERAL	INFO:	
ET LIMIT INFO:			LEASE:		Honolulu.	y, century-old stru Residential floors throoms, opening	of 25 units with
OME CRITERIA:							
			FURNISHED:				
RSON MAXIMUM M	ONTHLY INCOM	E:	0		<u> </u>		
RSONS MAXIMUM N	MONTHLY INCO	ME:	0				

		Last Compl	ete Update:	12/16/2021			AREA:	Manoa
PROJECT NAME:	VANCO	OUVER I	HOUSE				PROJECT TYPE:	Permanent
ADDRESS:	2019 Vanc	ouver Drive					PHONE: 947-718	1
CITY:	Honolulu		STATE: HI	ZIP:	96822		<b>FAX</b> : 944-397	6
MANAGER	: Jen Yu				APPLY ADD			
APPLY TO	: Housing S	Solutions, Inc	<b>5</b> .		homeless sh	outreach agend nelter	cy or	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	:							NO
APPLY PHONE	: 947-7181				<b>FAX:</b> 944-3976	EMAIL: je	en@hsiservices.ne	t
Unit		Number f UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:							
One E	3drm:	25	965		460	2	4	
	3drm:	8	1150		580	5	7	
Three E								
RENT INFO: RE	NT IS 30%	OF INCOME	i: NO	UTILITIES INC	LUDED:		ТОТА	L UNITS: 33
\$965 for 1-bdrm; \$	\$1150 for 2-	-bdrm		Electricity, wated	er, sewer, and refuse	•	MINIMUM WA	
							MAXIMU LIST ES	
AGE CRITERIA:						ר	TO REMAIN ON W	
Adult 18+ with at or at least 6 month			nd under)	PARKING INFO	ST FOR PARKING: D: YES	PET INFO:	CALL EVERY	Months): 1  ETS OK: NO
				Approx 6-12				
AN OWN RESID		ET LIMITS:	NO			GENERAL I	NFO <sup>.</sup>	
ASSET LIMIT INFO				LEASE:		Homeless		ot one miner shild
				Month to Mont	h	under 18 ye		st one milior child
						Head of Ho hours a we	usehold must be w ek	orking at least 19
INCOME CRITERI Less than 50% AM				FURNISHED:			currently unshelter	
1000 uidii 30% AN	,,,,			No			shelter or at risk o	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comple	ete Update:	11/24/2021			AREA:	Ewa Beach
PROJECT NAME:	VILL	AGES OF	MOA'E KU	- PHASE I			PROJECT TYPE:	Family
ADDRESS:							PHONE: 681-300	0
							FAX: 681-300	
CITY:	Ewa Be	each	STATE: HI	ZIP:	96706		,	
	Merca	wasaki, Mgr; Jar do, Admin Asst. Villages of Moa'	na Kekoa, Leasi e Ku	ng Agent; Betty	APPLY ADI 91-1655 Pal Ewa Beach	hika St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 681-30	000		F	<b>AX</b> : 681-3004	EMAIL:	www.eahhousing.or	g
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One E	Bdrm:	6	1279	2.5x rent	674	1	3	
Two E	Bdrm:	32	1524	2.5x rent	797	2	5	
Three E	Bdrm:	25	1750	2.5x rent	1119	3	7	
Four E	Bdrm:							
RENT INFO: RE Based on 2019 M to Change AMI % - 30/50/60				UTILITIES INCLU Water/sewer/tras			TOTA MINIMUM W. ESTIMATE MAXIMU LIST ES	(Months): 12
AGE CRITERIA: 18+ Multi-Family F	Property						TO REMAIN ON W	
101 Multi-1 arring 1	торстту			WAITLIST PARKING INFO:	FOR PARKING:	PET INFO		ETS OK: NO
	AS	SSET LIMITS:		Assigned on an " basis. Current di insurance, safety	rivers license, check,		nagement if have a	Р
AN OWN RESID	DENTIAL	. PROPERTY:		registration requi	red	GENERAL	INFO:	
ASSET LIMIT INFO		ne.		LEASE:		Non-Smol	king property - smok on the property, inc	ting not allowed luding inside apts
				1 year			d/Totlot, Communit toom, Picnic Area, d internet	
INCOME CRITERI						Funding:	RHTF, LIHTC, CDB	G, NSP, HOME,
Maximum monthly annually	income	limits subject to	J	FURNISHED: Refrigerator, stov blinds	re, rangehood,	NO RESP	ONSE IN 2021	
1-PERSON MAXIM				4220		]		

	Last Comp	lete Update:	11/24/2021			AREA:	Ewa Beach
PROJECT NAME:	<b>VILLAGES OF</b>	MOA'E KU	- PHASE	II		PROJECT TYPE:	Family
ADDRESS:	91-1655 Pahika St.					PHONE: 681-300	00
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		<b>FAX</b> : 681-300	04
	: Gary Iwasaki, Mgr; Ja Mercado, Admin Asst : EAH - Villages of Moa		ng Agent; Bett	y <b>APPLY ADI</b> 91-1655 Pal Ewa Beach	hika St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 681-3000			<b>FAX:</b> 681-3004	EMAIL:	www.eahhousing.or	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 9	1222	2.5xrent		1	3	
Three I	Bdrm: 37  Bdrm: 29	1671	2.5xrent 2.5xrent		3	7	
Four I	Bdrm:						YES
Max rent is around AMI % - 30/50/55 Based on 2020 M <sup>2</sup> 2021 Update: Wai	NT IS 30% OF INCOME d 55% of income. TSP/VLI income limits dtlist is purged annually a	V	TILITIES INC Vater/sewer/tr			TOTA MINIMUM WA ESTIMATE  MAXIMU LIST ES	(Months): 12
AGE CRITERIA:						TO REMAIN ON W CALL EVERY	
	ASSET LIMITS:	L L	ARKING INFO	n "As needed" t drivers license, ety check,	PET INFO		ETS OK: NO
AN OWN RESIL	DENTIAL PROPERTY: O:	<u> </u>	E 4 0 E		GENERAL Playgroun	d/Totlot, Community	y Meeting Room,
Depends on inpute	ed income		eASE: year		Laundry R high spee	loom, Picnic Area, C	
INCOME CRITER	IA:				Funding:	RHTF, LIHTC, CDB	G, HOME, HMMF
Maximum monthly annually	r income limits subject to	F	URNISHED: Refrigerator, s llinds	tove, rangehood,			
	NUM MONTHLY INCOM		042		J		

		Last Compl	ete Update:	3/5/2020			AREA:	Ewa Beach
PROJECT NAME:	VILL/	AGES OF	MOA'E KU	J - PHASE I	II		PROJECT TYPE:	Family
ADDRESS:	91-1655	Pahika Street					PHONE: 681-300	00
							FAX:	
CITY:	Ewa Bea	ach	STATE: HI	ZIP:	96706		,	
MANAGER		vasaki, Mgr; Jai do, Admin Assis		sing Agent; Betty	91-1655 Pa			OUT-OF-STATE
APPLY TO		Villages of Moa			Ewa Beach			APPLICATION
ALLETTO	· LAII	villages of Moa	C IXu					ACCEPTED:
APPLY ATTN	l:							YES
ADDLY BURNE	004.00	00			004 0004	EMAIL:	www.eahhousing.o	rg
APPLY PHONE	: 681-30	00			FAX: 681-3004			
Unit	Туре:	Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
		of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:		0					
One E	Bdrm:	4	1279	2.5x rent	674	1	3	
Two E	Bdrm:	28	1524	2.5x rent	797	2	5	
Three E	3drm:	20	1750	2.5x rent	1119	3	7	
Four E	Bdrm:		0					YES
,				,				,
RENT INFO: RE	NT IS 30	% OF INCOME	: NO	UTILITIES INCL	UDED:	_	TOTA	L UNITS: 52
Based on 2019 Mochange	TSP/VLI	Income Limits.	Subject to	Water/Sewer/Tra	ash		MINIMUM W	
AMI % - 30/50/60							ESTIMATE	, , , , , , , , , , , , , , , , , , , ,
								JM WAIT STIMATE 0
AGE CRITERIA:							TO REMAIN ON W	
18+ Multi-Family F	Property			WAITLIS	T FOR PARKING:		CALL EVERY	(Months): 0
				PARKING INFO	:	PET INFO	: F	PETS OK: NO
				Assigned on an basis. Current d		Notify man	nagement if have a	Service or
	AS	SSET LIMITS:		insurance, safet registered requi	y check,			
AN OWN RESID		PROPERTY:		Togistorea requi	icu	GENERAL		
ASSET LIMIT INFO		e		LEASE:		Non-Smol	king property - smolon the property, income	king not allowed cluding inside apts
						Playgroun	d/Tot lot, Communi	ty Meeting Room,
						Laundry F	Room, Picnic Area, ( d internet	Computer with
INCOME CRITERI	IA:						RHTF, LIHTC, CDB(	3 HOME HMME
Maximum monthly annually	income	limits subject to	change	FURNISHED:				S, FIONE, FINNIN
armaany				Refrigerator, sto blinds	ove, rangehood,	Applicatio Download	n: from website	
						NO RESP	ONSE IN 2021	
1-PERSON MAXIM				4220		Į.		
2-PERSONS MAXI				4820				

		Last Comp	lete Update:	3/2/2020			AREA:	Kapolei
PROJECT NAME:	VILL	AS AT A'E	LOA				PROJECT TYPE:	Family
ADDRESS:	91-1118	3 Namahoe St.	(Mailing addre	ss: 91-1130 Nam	nahoe St.)		PHONE: 674-42	45
CITY:	Kapolei		STATE: HI	ZIP:	96707		<b>FAX</b> : 674-42	46
MANAGER	: Aman	da Mercado			<b>APPLY AD</b> 91-1130 Na	amahoe St.		OUT-OF-STATE
APPLY TO	: Location	ons LLC			Kapolei, HI	96707		APPLICATION ACCEPTED:
APPLY ATTN	l: Afforda	able Housing D	ept.					
APPLY PHONE	: 674-42	245			<b>FAX</b> : 674-4246	EMAIL:	locationsrentals.co	m/affordable-
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	19	929		637			
	Bdrm:	32	1100		1068			
Three		20	1376		1008			
Four	Bdrm:				J	<u> </u>	<u></u>	YES
RENT INFO: RE Section 8 applications requirement Must be below 500 Minimum Income 1 bdrm: \$2182.50 AGE CRITERIA:	ions are ent. % & 60% Requirer -\$2322.5	exempt from th 6 AMI ments: 50		UTILITIES INC			MINIMUM W ESTIMATE MAXIMI	(Months): 12 UM WAIT STIMATE
Head of househole	d must b	e 18 years or o	lder	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6
				PARKING INF	1.14	PET INFO	):	PETS OK: NO
J	A	SSET LIMITS:	NONE	1 assigned pa	arking stall included			
AN OWN RESIDE		PROPERTY:	NO			GENERAL		
ACCET ENVIT IIVI	<u> </u>			LEASE:	nonth to month	Accepts	· ·	
				i year, meni	Honar to monar	71 units f	or 60%AMI	
INCOME CRITER	IA:						n Monthly Income be	elow based on 60%
60% AMI:1 persor \$65,100; 4ppl \$72 7ppl \$89,700; 8pp \$42,200; 2ppl \$48 5ppl \$65,100; 6pp \$79,550	,300; 5p ol \$95,460 ol,200; 3p	pl \$78,120; 6pp 0 50% AMI:1 pe pl \$54,250; 4 pp	l \$83,880; erson ol \$60,250;	FURNISHED: Partly furnish appliances or	edmajor	AMI Application Donwnloa Pick up fr	on: ad from website rom manager's offic	
1-PERSON MAXIN	IUM MO	NTHLY INCOM	F:	4220		NO RESI	PONSE IN 2021	
2-PERSONS MAXI				4820				

Last Compl	ete Update: 7/16/2020		ARI	EA: Kapolei
PROJECT NAME: VILLAS AT MA	LU'OHAI		PROJECT TY	
ADDRESS: 91-1025 Kaiau Ave.			PHONE: 674	-0601
CITY: Kapolei	STATE: HI ZIP:	96707	FAX: 674	-0605
MANAGER: Ella Duarte		APPLY ADDRESS	<b>3:</b> St. #200, Honolulu,	OUT-OF-STATE
APPLY TO: Management Specialis	sts Co.	Hawaii 96814	Gt. #200, 110Holdid,	APPLICATION ACCEPTED:
APPLY ATTN:				YES
<b>APPLY PHONE</b> : 943-9314		FAX: 946-0572	E <b>MAIL:</b> mschousing@h	awaii.rr.com
Unit Type: Number of UNITS:	RENT: Minimum INCOME Required:	SO ET: Nu	MAXIMUM Mber Number of People:	
One Bdrm: 55	960 2.25xrent	713		
Three Bdrm: 16	1200 2.25xrent	940		
Four Bdrm:				NO
RENT INFO: RENT IS 30% OF INCOME Minimum income requirements waived wit voucher. Applications available outside of building	h Sect 8 water, sewer		MINIMUN ESTIMA	OTAL UNITS: 71  M WAIT LIST TE (Months): 12
AGE CRITERIA:	Į.		LIST TO REMAIN O	T ESTIMATE
Head of Household 18+	.ν/ΔΙΤΙ	LIST FOR PARKING:		RY (Months): 6
	PARKING IN		T INFO:	PETS OK: NO
	Parking inclu	ided		
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:		JGF	NERAL INFO:	
ASSET LIMIT INFO:	LEASE:	La	undry Room, air conditi	
	1 year	Ap	oplication: ck up outside of building	
INCOME CRITERIA:  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 furnish appliances of	: nedmajor	O RESPONSE IN 2021	
, I-PERSON MAXIMUM MONTHLY INCOM 2-PERSONS MAXIMUM MONTHLY INCOM		,		

		Last Comp	lete Update:	7/16/2020			AREA:	Liliha
ROJECT NAME:	WAE	NA APAR	TMENTS				PROJECT TYPE:	Family
ADDRESS:	1320 A	ala St.					PHONE: 550-04	40
CITY:	Honolu	lu	STATE: HI	ZIP:	96817		<b>FAX</b> : 525-68	11
MANAGER	R: Shery	l Oschin, on-site	e manager		APPLY AD			OUT-OF-STAT
APPLY TO	<b>)</b> :				Honolulu, H			APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 550-0 <sub>-</sub>	440			<b>FAX:</b> 525-6811	EMAIL:		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	60	1680	2.5x rent	543			
Two I	Bdrm:	196	1840	2.5x rent	745			
Three I	Bdrm:	157	2040	2.5x rent	823			
Four I	Bdrm:	55	2320	2.5x rent	1046			
RENT INFO: RE Rent subject to ch market value. The 2/13/15	nange on	a daily basis d	ue to	UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMI	(Months): 0
AGE CRITERIA:				Įt.				STIMATE 0
Head of Househol	ld 18+			\A/A IT!			TO REMAIN ON V CALL EVERY	
				PARKING INFO		PET INFO	: I	PETS OK: NO
	А	SSET LIMITS:						
AN OWN RESID						GENERAL	_INFO:	
ASSET LIMIT INF	O:			LEASE:		NO RESF	PONSE IN 2021	
				6 or 12 month	lease			
NCOME CRITER	IA:							
Max income limits	i - 140%	AMI		FURNISHED:				
-PERSON MAXIN	им мо	NTHLY INCOM	IE:	7828		]		
-PERSONS MAXI	IMUM M	ONTHLY INCO	ME:	8948				

	Last Co	mplete Update:	12/15/2021			AREA:	Wahiawa
PROJECT NAME:	WAHIAWA T	ERRACE (H	PHA-cen)	- NOT ACCEP	PTIN	PROJECT TYPE:	
	337 Palm St.					PHONE: 622-636	60
						FAX: 622-636	
CITY:	Wahiawa	STATE: HI	ZIP:	96786		,	
MANAGER	: Jimary Quinones			APPLY ADD			
				1002 North : Honolulu, Hi			OUT-OF-STATE APPLICATION
APPLY TO	: HPHA NOT ACCEPTING	APPLICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications	office					NO
	NOT ACCEPTING	APPLICATIONS			EMAIL:	hphaishereforyou.o	org
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:						
One E	3drm: 12	0		547	1	4	YES
Two E	Bdrm: 16	0		691	2	6	YES
Three E		0		936	3	8	YES
				1200	4	10	
Four B	Bdrm: 8	0	ļ.	1200	,	10	YES
RENT INFO: RE	NT IS 30% OF INCO	DME: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 60
-	for Federal Low Inc			owance for electricity		MINIMUM W	Į.
*********CLOSED 8	8/2/2016*****		and gas			ESTIMATE	
							JM WAIT
A OF ODITEDIA			P.				STIMATE 60
AGE CRITERIA: Head of household	d must be 18 years o	or older				TO REMAIN ON W	
	, , , , , , , , , , , , , , , , , , , ,		WAITL PARKING INF	IST FOR PARKING:	PET INFO	. г	PETS OK: YES
			17th duty in the	0.	multiple ar	nimals ok, but only	
	ASSET LIMIT	S: NONE				ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERT				GENERAL	. INFO:	
ASSET LIMIT INFO			LEASE:			ENCES: Domestic \	
Cannot own a hou	se on Oahu		1 year		displaced.	in transitional shelt	ers; involuntary
					Funding: I	Fed Low Inc Pub Hs	sing 100%
INCOME ODITED	10				All convict	tions must be 3 yrs	ago, unless it's
ncome Eligibility =			FURNISHED:			ethamphetamine or	
	Income: 1 person - \$ 00; 3 persons - \$68,5		Partly furnishe				
4 persons - \$76,10	00; 5 persons - \$82,2	200;	appliances on	ly, no carpet			
8 persons - \$100,4	00; 7 persons - \$94,3 450	550,					
<u>J</u>							
1-PERSON MAXIM	IUM MONTHLY INC	OME:	4570				
2-PERSONS MAXI	MUM MONTHLY IN	COME:	5220				

	Last Comple	te Update:	12/15/2021			AREA:	Waianae
PROJECT NAME:	WAIMAHA/SUN	FLOWER	(HPHA-le	e) - CLOSED	F	PROJECT TYPE:	Family
	85-186 McArthur St.		•			PHONE: 697-717	71
O.T.		07475				FAX: 697-717	74
CITY:	Waianae	STATE: HI	ZIP:	96792			
MANAGER	: Mandy Miyamoto			APPLY ADD			0117 05 07475
APPLY TO	. UDUA			1002 North S Honolulu, Hl	96817		OUT-OF-STATE APPLICATION
AFFEITO	. HEHA			NOT ACCE	PTING APPLICA	ATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications office	Э					NO
					EMAIL: h	ohaishereforyou.o	rg
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:						
One I	3drm: 52	0		513	1	4	YES
Two I	3drm: 46	0	-	650	2	6	YES
Three I		0		991	3	8	YES
Four I	sarm:		1	,			
RENT INFO: RE	NT IS 30% OF INCOME:	YES	JTILITIES INC	CLUDED:		ТОТА	L UNITS: 130
	60 for Federal Low Income		Water and allo	wance for electricity		MINIMUM W	
Security Deposit is	s equal to rent amount					ESTIMATE	
********WL CLOS	ED 8/2/2016*****						JM WAIT
-	o communication by project	t in			_		STIMATE 60
AGE CRITERIA:	d must be 18 years or old	er			Т	O REMAIN ON W CALL EVERY	
	aact 20 10 you.0 o. o.a.		WAITL PARKING INF	ST FOR PARKING:	PET INFO:	F	PETS OK: YES
			Included	0.	Subject to a		210 01. 1123
•	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL II	NFO:	
ASSET LIMIT INF			_EASE:			ICES: Domestic V	
			1 year		displaced.	transitional shelt	ers; involuntary
					Funding: Fe	d Low Inc Pub Hs	sing 100%
						ns must be 3 yrs	
ncome Eligibility =			FURNISHED:			amphetamine or	
Maximum Annual	Income: 1 person - \$53,2 00; 3 persons - \$68,500;		Partly furnishe				
4 persons - \$76,10	00; 5 persons - \$82,200;		appliances on	ly, no carpet			
8 persons - \$88,30	00; 7 persons - \$94,350; 450						
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Comp	olete Update:	7/16/2020				AREA:	Waimanalo
PROJECT NAME:	WAIMANALO	APARTME	NTS				PROJECT TYPE:	Family
	41-545 Hihimanu St.						PHONE: 259-564	19
	J						FAX: 259-970	
CITY:	Waimanalo	STATE: HI	ZIP:		96795		,	
MANAGER	: Terri Washam, Resid	lent Manager			APPLY AD 41-545 Hihi Hawaii 967	imanu Street, V	/aimanalo,	OUT-OF-STATE
APPLY TO	: Waimanalo Apartmer	nts			nawaii 907	95		APPLICATION ACCEPTED: YES
APPLY ATTN	l:							
APPLY PHONE	: 259-5649			FAX:	259-9705		waimanalo2@hawa waimanaloapartmei	
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: 37	1177	2.5xrent		576		3	YES
Two I	Bdrm: 28	1413	2.5xrent		720		5	YES
Three I	Bdrm: 8	1632	2.5xrent	<u> </u>	864		7	YES
Four I	Bdrm: 2	1821	2.5x rent		1134		9	YES
RENT INFO: RE  Rent range - 1 bdrm - \$1093 - \$ 2 bdrm - \$1312 - \$ 3 bdrm - \$1516 - \$ 4 bdrm - \$1691 - \$	\$1575 \$1819, 2 bath	E: NO	UTILITIES INC		:		MINIMUM WA ESTIMATE MAXIMU	(Months):
AGE CRITERIA:	d must be 10 veers or e	ldo.					TO REMAIN ON W	
Head of nousenon	d must be 18 years or c	older			PARKING:	DET INFO		
			PARKING INF			PET INFO:	P	PETS OK: NO
	ASSET LIMITS:	NONE						
AN OWN RESID	DENTIAL PROPERTY:					GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:				es not maintain a w	
			6 months				n a first-come, first- area, on bus line	serve basis.
						http://www	.waimanaloapartme	ents.com/
INCOME CRITER	IA <sup>.</sup>					onsite mgr	nt by Cambridge M	gmt. Inc.
Maximum Annual Income: 1 person - \$49,020; 2 persons - \$55,980; 3 persons - \$63,000; 4 persons - \$69,960; 5 person - \$75,600; persons - \$81,180; 7 persons - \$86,760; persons - \$92,400			FURNISHED: Partly furnishe appliances on		r	Send reque envelope Pick up fro	k management to mail it end request with self-addressed stamped	
	MUM MONTHLY INCOM		4085			k		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	11/24/2021			AREA:	Waimanalo
PROJECT NAME:	Waimanalo Em	ergency	Shelter; pr	eviously Wei	nber	PROJECT TYPE:	Emergency
ADDRESS:	41-490 Saddle City Rd.					PHONE: 204-098	32
CITY:	Waimanalo	STATE: HI	ZIP:	96795		<b>FAX</b> : 744-061	6
MANAGER	: Zabrina Spencer: Site	Manager		APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	:						APPLICATION ACCEPTED: NO
APPLY ATTN	<b>:</b>				EMAII -	www.kahumana.org	
APPLY PHONE	: 204-0982			<b>FAX:</b> 744-0616	EWAIL.	www.kanumana.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		rtoquilou.	180	2	4	
One I	Bdrm: 8			420	3	4	
	Bdrm: 7			550	3	6	
Three I	Bdrm: 7			950	5	10	NO
RENT INFO: RE Emergency Shelte AGE CRITERIA:	NT IS 30% OF INCOME	YES	UTILITIES INC	LUDED:		MINIMUM W. ESTIMATE MAXIMU	(Months): 0  JM WAIT STIMATE 0
AGE CRITERIA.			WAITLI	ST FOR PARKING:	PET INFO	CALL EVERY	
AN OWN RESIE ASSET LIMIT INF	ASSET LIMITS:   DENTIAL PROPERTY:   O:	NO	LEASE:		casework Playgrour Must follo	icipate in programs a er. nd on site. w Program Rules.	·
INCOME CRITER	IA:		FURNISHED:		Must be v	villing to work if not a	disabled.
			Stove, refrigera inflatable matti	ator, no carpet, ress if needed			
  -  -PERSON MAXIM	IUM MONTHLY INCOME	<u> </u>					

	Last Comple	te Update:	12/15/2021			AREA:	Waimanalo
PROJECT NAME:	WAIMANALO H	OMES I 8	k II (HPHA	-wind) - NOT	ACC	PROJECT TYPE:	Family
	Humuniki St. & Humuna			, <b>,</b>		PHONE: 233-376	66
						FAX: 233-376	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		1200	
MANAGER	: Roberta Kahele			APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING APF	PLICATIONS		Honolulu, I NOT ACCI		17 APP G APPLICATIONS AC	
APPLY ATTN	: Oahu applications office NOT ACCEPTING APP				EMAIL:	nphaishereforyou.o	NO
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461			.9
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
Two E	<b>Bdrm:</b> 19	0		877	2	6	YES
Three E	Bdrm: 18	0		1017	3	8	YES
Four E	Bdrm: 4	0		1171	4	10	YES
	NT IS 30% OF INCOME: 0 for Federal Low Income 8/2/2016*****		UTILITIES INC Water and allo and gas	CLUDED: owance for electricity	/	MINIMUM W ESTIMATE MAXIMU	(Months): 36
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 18 years or old	er	WAITL	IST FOR PARKING:		CALL EVERY	
			PARKING INF	O:	PET INFO:		PETS OK: YES
	ASSET LIMITS:	NONE			the categor	imals ok, but only or ries listed below: nder 25 lbs) or _cat	
	DENTIAL PROPERTY:	VO			GENERAL		
Cannot own a hou			LEASE:		victims; ho Displaced.	NCES:( A) domest meless in transitior (B) substandard h (C) others = indefi	nal shelter; invol. nsing; rent >50%
INCOME CRITERI	IA·				Funding: F	ed Low Inc Pub Hs	sing 100%
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53,2 20; 3 persons - \$68,500; 20; 5 persons - \$82,200; 20; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances on		All convicti	gibility=80% of AM ons must be 3 yrs thamphetamine or	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Cor	mplete Update:	1/5/2022			AREA:	Waipahu
PROJECT NAME:	WAIPAHU H	ALL ELDER	LY		P	ROJECT TYPE:	Elderly
ADDRESS:	94-1060 Waipahu S	t.			Р	HONE: 671-380	)1
CITY:	) Waipahu	STATE: HI	ZIP:	96797		<b>FAX:</b> 680-045	56
MANAGER	R: Collette Sanchez, S Kelsey Chalmers, A			APPLY AD			OUT-OF-STATE
APPLY TO	): Cambridge Manag	ement Inc.		Waipahu, I			APPLICATION ACCEPTED: YES
APPLY ATTN	l:						123
APPLY PHONE	E: 671-3801			<b>FAX:</b> 680-0456	EMAIL: wa	ipahu@cmiweb.ı	net
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 72	0		636	1	3	YES
	Bdrm:						
Three							
Four	Bdrm:						NO
Max rent is \$1465	:NT IS 30% OF INCC	ME: YES	Electricity and			MINIMUM W. ESTIMATE MAXIMU	(Months): 18
AGE CRITERIA:					TC	LIST ES REMAIN ON W	STIMATE 24
Head of househole	d must be 62 years o		WAITL	ST FOR PARKING:		CALL EVERY	
children, grandchi	nembers of the house lidren, siblings, or frie	nds 18 years	PARKING INF		PET INFO:	F	PETS OK: YES
of age and older.			Parking includ	ed	vet check red	quired	
AN OWN RESI	ASSET LIMIT DENTIAL PROPERT				GENERAL IN	FO:	
ASSET LIMIT INF	O:		LEASE:			er & social activitush landscaping	ties
			1 year, then m	onth-to-month	Recreation ro A gated com On-site mana Guest interco	oom with tv munity on busline agement om system	Э
INCOME CRITERIA:  Maximum annual income: 1 person - \$40,260; 2 persons - \$46,020; 3 persons - \$51,780			FURNISHED: Partly furnishe appliances on floor	edmajor ly, laminate tile	Catholic Cha Application: Request by 6 Ask Manage	on to Shopping avrities Hawai'l email waipahu@oment to mail it Manager's office	cmiweb.net
1-PERSON MAXIM	MUM MONTHLY INCO	OME:	3355		Į.		
2-PERSONS MAXI	IMUM MONTHLY INC	COME:	3835				

		Last Compl	ete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIF	ΔΗΙΙΙ (ΗΕ	(ΔοΙ-Δ <mark>Ρ</mark>	NOT ACC	EPTING APPS		PROJECT TYPE:	Family
ADDRESS:			TIA-ICC) -	NOT ACC	LI IIIO AI I C		PHONE: 483-255	
		a upuolo oti					FAX: 483-255	
CITY:	Waipah	u	STATE: HI	ZIP:	96797		1134   100 200	_
MANAGER	: Marcus	s Asami			APPLY ADD			OUT-OF-STATE
APPLY TO		.CCEPTING AP	PLICATIONS		Honolulu, HI		CATIONS	APPLICATION ACCEPTED:
APPLY ATTN		applications offic				<b></b>	haha'ahan fan asa	NO
APPLY PHONE	: 832-59	061			<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	79
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	13	0		650	2	6	YES
Three E	Bdrm:	6	0		817	3	8	YES
Four E	Bdrm:							
RENT INFO: RE Minimum Rent: \$0  ***********************************	for Fede	eral Low Income		Water and elec			TOTA MINIMUM WA ESTIMATE ( MAXIMU LIST ES	(Months): 36
AGE CRITERIA:	d must be	e 18 years or ol	der				TO REMAIN ON W CALL EVERY (	
		,		WAITLI PARKING INF	O: PARKING:	PET INFO:	Р	ETS OK: YES
	AS	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only c ries listed below: ınder 25 lbs) or cat	
AN OWN RESID		PROPERTY:	NO			GENERAL		
Cannot own a hou		ahu		LEASE:			ENCES: Domestic V in transitional shelte	
						Funding: F	Fed Low Inc Pub Hs	ing 100%
INCOME CRITERI	IA:						ions must be 3 yrs a	
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			mamphetamine or s	sex offerider	
1-PERSON MAXIM				4570				

	Last Coi	mplete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIPAHU II	(HPHA-lee)	- NOT AC	CEPTING APP	S	PROJECT TYPE:	Family
	94-132 Pupupuhi St					PHONE: 483-255	1 .
					·	FAX: 483-255	
CITY:	Waipahu	STATE: HI	ZIP:	96797		170.  400-200	2
MANAGER	: Marcus Asami			APPLY ADI	DRESS:		
				1002 North	School St.		OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING	APPLICATIONS		Honolulu, H NOT ACCE		G APPLICATIONS ACCE	
APPLY ATTN	l: Oahu applications NOT ACCEPTING						NO
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:						
One I	Bdrm:						
Two I	Bdrm: 16	0		635	2	6	YES
Three I	Bdrm: 4	0		822	3	8	YES
Four I	Bdrm:						
DENT INEO DE	NT IS 30% OF INCC	ME: VES	UTILITIES INC	SLUDED:		TOTA	L UNITS: 20
	) for Federal Low Inc		Electricity and			MINIMUM W	
********* CLOSED	8/2/2016*****					ESTIMATE	
						MAXIMU LIST ES	M WAIT TIMATE 60
AGE CRITERIA:					Т	O REMAIN ON W	
Head of household	d must be 18 years o	or older	WAITL	IST FOR PARKING:		CALL EVERY	
			PARKING INF	O:	PET INFO:		ETS OK: YES
ļ.			Included		the categori	mals ok, but only only only only on the contract of the contra	
	ASSET LIMIT					der 25 lbs) or cat	
AN OWN RESIDE	DENTIAL PROPERT O	Y: NO			GENERAL II	NFO: ICES: Domestic V	iolence victims:
Cannot own a hou			LEASE: 1 year		homeless in	transitional shelte	
			li yeai		displaced.	al Lauria Buk Ha	: 4.000/
]						ed Low Inc Pub Hs	
INCOME CRITER			ELIDNICHED:			ns must be 3 yrs a namphetamine or s	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$ 00; 3 persons - \$68,5 00; 5 persons - \$82,2 00; 7 persons - \$94,3	500; 200;	FURNISHED: Partly furnishe appliances on				
1-PERSON MAXIM	IUM MONTHLY INC	OME:	4570		P		
2-PERSONS MAXI	MUM MONTHLY INC	COME:	5220				

	Last	Complete Update	7/16/2020			AREA:	Waipahu
PROJECT NAME:	WAIPAHU	TOWERS			i	PROJECT TYPE:	Family
ADDRESS:	94-337 Pupumor	mi St.			ا ا	<b>PHONE</b> : 753-94	40
CITY:	Waipahu	STATE:	HI ZIP:	96797		FAX:	
MANAGER:	Sonja			APPLY AD	DRESS: lae Avenue, Suite	200	OUT-OF-STATE
APPLY TO:	: Mark Developm	ent, Inc.		Honolulu, F	,	<del>2</del> 200	APPLICATION ACCEPTED:
APPLY ATTN:	:						YES
APPLY PHONE:	735-9099			<b>FAX:</b> (781)295-34			waii.com/waipahutov
	Type: Number of UNIT		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One B		0		482	1	4	
Two B		0		684	2	5	YES
Four B							YES
section 8 bldg			Electricity and w	vater			(Months): 12
AGE CRITERIA:			,l		Т	LIST E: O REMAIN ON V	STIMATE 36
Head of household	I must be 18 year	rs or older	WAITLIS	ST FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO:	ı	PETS OK: NO
	ASSET LIN	MITS: NONE	Parking include There is a chargestalls.	d ge for additional			
AN OWN RESID	ENTIAL PROPE	RTY: NO			GENERAL II	NFO:	
ASSET LIMIT INFO	D:		LEASE:		Amenities: I Laundry Ro	Recreation Area, om	Playground,
			1 year		Funding: Pr	oject based Sec 8	8
INCOME ODITEDI	^				Credit & Cri	minal checks	
INCOME CRITERI. Maximum Annual I 2 persons - \$41,20 4 persons - \$51,50	ncome: 1 person 0; 3 persons - \$4	6,350;	FURNISHED: Partly furnished appliances only		Application: Download fr affordableho applications		vaipahutower / odf
-PERSON MAXIM	UM MONTHLY II	NCOME:	3004		-		
-PERSONS MAXIN	MUM MONTHI Y	INCOMF:	3433				

		Last Comp	lete Update:	12	2/16/2021					AREA:	Moilili
PROJECT NAME:	WEIN	NBERG H	ALE						PROJEC	T TYPE:	Singles or Couple
ADDRESS:	2734 S.	King Street							PHONE:	946-695	3
CITY:	Honolul	u	STATE: HI		ZIP:		96826		FAX:	973-060	95
MANAGER	R: Maretta	a Espiritu					APPLY AD	DRESS:	er		OUT-OF-STATE
APPLY TO	): Housin	ng Solutions, Ind	C.					sassa.iag	<b>.</b>		APPLICATION ACCEPTED:
APPLY ATTN	<b>1:</b> Maretta	a Espiritu									NO
APPLY PHONE	<b>≣:</b> 946-69	953				FAX:	973-0605	EMAIL:	maretta@l	nsiservice	es.net
Unit	t Type:	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXI Numb Ped		CAREGIVER Allowed:
S	itudio:	60	1095				266	1		2	
One	Bdrm:			J							
Two	Bdrm:					[ [					
Three	Bdrm:			ļ							
Four	Bdrm:			J		Į.					
RENT INFO: RE Security Deposit \$ Section 8 accepte Shelter + Care pro or other housing v	\$1095 ed ogram	% OF INCOME	::   NO		TLITIES INC		): 		ES'	IMUM WATE	(Months): 1
AGE CRITERIA:				ĮŁ					TO DEMA		STIMATE 6
Head of househol	d must b	e 18 years or o	lder		\^/^ IT! !	CT FO			TO REMA CALL		(Months): 1
				РА	RKING INF		R PARKING: YES	PET INFO:		P	ETS OK: YES
]				\$4	0/month			Under 25	oounds; lim	nit 1 per u	ınit
	AS	SSET LIMITS:		ı							
AN OWN RESIDE		. PROPERTY:	NO	L				GENERAL Funding:	INFO:		
7.002.1 2.1011.1 11.11	<u> </u>				ASE: onth to mon	th		Shelter + Funding:		am and S	ection 8 100%
					onar to mon			Application			
J				_				Ask mana	gement to		sed stamped
INCOME CRITER	IIA:			No mi	RNISHED: carpet, full crowave, ar binet, kitche	nd coun		envelope Pick up fro	om manage	er's office	
 1-PERSON MAXIN	NOM MUN	NTHLY INCOM	E:	42	30			]			
2-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	48	35						

	Last Compl	ete Update:	7/16/2020			AREA:	Lanakila
PROJECT NAME:	<b>WEINBERG SE</b>	NIOR RE	SIDENCE	AT MALUHIA	<u> </u>	PROJECT TYPE:	Elderly
ADDRESS:	1111 Hala Dr.					PHONE: 842-108	82
CITY	Honolulu	STATE: HI	ZIP:	96817		FAX: 843-015	57
OII I.	Honolulu	STATE: I	211 .	90017			
MANAGER	: Canary McClinton, res	ident manager			Place, Suite 10	03, Honolulu,	OUT-OF-STATE
APPLY TO	: Bob Tanaka, Inc.			Hawaii 968	326		APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 949-4111			<b>FAX:</b> 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+	1	3	YES
Two I	Bdrm:		<u> </u>				
Three I	Bdrm:						
Four I	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME	: YES	UTILITIES IN	CLUDED:		TOTA	AL UNITS: 39
frail (needing help living eg: eating, d	onger given to applicants with at least 3 activities lressing, shopping, etc.)	of daily Minimum	Water, \$81 ut	ility allowance		MINIMUM W ESTIMATE	
(whichever is high	sit equal to 1 months rer er)	nt or \$50					JM WAIT STIMATE 36
AGE CRITERIA:						TO REMAIN ON W	
	d and co-tenants must be application. Caregiver m		WAITL	IST FOR PARKING:	:	CALL EVERY	
			PARKING INF	1.20	PET INFO	: F	PETS OK: NO
1	ASSET LIMITS:	NONE	Parking includ	ded but limited			
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	O: wn a majority interest in i	rocidontial	LEASE:			hower and closet, we, community center	
real estate.	wir a majonty interest in i	esideriliai	1 year		shoot and lanai area allowed w	I laundry room on ea as, storage lockers. With MD letter; can we sthere's other care	ach floor. Covered Caregivers are ork outside home
INCOME CRITER						ger, interior landsc Activity Coordinator;	
MUST BE LESS THAN 50% AMI Changing 3/2015 to new HUD guidelines (Project follows HUD income limits.) Current limits provided are based on 2021 HUD Income Limits.				erator, garbage y furnishedexcept pet and vinyl	Funding: Transport Catholic (	HUD PRAC 202 ation to Shopping a Charities Hawaii PONSE IN 2021	
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	3525		]		
2-PERSONS MAXI	MUM MONTHLY INCOM	ИE:	4029				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021			ADEA.	Ewa
PROJECT NAME:	WEST		I DEDI V	VILLAGE			AREA: PROJECT TYPE:	
			LUEKLI	VILLAGE				]=,
ADDRESS:	91-1472	Renton Rd.					PHONE: 681-056	
CITY:	Ewa Bea	ıch	STATE: HI	ZIP:	96706		<b>FAX</b> : 681-414	10
ı								
APPLY TO	Sharon : Location	Reynon-Myer	sident Manager s - Project Admi	in Assistant	APPLY ADI 91-1472 Re Ewa Beach	nton Rd.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN			epartment		<b>FAX:</b> 681-4140		locationsrentals.cor rentals.aspx (click c	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Si	tudio:	90	865	2x rent	556	1	2	YES
One E	Bdrm:	60	940	2x rent	686	1	3	YES
Two E	Bdrm:							
Three E	Bdrm:							
Four E	Bdrm:							YES
Studio: \$865 (full r Limited number of check with manag Deposit=\$865 stud Moitlist purged of AGE CRITERIA:	rent). One subsidies lement co dio / \$940	e Bdrm: \$940 s available (m mpany. One bdrm	ax of \$170)	UTILITIES INC Gas (for stove water	CLUDED: and water heater) ar	nd	MINIMUM W. ESTIMATE  MAXIMU LIST ES TO REMAIN ON W	(Months): 6  IM WAIT STIMATE VAITLIST
All residents must be 55+. Handicap					IST FOR PARKING:		CALL EVERY	`
age requirement.				PARKING INF		PET INFO		PETS OK: YES
1	AS	SET LIMITS:	YES		d on first come	Reg. w/ m	s, fish, or 1 dog und gmt & vets "clean b	er 30 pounds. ill of health"
AN OWN RESID	DENTIAL	PROPERTY:	NO	first serve and	l waitlist.	GENERAL	. INFO:	
ASSET LIMIT INFO		vuta appliaant	Over	LEASE:			s are allowed with Marate bedroom, with	
income. Rental unit must b			ovei	1 year		Funding: I Asst Prgm Recreation	Participating in the Contact and Sec. 8 and Renn hall with tv, 24/7 Scoordinator; Transports	City Housing Rntl ent Supplmnt Prgm Security; Resident
INCOME CRITERI						Shopping	available through Coened 1993; no elev	atholic Charities
Maximum Annual 1 person - \$50,640 2 persons - \$57,84 *60% AMI	0;			Partly furnishe appliances on stove, 1 bdrm fan		walk-up, la		
1-PERSON MAXIM	IUM MON	THLY INCOM	1E:	4220		]		

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	Last Compl	ete Update:	7/16/2020			AREA:	Salt Lake
PROJECT NAME:	<b>WESTLAKE AF</b>	PARTMENT	rs .			PROJECT TYPE:	Family
ADDRESS:	3139 Ala Ilima St.					PHONE: 839-202	7
CITY:	Honolulu	STATE: HI	ZIP:	96818		<b>FAX:</b> 834-710	7
		ļ		000.0			
MANAGER	: Dana Montero, Reside	ent Manager		APPLY ADD			
APPLY TO	: Hawaiian Properties L	td.		1165 Bethel Honolulu, Hl			OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	i:					Mana	
APPLY PHONE	: 839-2027			<b>FAX:</b> 521-2714	EMAIL:	None	
Unit	Type: Number	DENT	Minimum INCOME	00.57	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio:						
	<b>Bdrm:</b> 96	0		872	3	6	
Three E	3drm:						
Four E	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME	YES	UTILITIES INC	LUDED:		ТОТА	L UNITS: 96
section 8 (project l	based)		Water			MINIMUM WA	AIT LIST
		ļ				MAXIMU LIST ES	IM WAIT
AGE CRITERIA:						TO REMAIN ON W	AITLIST
Head of household	d must be 18 years or ol		WAITLI	ST FOR PARKING:	DET INICO	CALL EVERY	(Months): 6
			\$40 per stall; n		PET INFO	<u>.                                      </u>	LTS OK. INO
	ASSET LIMITS:						
AN OWN RESID	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INFO	0.		LEASE:			g pool, picnic area, la	aundry area
						Section 8 100% PONSE IN 2021	
INCOME CRITERI	IA:						
50% AMI 5 persons - \$63,00 6 persons - \$67,65	00		FURNISHED:				

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	7/16/2020					Wahiawa
DDO IECT NAME.		·		· C			AREA: PROJECT TYPE:	
	WHITMORE CI	RCLE APAR	CIMENI	5				Elderly
ADDRESS:	111 N Circle Makai St						PHONE: 753-847	· · ·
CITY:	Wahiawa	STATE: HI	ZIP:		96786		FAX: eFax: 32	23-648-8212
MANAGER	: Laura Lynn Daniels - I	Property Manager			APPLY ADDI		Hanolulu	OUT-OF-STATE
APPLY TO	: Mark Development, In	C.,			Hawaii 96816		ionoidia,	APPLICATION ACCEPTED:
APPLY ATTN	: Mark Development - 7	35-9099						YES
APPLY PHONE	: 753-8474			FAX:	(781)295-3427		http://www.mdihawa aurad.mdihawaiic	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 40	0			516	1	2	YES
	Bdrm: 4	0			645	1	3	YES
Three I					040			
Four I	Bdrm:			Ī				YES
, ,								
RENT INFO: RE	NT IS 30% OF INCOME		TILITIES INC ater and ga				TOTA	L UNITS: 43
\$1,155 - 1 bedroom					sible for electric		MINIMUM WAR	_
ψ1,333 - 2 beαιοοί							MAXIMU	
		Į.						TIMATE 24
AGE CRITERIA: Head of household	d must be 62 years or ol	der, or				•	TO REMAIN ON W CALL EVERY	
disabled. Other m	nembers of the household children if head of hous	ld can be	WAITL ARKING INF		R PARKING:	PET INFO:	Р	ETS OK: YES
legal guardian.			arking includ		1.47.1	Pets are al	lowed with restriction	
	ASSET LIMITS:							
	DENTIAL PROPERTY:	YES				GENERAL		
ASSET LIMIT INF	O:		EASE:			outside ho	are allowed with Mme. Caregiver inco	
		1	year				ped accessable un	its. Built in 1990
J						Pictures av	/ailable on shiconsulting.com/v	vhitmore.html
INCOME CRITER						Smoke Fre	ee; Coin Operated al Room equipped	laundry facility
50% of Honolulu N	Median Income	F	JRNISHED: Partly furnishing ppliances or	edmajo	or	television a Educationa Open gaze Application Download	and computers with al and social activiti bo and outside lou	printer es nge area n
1-PERSON MAXIM	IUM MONTHLY INCOM	E: 3	004			Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	ME: 3	433					

		Last Compl	ete Update:	11/24/2021			AREA	Makiki
PROJECT NAME:	WILE	DER VISTA	1				PROJECT TYPE	: Family
ADDRESS:	1618 P	unahou Street					PHONE: 947-48	346
CITY:	Honolu	lu	STATE: HI	ZIP:	96822		<b>FAX</b> : 956-14	146
MANAGER	R: Mark `	Yacubovich, Res	sident Manager		APPLY AI			OUT-OF-STATE
APPLY TO	: Locati	ons			Honolulu,	HI 96823		APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> : Prope	rty Management	Division					YES
APPLY PHONE	<b>≣:</b> 738-3 <sup>,</sup>	100			<b>FAX:</b> 735-1978	EMAIL:	http://www.location ble-rentals.aspx	nsrentals.com/afforda
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:		0.15					
	Bdrm:	48	1190	2.5x rent	525			
Three		40	1190	2.5x rent	600			
	Bdrm:							YES
RENT INFO: RE LIHTC property Section 8 certifica gross income requ	ate holde	rs need not mee	-	Water & Sewe			MINIMUM V ESTIMATE MAXIM	UM WAIT
				Į.				STIMATE 60
AGE CRITERIA: Head of househol	d must b	e 18 years or ol	der	\A/A   T			TO REMAIN ON V	
		·		PARKING INF	IST FOR PARKING O: NO	: PET INFO	) <u>:</u>	PETS OK: NO
				61 parking sta				
	Α	SSET LIMITS:	NONE			J		
AN OWN RESII		PROPERTY:	YES			GENERAL	INFO:	
All income from a eligibility.		verified to deterr	nine	LEASE: 6 months; the	n month-to-month	bathroom units	has linen closet ar	
I INCOME CRITER	IA:			,				
Food stamps according according and according	rson \$26	5,460, 2 persons	\$30,240	FURNISHED: Partly furnishe appliances on				
 1-PERSON MAXIN	иим мо	NTHLY INCOM	E:	3517		]		
2-PERSONS MAX	IMUM M	ONTHLY INCOM	<b>ИЕ</b> :	4017				

2-PERSONS MAXIMUM MONTHLY INCOME:

	lete Update:	7/16/2020			AREA:	
	RK				PROJECT TYPE:	Elderly
298 Wilikina Dr.						
Wahiawa	STATE: HI	ZIP:	96786		<b>FAX</b> : 622-612	27
R: Debra Fong			APPLY AD On-Site	DRESS:		OUT-OF-STA
D: Wilikina Park Apartm	ents					ACCEPTED YES
N:						120
E: 622-6125			<b>FAX:</b> 622-6127	EMAIL: w	vilikinapark@sand	alwoodmgt.com
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
<b>Bdrm:</b> 19	875	2xrent	627	1	2	YES
Bdrm:						
Bdrm:						
Bdrm:						NO
pay ONE full month's re	ent plus th rent.				LIST ES	JM WAIT STIMATE 1
st be 55 or disabled; spo	ouse can be			1	CALL EVERY	
an be 55 or disabled. Crs old. Children under 1	aregiver 8 allowed.			PET INFO:	F	PETS OK: YES w
						· ·
ASSET LIMITS:	NONE	is included		note.		
	NO			_		
-0:		LEASE:		Services: 0	CCH shopping van	
		1 year		maintenand	trash chute on eve ce person lives on	site.
					ped units (3 for mo	obility, 2 for visual
RIA:		FURNISHED:		impairment Funding: Lo		•
	298 Wilikina Dr.  Wahiawa  R: Debra Fong  D: Wilikina Park Apartm  N:  E: 622-6125  Type: Number of UNITS:  Bdrm: 19  Bdrm: 19  Bdrm: 19  Bdrm: Bdrm: 19  ENT IS 30% OF INCOM adio - \$800, one bdrm - \$000 bedroom. pay ONE full month's regist. Not prorate 1st month is to be 55 or disabled; spoan be 55 or disabled. Cris old. Children under 1  ASSET LIMITS:	Wahiawa  STATE: HI  R: Debra Fong  D: Wilikina Park Apartments  N:  E: 622-6125  Type: Number of UNITS: RENT:  Studio: 45 800  Bdrm: 19 875  Bdrm: Bdrm: NO  Idio - \$800, one bdrm - \$875.  Inne bedroom.  Pay ONE full month's rent plus it. Not prorate 1st month rent.  St be 55 or disabled; spouse can be an be 55 or disabled. Caregiver is old. Children under 18 allowed.  ASSET LIMITS: NONE  DENTIAL PROPERTY: NO	298 Wilikina Dr.  Wahiawa STATE: HI ZIP:  R: Debra Fong  D: Wilikina Park Apartments  N:  E: 622-6125  Type: Of UNITS: RENT: RENT: Required:  Bdrm: 19 875 2xrent  Bdrm: Debra Fong  Winimum INCOME Required:  2xrent  Bdrm: Water, trash are plus it. Not prorate 1st month rent.  Water, trash are part of UNITE is to Close of Children under 18 allowed.  ASSET LIMITS: NONE  DENTIAL PROPERTY: NO  To:	Wahiawa  STATE: HI  ZIP: 96786  APPLY AD On-Site  C: Wilikina Park Apartments  N:  E: 622-6125  FAX: 622-6127  Type: of UNITS: RENT: RENT: RENT: Required: SQ FT: Studio: 45 800 2xrent 479  Bdrm: 19 875 2xrent 627  Bdrm: 627  Bdrm: Water, trash and sewer, gas  Type: of USAN OF INCOME: NO UTILITIES INCLUDED: Water, trash and sewer, gas  Water, trash and sewer, gas  ASSET LIMITS: NONE DENTIAL PROPERTY: NO  To:	Wahiawa STATE: HI ZIP: 96786  R: Debra Fong APPLY ADDRESS: On-Site  O: Wilikina Park Apartments  W: E: 622-6125 FAX: 622-6127  Minimum INCOME Required: SQ FT: of People of People  Bdrm: 19 875 2xrent 627 1  Bdrm: Bdrm: Bdrm: UTILITIES INCLUDED: Water, trash and sewer, gas  Water, trash and sewer, gas  WAITLIST FOR PARKING: PARKING: PARKING Is included  ASSET LIMITS: NONE DENTIAL PROPERTY: NO  GENERAL I  Opened 19	PHONE:   622-612  R: Debra Fong

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		Last Comp	lete Update:	11/24/2021				AREA:	Chinatown
PROJECT NAME:	WINS	STON HAL	.E				PROJEC	T TYPE:	Family
ADDRESS:	1055 R	iver St.					PHONE:	744-130	)7
CITY:	Honolul	lu	STATE: HI	ZIP:	96817		FAX:	744-130	8
MANAGER	R: Justin	Gonsalves, Site	e Manager		APPLY ADD	St.			OUT-OF-STATE
APPLY TO	): Hawai	i Affordable Pro	perties Ltd.		Honolulu, HI	96817			APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Manaզ	ger							
APPLY PHONE	E: 744-13	307			<b>FAX:</b> 744-1308	EMAIL:	None		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXI Numb Ped		CAREGIVER Allowed:
S	tudio:	97	850	2x Rent	310	1	2	2	YES
One	Bdrm:								
Two	Bdrm:								
Three	Bdrm:								
Four	Bdrm:								NO
RENT INFO: RE Timely reponses t required				UTILITIES INC Gas, electricity			ES <sup>-</sup>	IMUM W TIMATE MAXIMU	AIT LIST (Months):
AGE CRITERIA:							TO REMA		STIMATE AND
Head of househole	d must b	e 18 years or o	lder	\\/AITLI	ST FOR PARKING:				(Months): 6
				PARKING INFO		PET INFO	:	F	PETS OK: NO
				Parking not av	railable				
	А	SSET LIMITS:	NONE						
AN OWN RESIDERS ASSET LIMIT INF		PROPERTY:	YES			GENERAL Funding:			
7.00ET EIWIT II II	<u> </u>			LEASE: 1 year		Fullding.	ulikilowii		
				i yeai					
INCOME CRITER	IA:								
Maximum Annual 1 person - \$52,90 2 persons - \$60,46	Income: 0;			FURNISHED: Partly furnishe allpiances only					
 1-PERSON MAXIM	иим мо	NTHLY INCOM	IE:	4220		]			
2-PERSONS MAXI	IMUM M	ONTHLY INCO	ME:	4820					

La	st Complete Update:	3/2/2020			AREA:	Ala Moana
ROJECT NAME: WISTER	IA VISTA				PROJECT TYPE:	Elderly
ADDRESS: 1239 South K	ing St.				PHONE: 597-896	33
CITY: Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 589-289	97
MANAGER: Luana Holi, I	Resident Manager		APPLY ADI			OUT-OF-STA
APPLY TO: Locations			Honolulu, H			APPLICATIO ACCEPTED
APPLY ATTN: Property Ma	nagement Division					YES
<b>APPLY PHONE</b> : 597-8963			<b>FAX:</b> 589-2897		http://www.locations ble-rentals.aspx	srentals.com/affor
of U	mber NITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:	91 969	2xrent	384			YES
Two Bdrm:						
Four Bdrm:						YES
RENT INFO: RENT IS 30% OF Section 8 certificate holders nee gross income requirement.		UTILITIES INC Water & Sewer			MINIMUM W ESTIMATE MAXIMU	(Months): 2 JM WAIT
GE CRITERIA:					TO REMAIN ON W	/AITLIST
All residents must be 62 or older		PARKING INFO		PET INFO:	CALL EVERY	PETS OK: NO
ASSET	LIMITS: NONE	\$40/ month; 32	2 Stalls			
AN OWN RESIDENTIAL PRO	PERTY: YES			GENERAL		
SSET LIMIT INFO:		LEASE: 1 Year		Multi-purpo worker ava line.	oned units. Washe ose room. Library. ailable on site 1x pe gency call system	CCH social
NCOME CRITERIA:				opened 20		RHTF
Maximum annual income 50% A I person - \$42,200 2 persons - \$48,200	Partly furnishedmajor appliances only  Applica Downlo		Catholic C Application Download	isportation to Shopping available through nolic Charities Hawai'l iications: inload from locationsrentals.com up form Locations main office		
PERSON MAXIMUM MONTHL	Y INCOME:	3516		]		