	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	ADDRESS:		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	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 emandation on the process of the pro	up from manager's dings. riencing
\$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	ncy at the project. n two years prior; n Must show legal r Must be able to pay	No violent criminal o registered 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 Comple	ete Update:	1/21/2022			AREA:	Moiliili
ROJECT NAME:	1727 SOUTH B	ERETANI	A STREET			PROJECT TYPE:	Family
ADDRESS:	1727 S. Beretania St.					PHONE: 944-502 FAX: 955-59	
CITY:	Honolulu	STATE: HI	ZIP:	96826		1 AX.  955-59	15
MANAGEF	R: Pam Sakai			APPLY AD	DRESS:		OUT-OF-STA
APPLY TO	D: Housing Solutions, Inc						APPLICATIO ACCEPTED
APPLY ATTN	N:						
APPLY PHONE	E: 944-5020			<b>FAX:</b> 955-5915		Website: https://wv Email: pam@hsise	
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio: 0	0					
	Bdrm: 18	942		600	2	4	
Three		1131		700	5	7	
	Bdrm: 0						
,			-				
	ENT IS 30% OF INCOME be homeless or at risk of		UTILITIES INCL	LUDED:	_		L UNITS: 23
omeless and hav	ve at least one child unde ired every 6 months for the	er age 18.				MINIMUM W ESTIMATE	
e waitiist.							JM WAIT STIMATE
GE CRITERIA:						TO REMAIN ON W	
3 or older.			WAITLIS PARKING INFO	T FOR PARKING: YES	PET INFO		PETS OK:
				d when available.		· · ·	210 014.
	ASSET LIMITS:						
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	. INFO: ne permanent hous	fastures 02
OGET ENVIRT IIVI	<b>C</b> .		LEASE:		one-and to size of 2-7 risk of being child unde	wo-bedroom apartm 7. Applicants must b ng homeless and ha er 18. Amenities inc and laundry facilities.	nents for family be homeless or at ave at least one lude resident
COME CRITER	RIA:		FUDNICUES		compliant		
			FURNISHED:				
PERSON MAXIN	MUM MONTHLY INCOME	:	0		]		

		Last Comp	lete Update:	10/13/2021			AREA:	Wahiawa
ROJECT NAME:	220 C	alifornia					PROJECT TYPE:	Elderly
ADDRESS:	220 Calif	fornia Ave.					PHONE: 808-220	)-7671
CITY:	Wahiawa	a	STATE: HI	ZIP:	96786		<b>FAX</b> : 808-484	I-4051
MANAGER	: Bradley	r Isa / Darlene	Higa			aha Street #2	6	OUT-OF-STAT
APPLY TO		y Profiles Inc. radley Isa / Da	rlene Higa		Aiea, Hawai	i 96701		APPLICATION ACCEPTED: UNKNOWN
APPLY ATTN	: Propert	y Managemen	nt Division					ONKINOWIN
APPLY PHONE	: 808-220	0-7671		FA	<b>X</b> : 808-484-405		brad@pro808.com online application -	pending
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	41	850	1470	403	1	2	
Two E								
Three E								
Four E	3drm:					J.		NO
RENT INFO: RE Fixed rent of \$850 ertificate holders n income requireme *Confirmation lette received. Inform r	; 50% AN leed not r nt. er is sent a managem	II neet the minin after applicatio	num gross	All utilities included phone (\$25 per month)		/	MINIMUM WA ESTIMATE ( MAXIMU	(Months): 1
AGE CRITERIA:							TO REMAIN ON W	
All residents must	be 55 or	older		WAITLIST	FOR PARKING:		CALL EVERY	(Months): 6
				PARKING INFO:	NO	PET INFO	): P	PETS OK: YES
	AS	SSET LIMITS:		1 stall for each un	it			
AN OWN RESID	ENTIAL	PROPERTY:				GENERAL	_ INFO:	
ASSET LIMIT INFO	0:			LEASE:			2007. Picnic Area, Coom, elevator, privat	
				1 year		area, victo manager. 2 handica	ory garden, visitor pa	arking, on-site
NCOME CRITERI	A:					*Failure to	o respond to commu	nication from
50% AMI: 1 perso Food stamps acce criteria.				FURNISHED:  Partly furnished-rappliances; windovinyl flooring, garb	w coverings,		nent in a timely manr noved from the waitli	
-PERSON MAXIM	UM MON	ITHLY INCOM	IE:	3809		]		

		Last Comp	lete Update:	1/21/2022			AREA	.: Waikiki	
ROJECT NAME:	436 E	ENA ROA	D				PROJECT TYPE	Family	
ADDRESS:	436 Ena	a Rd.					PHONE: 941-3436		
CITY:	Honolul	u	STATE: HI	ZIP:	96815		FAX:		
MANAGER	R: Keala	Souza			APPLY AD Appointmen			OUT-OF-STAT	
APPLY TO	: Housir	ng Solutions, In	IC.		пропине	nt only		APPLICATIO ACCEPTED	
APPLY ATTN	l:								
APPLY PHONE	<b>:</b> 941-34	136			FAX:	EMAIL:	Website: https://w Email: kealo@hsi	ww.hsiservices.net/ services.net	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	32	1000			1	2		
One	Bdrm:								
Two	Bdrm:								
Three	Bdrm:								
Four	Bdrm:								
\$1000/month; \$1000/momeless. Updat chose on the waitl	es are re	sit. Applicants quired every 6	must be months for	Electric and wa	ter		MAXIM	(Months):	
AGE CRITERIA:							TO REMAIN ON	STIMATE WAITLIST	
Age 18+, singles	or couple	s only; 2 perso	ons max.	WAITLIS	ST FOR PARKING:		CALL EVER		
				PARKING INFO		PET INFO	:	PETS OK: NO	
				Parking not ava	ailable	Doctor ve	rification required f	or service animal.	
AN OWN RESII		SSET LIMITS: PROPERTY:				GENERAL	. INFO:		
SSET LIMIT INF				LEASE:		Low-incor	me permanent hou applicants must be	sing with 32	
				Month-to-mont	h	feature pr No reside	ivate baths as well nt parking availabl ear a bus stop, reta	as kitchenettes. e but conveniently	
NCOME CRITER	IA:								
				FURNISHED: Microwave and	mini refrigerator.				
-PERSON MAXIN	1UM MOI	NTHLY INCOM	1E:	0					
PERSONS MAX	ІМИМ МО	ONTHLY INCO	ME:	0					

		Last Comp	lete Update:	5/23/2023			AREA	Waikiki	
PROJECT NAME:	AINAH	AU VIST	ГА				PROJECT TYPE	Elderly	
ADDRESS:	2428 Tusita	ala St.					PHONE: 808-926-6700		
CITY:	Honolulu		STATE: HI	<b>ZIP:</b> 96815			FAX:		
MANAGER	: :				APPLY ADI 2428 Tusita Honolulu, H	la St		OUT-OF-STATE APPLICATION	
	: Ainahau \				rionolala, ri	. 00010		ACCEPTED:	
APPLY ATTN	l: Resident	Manager's C	Office			EMAII.	https://www.loogtic	onsrentals.com/afford	
APPLY PHONE	: 738-3100				<b>FAX</b> : 735-1978	EMAIL.	able-rentals	onsteritals.com/anoru	
	O	Number f UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:		1005						
	Bdrm:	7	1225	2xrent	607				
Three			1470	ZXIGIIL	607				
Four	Bdrm:							YES	
RENT INFO: RE 11 Units - 30%AM 88 Units - 50% AM 7 Units - 50%AM Section 8 certifica	II studio - \$6 /II 1 Bedroon II 2 Bedroon te holders n	616 m - \$1053.0 n - \$1195.0	0	UTILITIES INCL			MINIMUM V ESTIMATE MAXIM		
AGE CRITERIA:							TO REMAIN ON \		
All residents must	be 62 or old	der		WAITLIS	ST FOR PARKING: YES	PET INFO	CALL EVERY	PETS OK: NO	
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES ASSET LIMIT INFO:  INCOME CRITERIA: 30% of AMI: 1 person \$27,450; 2 persons \$31,350			18 tenant/ 5 har \$40/mo. Once a assigned, occuprestricted to tenown a vehicle.  LEASE:	ndicap stalls all stalls	Opened 2	GENERAL INFO:  Opened 2007. Has Social Worker on site part time. 6 handicapped units. Community room			
		\$31,350	1 year  FURNISHED:		with kitche park/Victo 6 visitor p	aundry on ground Housing Tax			
50% of AMI: 1 per Food stamps acce criteria. Sect 8 ce min. income requi	son \$45,750 epted to help ertificate hold	0; 2 persons o meet min.	\$ \$52,250 income	Partly furnished appliances only window blinds, flooring	r; has A/C,				
I I-PERSON MAXIN	IUM MONTI	HLY INCOM	IE:	3675		1			

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ROJECT NAME:	AINIA		lete Update:	5/23/2023			AREA PROJECT TYPE	
ADDRESS:			IAII					1=
ADDITEOU.	2420 Tu	Sitala St.					PHONE: 808-92	26-6700
CITY:	Honolulu	J	STATE: HI	ZIP:	96815		,	
MANAGER	:				APPLY AD			OUT-OF-STAT
APPLY TO	: Ainaha	u Vista II			Honolulu, H			APPLICATION ACCEPTED
APPLY ATTN	: Reside	nt Manager's C	Office					
APPLY PHONE	: (808) 7	38-3100		F	AX:	EMAIL:	https://www.locati	onsrentals.com/affor
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:	15	1140	2x rent	377			
One E	3drm:	47	1225	2x rent	420			
Two E								
Three E								
Four E	3drm:							YES
ENT INFO: REI	NT IS 30	% OF INCOME	E: NO	UTILITIES INCLU	JDED:		тот	AL UNITS: 62
6 units - 30% AM 9 units - 50% AM 1 units - 50% AM	II studio - II 1 bedrr	\$901 per mon oom - \$966 pe	ith er month	Electricity, Water	, Sewer		MINIMUM V ESTIMATE	
6 units - 60% AM	II 1 bedro	om - \$1137 pe	er month	ļ				IUM WAIT STIMATE
GE CRITERIA:							TO REMAIN ON	
5+				WAITLIST	FOR PARKING:		CALL EVERY	
				PARKING INFO: 22 parking stalls	available only	PET INFO	:	PETS OK: NO
	۸۹	SSET LIMITS:		to 50% and 60%	AMI @ \$40 per			
AN OWN RESID						GENERAL	. INFO:	
SSET LIMIT INFO	0:			LEASE:		Coin oper Locked er	ated laundry	
						Communi	ty room for recreat al activities	ional and
NCOME CRITERI	IA:			,				
0% AMI \$4	1 Perso 27,450/yr 15,750/yr 54,900/yr	\$31,350/y \$52,250/y	vr vr	FURNISHED: Range/Oven, Ga Refrigerator/Free floor covering, W				
		ITHLY INCOM	F.	4410		]		

		Last Comp	olete Update:	11/2/2021			AREA	McCully	
PROJECT NAME:	ARTE	ESIAN VI	STA				PROJECT TYPE	Elderly	
ADDRESS:	1828 Yo	oung St.					<b>PHONE</b> : 949-5	936; 947-4846	
CITY:	Honolul	u	STATE: H	<b>ZIP:</b> 96826			<b>FAX</b> : 949-5238		
		James, Resid	ent Manager		APPLY AD P.O. Box 2 Honolulu, F	2420		OUT-OF-STATE	
APPLY TO			at Biototo					ACCEPTED: YES	
APPLY PHONE		ty Managemei	nt Division		<b>FAX</b> : 735-1978	EMAIL:	http://www.locatio	onsrentals.com/afforda	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Studio: Bdrm:	53	1100	2xrent	420				
Two	Bdrm:								
Three	Bdrm: Bdrm:							YES	
RENT INFO: RE 6 units at 30% are 47 units at 50% a 2 handicapped un to meet min incon	ea AMI re rea media nits; food a ne require	nt \$645 an income renstamp benefit ement and Sec	t \$1058 can be used ction 8	UTILITIES INC			MINIMUM V ESTIMAT	FAL UNITS: 53 WAIT LIST E (Months): 24	
holders are not re AGE CRITERIA:	quired to	meet min. inc	ome.				LIST E	ESTIMATE 60	
All residents must	t be 55 or	older		\/\	IST FOR PARKING:		TO REMAIN ON CALL EVER		
				PARKING INF		PET INFO	:	PETS OK: NO	
,	AS	SSET LIMITS:	NONE		, .				
AN OWN RESI		PROPERTY:	YES			GENERAL			
ASSET LIMIT INF	·O:			LEASE:		is receive Has comp closet in b	d. outer area and cor oathroom, walk in s ub, has kitchen pa		
INCOME CRITER	IA:						ocial worker		
30% of AMI: 1 person \$27,450; 2 persons \$31,350 50% of AMI: 1 person \$45,750; 2 persons \$52,250 preference for 30% units given to lowest income (<20%AMI) minimum income is 2x rent				ces, vinyl flooring, blinds, a/c. garbage		prox. 9/2006 LIHTC, RHTF, Se	ction 8		
						NO RESE	PONSE IN 2020. L	AST UPDATE 2019	
1-PERSON MAXIN	MUM MUN	NTHLY INCOM	ME:	3675					
PERSONS MAX	INALINA NAC	NITHLY INICO	ME.	4200					

Last Complete U	<b>Jpdate:</b> 10/15/2021	AREA: Palama
PROJECT NAME: BANYAN STREET	MANOR	PROJECT TYPE: Family
ADDRESS: 1122 Banyan St.  CITY: Honolulu ST	ATE:  HI ZIP: 96817	PHONE: 843-0021 FAX: 376-0042
MANAGER: Jodie Sakai  APPLY TO: Banyan Street Manor	APPLY ADDRI 1122 Banyan S Honolulu HI 96	out-of-state
APPLY ATTN: Jodie Sakai  APPLY PHONE: 843-0021	<b>FAX</b> : 376-0042	EMAIL: manager@banyanstreetmanor.com
Studio:  One Bdrm:  Two Bdrm:  Four Bdrm:  Four Bdrm:  Three Bdrm:  Four Bdrm:  Studio:  Three Bdrm:  Four Bdrm:  Four Bdrm:  AGE CRITERIA:  Head of household must be 18 years or older a time of application.  ASSET LIMITS:  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:	RENT: INCOME Required: SQ FT: GOVERNMENT: SQ FT: GOVERNMENT: SQ FT: GOVERNMENT: GOVERNMENT	MINIMUM Number of People:  1
1-PERSON MAXIMUM MONTHLY INCOME:	FURNISHED:  Partly furnishedmajor appliances only	

		Last Comp	olete Update:	2/7/2022			AREA:	Ala Moana
PROJECT NAME:	BIRC	H STREE	T APART	MENTS			PROJECT TYPE:	Family
ADDRESS:	916 Birch	n St.					<b>PHONE</b> : 597-89	
CITY:	Honolulu		STATE: HI	ZIP:	96814		<b>FAX</b> : 589-28	97
MANAGER	: Luana F	Holi			APPLY AD P.O. Box 2			OUT-OF-STATE
APPLY TO	: Location	ns			Honolulu, F	-		APPLICATION ACCEPTED:
APPLY ATTN	: Property	y Managemer	nt Division					YES
APPLY PHONE	: 738-310	00			<b>FAX:</b> 735-1978		http://www.location ble-rentals.aspx	srentals.com/afforda
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	52	1458	2.5xrent	600			YES
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE	NT IS 309	% OF INCOM	E: NO	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 52
Units are advertise available. Section 8 certifications				Water, sewer	& trash		MINIMUM W ESTIMATE	
gross income requ	uirement.							UM WAIT STIMATE 60
AGE CRITERIA:							TO REMAIN ON V	VAITLIST
Head of household	d must be	18 years or c	older	WAITL PARKING INF	O: NO	PET INFO:		PETS OK: NO
				free	0.  110	1211110		210 014   140
		SET LIMITS:				<u> </u>		
AN OWN RESIDE		PROPERTY:	NO	LEASE:		GENERAL Funding: L	INFO: LIHTC, RHTF	
				1 year		Ask mana	from website gement to mail it	
INCOME CRITER	IA:			,			om Locations ofifice	
Maximum Yearly I 1 person \$50,640 2 persons \$57,840 3 persons \$65,100 4 persons \$72,300	) ) )			FURNISHED:  Partly furnishe appliances on		.	ate - Information fro	
1-PERSON MAXIM	IUM MON	THLY INCOM	1Ε:	4220		]		

		Last Comple	ete Update:	10/18/2021			AREA:	Chinatown
PROJECT NAME:	CHIN	IATOWN C	ATEWAY	/ PLAZA			PROJECT TYPE:	Family
ADDRESS:	1031 N	uuanu Ave.					PHONE: 524-373	37
CITY:	Honolul	lu	STATE: HI	ZIP:	96817		<b>FAX</b> : 528-529	99
	]							
	Rande : Hawai	Huang, Resident eatte McEnroe P ian Affordable P	roperty Manag	er	APPLY ADI Chinatown ( 1031 Nuuar Honolulu, H	Gateway Plaz nu Avenue	a	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	: 524-37	737			<b>FAX:</b> 528-5299	EMAIL		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	1	1100	2050	500	1	2	YES
One	Bdrm:	199	1200	2160	555	1	3	YES
Two	Bdrm:							
Three	Bdrm:							
RENT INFO: RE Rent posted is the 1 Bedroom - 60% AMI - \$1200; \$1400; 140% AMI accept section 8	low ren 80% AN - (Marke	t of a range. MI - \$1300; 120% et) \$1500.	6 AMI -	UTILITIES INC			MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA: Head of household time of application		e 18 years or old	der at the		ST FOR PARKING:		TO REMAIN ON W CALL EVERY	(Months): 12
	A	SSET LIMITS:	NONE	PARKING INF	at \$40 mo. and	PET INFO	): F	PETS OK: NO
AN OWN RESIDE		PROPERTY:	NO			GENERA	_ INFO: ting in the City Housi	ng
				LEASE: 1 year		Rental As	esistance Program.  on deck with bbq grill	
INCOME CRITER	IA:							
Maximum income 60% AMI 80% AMI 120% AMI 140% AMI	1 per: \$52,9 70,5 105,8 123,45	20 \$60,480 \$ 500 80,600 300 120,900	\$68,040 90,650	FURNISHED: Partly furnishe appliances on Washer/dryer	ly. Carpet or tile.			

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	10/15/2021			AREA	Chinatown
PROJECT NAME:	CHIN	I AWOTAI	MANOR				PROJECT TYPE	Family
ADDRESS:	175 No	rth Hotel St.					<b>PHONE</b> : 545-19	96
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX</b> : 536-68	08
MANAGER	t: Susan	Chen			APPLY AD	DDRESS:		OUT-OF-STATE
APPLY TO	: Chinat	own Manor						APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Winnie	Louie						YES
APPLY PHONE	: 545-19	996			<b>FAX:</b> 536-6808	EMAIL:	winniel@hawaiiaff	ordable.com
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	89	612	2.5x rent	310	1	2	YES
One	Bdrm:							
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE 310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to c in a timely manne AGE CRITERIA:	ommunic	cation from mai	nagement	UTILITIES INC			MINIMUM W ESTIMATE MAXIM	(Months):  UM WAIT  STIMATE
Head of househole		e 18 years or o	lder at the	\A/A   T	ST FOR PARKING:		CALL EVERY	
time of application	1.			PARKING INFO	D:	PET INFO:		PETS OK: NO
	A	SSET LIMITS:	NONE					
AN OWN RESID		PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	O:			LEASE:		.	open until decisior	
				1 year			undry facility and c 2 adults only	ommunity room
INCOME CRITER	IA:							
Maximum Annual 2 persons - \$60,4		1 person - 52,	920	FURNISHED: Partly furnishe appliances onl		-		
-PERSON MAXIN	1UM MOI	NTHLY INCOM	E:	4410		<u> </u>		
P-PERSONS MAXI	MUM MO	ONTHLY INCO	ME:	5040				

	Last Comple	ete Update:	10/15/2021			AREA:	Ewa
PROJECT NAME:	D.E. THOMPSO	N VILLA	GE (EWA VI	LLAGE ELD	ERL	PROJECT TYPE:	Elderly
ADDRESS:	91-1295 Renton Rd.					PHONE: 681-496	60
CITV:	Ewa Beach	STATE: HI	ZIP:	96706		<b>FAX</b> : 681-496	51
OII I.	Ема веасп	STATE:	2	90700			
MANAGER	: EAH			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	: Closed for application						APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 681-4960		F	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	Bdrm: 84	0		600	1	3	YES
	Bdrm:						
Three							
Four	Bdrm:			J	]		NO
RENT INFO: RE	NT IS 30% OF INCOME	: YES	UTILITIES INCLU	JDED:	_	TOTA	L UNITS: 84
allowance = \$100 Deposit is based or responsible for up	on income. **Applicants a	are	Water; \$69 utility Utility Allowance	allowance	ge	MINIMUM W. ESTIMATE MAXIMU	
]	mber and address.		ļ.				STIMATE 24
AGE CRITERIA: Head, co-head, or	spouse, must be 62 year	ars or	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	F FOR BARKING		TO REMAIN ON W CALL EVERY	
provide a doctor's	(section 515). If disabled note (disability does not	need to	PARKING INFO:	FOR PARKING:	PET INFO	: F	PETS OK: YES
be disclosed) or c	opy of SSI/SSDI benefit	letter.	Parking included	I	With MD	etter, max 30 lbs.	
	ASSET LIMITS:				J GENERAL	INICO	
ASSET LIMIT INF	DENTIAL PROPERTY:   O:	TES	15405			7 total, 5 for wheel	chair w/ 1 for sight
income from asse	ts cannot put applicant o	over income	LEASE: 1 year		given to 3 MD letter tenant die	nt, 2 for hearing imp 60% AMI. Caregivers can work outside hes, under age 62 spo t be income eligible.	s are allowed with ome. If elderly ouse may rent
INCOME CRITER			FURNICUES		Social Wo	orker from CCH. Fur ministration. CCH S	nding: Farmers hopping van
	Tenant must have adeq nt to afford own basic livi lectric, etc.)		FURNISHED:  Partly furnished- appliances only,		available,	opened 1992. Mus cation from manage o remain on waitlist.	t respond to
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4475				

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		Last Compl	ete Update:	1/4/2022			AREA:	Ewa
PROJECT NAME:	FRAI	NCISCAN '	VISTAS E	:WA			PROJECT TYPE:	Elderly
ADDRESS:	91-147	1 Miula St.					PHONE: 681-40	00
CITY:	l Ewa Be	each	STATE: HI	ZIP:	9670	06	<b>FAX</b> : 681-40	01
	Jamaso	adon.	<u>                                     </u>		001			
MANAGER	: Comm	nunity Director -	Kathy McAliste	er		Y ADDRESS: ist is currently o	pen for all units	OUT-OF-STATE APPLICATION
APPLY TO		scan Vistas Ewa	a					ACCEPTED:
APPLY PHONE		000			<b>FAX:</b> 681-4		AIL: leasing@Francisca www.Franciscanvis	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ F	MINIM Numb of Peo	er Number of	CAREGIVER Allowed:
S	tudio:							
One I	3drm:	126	1250	1490	530	1	n/a	
Two I	Bdrm:	23	1480	1770	750	1	n/a	
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE 6 - 1 bedroom unit w/\$664 rent with n \$1176 - \$1380; Mi certif. holders. Mir Stamp/Rent subsi	ts w/\$57 ninimum n. incom n income	1 rent and 2 - 2 income required ne not needed fo	bedroom ment of r Sec 8	UTILITIES INC			MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:							TO REMAIN ON V	12
62 years of age at	the time	of application a	and for all	WAITL	IST FOR PAR	KING:	CALL EVERY	
applicants.				PARKING INF	_		NFO:	PETS OK: NO
]	A	SSET LIMITS:		Parking base 102 stalls tota	d on availability al	v, Servi	ce animals ok	
AN OWN RESID			YES			GENE	RAL INFO:	
ASSET LIMIT INFO Assets are taken i income eligibility.		sideration in dete	ermining	LEASE: 1 year		gathe room	nities: Community centering room, kitchen, activ, fitness room, salon an lry in each building.	vity & learning
INCOME CRITERI	ΙΔ·						ts @ 30% AMGI, 1 unit units @ 60% AMGI	@ 50% AMGI
30% AMI - 1 perso \$30,240 60% AMI - 1 perso max - \$60,480	on - max				electric range isposal, and ai	www. Askr	cation: Franciscanvistasewa.co nanagement to mail it up from manager's offic	
1-PERSON MAXIM	IUM MO	NTHLY INCOME	≣:	4410				

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		nplete Update:	11/2/2021			AREA:		
	HALAWA VIE	W				PROJECT TYPE:	]	
ADDRESS:	99-009 Kalaloa St.					PHONE: 488-36		
CITY:	Aiea	STATE: HI	ZIP:	96701		<b>FAX</b> : 486-61	50	
MANAGEF	R: Tammy K. Lopez			APPLY AD 99-009 Kal			OUT-OF-STAT	
APPLY TO	<b>D:</b> Halawa View Apts.			Aiea HI 96	3701	APPLICATI ACCEPTE		
APPLY ATTN	N: Management Office	e					NO	
APPLY PHONE	E: 488-3613		F	FAX: 486-6150	EMAIL: ta	ammy@pacificdg.	com	
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Studio:							
	Bdrm: 52	0		630	1		YES	
	Bdrm: 52	0		840	3	7	YES	
	<b>Bdrm:</b> 12	0		1080	4	9	YES	
Limited number o Two bdrm: \$948 - Three bdrm: \$105 Four bdrm: \$1147 Updates not requestat informatic AGE CRITERIA:	- \$1500 maximum. 53 - \$1850 maximum. 7- \$2000- maximum ired to remain on wait	list unless	UTILITIES INCLU Gas, electricity a	nd water		MINIMUM W ESTIMATE MAXIMU	(Months): 12  JM WAIT  STIMATE 18  VAITLIST	
Toda of Hodoonol	ia made do 10 youro o	. Gladi	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:	F	PETS OK: NO	
	ASSET LIMITS	S: NONE	Parking included when asking for				·	
	DENTIAL PROPERTY	YES			GENERAL I	NFO:		
ASSET LIMIT INF	FO:		LEASE:  1 year; then more	nth-to-month	- mdihawai	R APPLICATIONS ii.com om manager's offi		
NCOME CRITER	RIA:							
persons: \$27,850	Sec. 8 units: 2 persons ; 4 persons: \$30,900 and 60% 2014 HHFD		FURNISHED:  Partly furnished- appliances only.					

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			lete Update:	1/21/2022			AREA:	Kalaeloa
PROJECT NAME:	HALI	E HA'I KA	<mark>'OPUA (B</mark> u	ilding 37)			PROJECT TYPE:	Family
ADDRESS:	Building	37, 91-1039 S	Shangrila				<b>PHONE</b> : 682-19	
CITY:	Kapolei		STATE: HI	ZIP:	96707		<b>FAX</b> : 682-19	70
MANAGER		le Taylor, Direc r@Cantwell-Ar	ctor of Property Maderson.com	Management	APPLY ADI 91-1078 Yo Kapolei HI S	rktown St.		OUT-OF-STAT APPLICATION
	HI 967			Kap	olei	,0101		ACCEPTED:
			LC / Attn: Leasi	ng Team			CloudbreakCommu	
APPLY PHONE	: 682-19	949			<b>FAX:</b> 682-1970		CloudbreadHawaii	@Cantwell-
Unit	Type:	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
RENT INFO: RE \$650 deposit and units are single ro for independent si	first mor	nth's rent with a pancy. Afforda	pproval. All ble housing	Water, electric	, sewer, trash		MINIMUM W ESTIMATE MAXIMI	(Months):
AGE CRITERIA:							TO REMAIN ON V	Į.
Single, adult and/	or vetera	ns		\Λ/ΔΙΤΙ I	ST FOR PARKING:		CALL EVERY	
				PARKING INFO		PET INFO		PETS OK: NO
				1 stall per unit				
		SSET LIMITS:				J		
AN OWN RESII ASSET LIMIT INF		PROPERTY:				GENERAL	INFO: ty Kitchen, Commu	nity Bathroom.
				LEASE:	h	Communi	ty coin-laundry area walk-up stairway.	as, Vending
						Applicatio		
NOOME ODITED						Request b	y email to: kHawaii@Cantwell	-Anderson com
INCOME CRITER Applicant must make to sustain rental a	ake 1.5 t	imes the rent a	nd be able	FURNISHED: Fully furnished	l, AC		gement to email ov	
I-PERSON MAXIN	IUM MO	NTHLY INCOM	1E:	0		]		
PERSONS MAX	IMUM M	ONTHLY INCO	ME:	0				

Last Co	implete update:	6/30/2023			AREA:	Ala Moana
HALE KEWA	ALO APARTI	<mark>IENTS (Clo</mark>	sed for appl	<mark>licati</mark>	PROJECT TYPE:	Family
450 Piikoi St.						
Honolulu	STATE: HI	ZIP:	96914		<b>FAX</b> : 589-184	41
: Hawaii Affordable	Properties, Inc.		APPLY ADI	DRESS:		OUT OF STAT
):						OUT-OF-STAT APPLICATION ACCEPTED:
l:						
:: 589-1845 x15		F	FAX:	EMAIL:		
of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	0					
	1841		1071	5	7	
Bdrm:	0					
ots); 2 Bdrm \$787 (6	apts)	Solar Hot Water	Heating, Sewer,		MINIMUM W ESTIMATE	
1 antal- 2 Edrm ¢10.	11 (20 anta)	Į				STIMATE C
household must be	18 years or			Т	O REMAIN ON W CALL EVERY	
	,			PET INFO:	F	PETS OK: YES
ASSET LIMIT	rs:			weighing no	more than 25 lbs	; (2) small cat; (3)
	Y:					
O:		LEASE:		Standford C	Carr Development	- 1100 Alakea
IA:						
50 \$45,750 50 \$52,250 \$62 80 \$58,800 \$70	2,700 0,560	FURNISHED:		Rents and I	ncome are subjec	t to change
	## ## ## ## ## ## ## ## ## ## ## ## ##	### ### ##############################	HALE KEWALO APARTMENTS (CIO   450 Piikoi St.   Honolulu   STATE:   HI   ZIP:	HALE KEWALO APARTMENTS (Closed for app)	HALE KEWALO APARTMENTS (Closed for applicati   450 Pilkoi St.	HALE KEWALO APARTMENTS (Closed for applicati

	Last Co	omplete Update	1/21/2022			AREA:	Waipahu
PROJECT NAME:	HALE KUH	A'O Weinb	perg			PROJECT TYPE:	Family
ADDRESS:	94-909 Kau'olu Pl.					PHONE: 678-089	92
CITY:	Waipahu	STATE:	HI ZIP:	96797		<b>FAX</b> : 678-088	37
<b>3</b>	VVaipanu	<b>O</b> 2.		90131			
MANAGER	: Marisa Olmeda-N	Macias, Res. Mg	r.	APPLY AI			
APPLY TO	: 1-800-466-7722 - Macias 702-259-		, COS; or Marisa Ol	St Paul N	ersity Ave. Wes MN 55114	st, #330	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		1000					YES
APPLY PHONE	: 678-0892			<b>FAX:</b> 651-209-66		housing@accessible	lespace.org
Unit	Type: Number	7	Minimum INCOME		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS		Required:	SQ FT:	Number of People	Number of People:	Allowed:
St	tudio:						
One E	<b>3drm:</b> 18			520		2	YES
Two E	Bdrm: 6			773		4	YES
Three E	Bdrm:	1					
Four E	Bdrm:						
RENT INFO: RE	NT IS 30% OF INC	COME: YES	UTILITIES INC	CLUDED:		MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA:			_			TO REMAIN ON W	
Head of household have a qualifying of	d must be 18 years	or older and	WAITL	IST FOR PARKING	);	CALL EVERY	(Months): 6
naro a quamymg c			PARKING INF		PET INFO	: F	PETS OK: YES
			Minimum park	ing available			
	ASSET LIMI		_		6=:/=-		
AN OWN RESID	DENTIAL PROPER O:	TY: NO			GENERAL covered la	₋ INFO: anai w/ bbq, roll in sl	nowers drapes
			LEASE:		entertainn units, heig opened in	nent center, ceiling f ght-adjustable work	an, window a/c stations
INCOME CRITERI	IA:					Res Manager are of	
Maximum annual i 1 person \$36,650; \$47,100; 4 person	2 persons \$41,850	D; 3 persons	FURNISHED:		_	aff = caretaker and : PONSE IN 2021 - La 3/10/2017	

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Cor	nplete Update:	1/21/2022				Daniel City
				A COEDTING	400	AREA:	Pearl City
		-	ee) - NO I	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	1184 Waimano Hon	ne Rd.				<b>PHONE</b> : 483-255	
CITY:	Pearl City	STATE: HI	ZIP:	96782		<b>FAX</b> : 483-255	52
	, ,						
MANAGER	: Marcus Asami			APPLY ADI	DDESS.		
WANAGER	. Marcus Asami			1002 North			OUT-OF-STATE
APPLY TO	: НРНА			Honolulu, H	I 96817 PTING APPLIC	CATIONS	APPLICATION ACCEPTED:
	NOT ACCEPTING	APPLICATIONS		NOT ACCE	I TINO AI I LIC	DATIONS	NO
APPLY ATTN	I: Oahu applications NOT ACCEPTING						
ADDLY BUONE		ALLEGATIONS		<b>FAX</b> : 832-3461	EMAIL:	nphaishereforyou.o	rg
APPLY PHONE	: 632-3961			FAX: 032-3401			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
	tudio:						
One I	Bdrm:						
							YES
	<b>Bdrm:</b> 20			771	2	6	YES
Three I	<b>Bdrm:</b> 16			893	3	8	YES
Four I	Bdrm:					J	
Minimum Rent: \$0 the waitlist are to g change or check the	NT IS 30% OF INCC D. All HPHA applican go to: hpha.myhousir heir status. A userna ed to access their acc 19/2/2016******	ts who are on ng.com to ame and	UTILITIES INC	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU	(Months): 36  JM WAIT STIMATE 60
	d must be 18 years o	r older				CALL EVERY	
	·		WAITL PARKING INF	IST FOR PARKING:	PET INFO:	F	PETS OK: YES
			Included	0.		imals ok, but only o	
	ASSET LIMIT	s. NONE				ries listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERT				GENERAL		
ASSET LIMIT INF			LEASE:		PREFERE	NCES: Domestic V	
Cannot own a hou	ise on Oahu		1 year		homeless i displaced.	in transitional shelte	ers; involuntary
			′		'	ed Low Inc Pub Hs	ing 100%
J							
INCOME CRITER			FURNIQUED			ons must be 3 yrs a thamphetamine or a	
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 INCO	OME:	4570				
2-PERSONS MAXI	MUM MONTHLY INC	COME:	5220				

		Last Comp	lete Update:	6/30/2023			AREA:	Moiliili
PROJECT NAME:			A O MOILII	LI			PROJECT TYPE:	Elderly
ADDRESS:	2139 Al	garoba St.					PHONE: 808-73	5-9099
CITY:	Honoluli	u	STATE: HI	ZIP:	96816		FAX:	
MANAGER	:					ADDRESS:	Suite 200.	OUT-OF-STATE
APPLY TO	: Mark D	Development, Ir	nc.			, Hi. 96816		APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 808-73	5-9099			FAX: 781-292-3		L: mdihawaii.com/mo	iliili
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUN Number of People	Number of	CAREGIVER Allowed:
S	tudio:	80	962					
One I	Bdrm:	24	1024				3	
Two I	Bdrm:		0					
Three I	Bdrm:		0					
Four I	Bdrm:		0			J		YES
RENT INFO: RE 30%AMI Studio (4 units) \$962; 60% / 30%AMI One bdrr bdrm (20 units) \$1 \$1243 - Preference Chaica Voucher AGE CRITERIA:	units) \$5 AMI Stud m (2 units 024; 60% e for pers	553; 50% AMI : lio (4 units) \$11 s) \$587; 50%AI %AMI One bdrr sons with a Ho	Studio (72 66 MI One n (2 units)	UTILITIES INC	JEODED:		MINIMUM W ESTIMATE MAXIMI LIST E: TO REMAIN ON V	(Months): 1  UM WAIT STIMATE 3  VAITLIST
Age 55 plus for all	resident	S.			ST FOR PARKIN	_	CALL EVERY	
				PARKING INFO		PET INF	·O:	PETS OK:
AN OWN RESID		SSET LIMITS:			<b>,</b>	CENED	AL INFO:	
ASSET LIMIT INF				LEASE:		Laundry on-site.	room and communit	
INCOME CRITER	IA:			FURNISHED: Full range, refigarbage dispo				
T-PERSON MAXIM				4575 5225				

	Last Comple	ete Update:	2/7/2022			AREA:	Nanakuli
PROJECT NAME:	HALE MAKANA	O'NANAI	KULI			PROJECT TYPE:	Family
ADDRESS:	89-201 Lepeka Ave.					PHONE: 620-903	7, 754-7559 (cell)
CITY	Wai'anae	STATE: HI	ZIP:	00700		FAX: 620-903	8
CITT.	vvaranae	STATE. HI	ZIF.	96792			
APPLY TO	Annie Au Hoon, Resident Inc.     Hale Makana O'Nanak     Application Division		ark Developmer	Main Office	eka Ave., E101		OUT-OF-STATE APPLICATION ACCEPTED: YES
	: 735-9099, then 1			<b>FAX:</b> 781-295-3427	7	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:
St	tudio:						
	3drm: 15	0			1	3	
	Bdrm: 8	0			3	7	
Three E		0			3	,	YES
Rents are approxi	NT IS 30% OF INCOME mately 30% of income. redit checks are done.	YES	UTILITIES INC Water; utility al			TOTA MINIMUM W/ ESTIMATE ( MAXIMU LIST ES	(Months): 24
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be of adult age at ti-family Complex includes.		WAITLI	ST FOR PARKING:	PET INFO:	CALL EVERY (	
AN OWN BESIT	ASSET LIMITS: DENTIAL PROPERTY:	NO	who can show	t car registration,	Accomada animal GENERAL	tion considered for	verifiable service
ASSET LIMIT INFO		NO	LEASE:		Funding:	RHTF, LIHTC, USD	A RD rent assist.
			1 year Recertification	annually	Gated con 3 ground-f 1bdrm)	nanager onsite nmunity loor handicaped uni ng, ramps.	ts (2-2-bdrm, 1-
INCOME CRITERI					Application	n available at www.r units are ADA for he	ndihawaii.com aring/vision
2 persons \$24 3 persons \$27 4 persons \$30	%AMI 40% AMI 1,120 \$28,160 4,120 \$32,160 7,150 \$36,200 0,150 \$40,200 2,580 \$43,440		FURNISHED: Stove, Refrige	rator	impaired a	and these are on the ONSE in 2021. Las	2nd floor.
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u> :	2346		Į.		

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Last Compl	ete Update:	1/4/2022			AREA:	Kapolei
HALE MOENA	KUPUNA			PRC	JECT TYPE:	Elderly
1020 Wakea St.				PHO	ONE: 466-080	)1
Kapolei	STATE: HI	ZIP:	96707	F	FAX: 466-080	02
R:						OUT-OF-STAT
O: Manager's Office						APPLICATION ACCEPTED:
N:						
E: 466-0801			<b>FAX:</b> 466-0802			
Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:		-	CAREGIVER Allowed:
Studio:	1258					
Bdrm:	1701					
Bdrm:						
ed. application fee of \$30 in c cash).	heck or				MINIMUM W ESTIMATE MAXIMU	
no 55 or older						
be 33 of older.				PET INFO:		PETS OK: YES
ASSET LIMITS:	I	come, first ser is ample street	ved basis. There t parking for			
DENTIAL PROPERTY:		visitors and ex	tra resident cars.			
		LEASE:		Huge windows to Undercabinet light Lobby, Trash C Covered Parkin Deck, No smok	that open; Bre ghting; hute,TV Lound g, 9,166 Sq. F ing allowed or	athtaking views; ge t. Recreation the property
ns: MI, and 60% AMI				on-site mgmt, c	ommunity gar	den, controlled areas; on-site
	HALE MOENA  1020 Wakea St.  Kapolei  R:  C: Manager's Office  N:  E: 466-0801  Type: Number of UNITS:  Bdrm: Bdrm:  Bdrm: Bdrm: Bdrm: Studio:	Kapolei  STATE: HI  R:  C: Manager's Office  N:  E: 466-0801  Type: of UNITS: RENT:  Bdrm: 1258  Bdrm: 1417  Bdrm: 1701  Bdrm:	HALE MOENA KUPUNA  1020 Wakea St.  Kapolei STATE: HI ZIP:  R:  C: Manager's Office  N:  E: 466-0801  RENT: RENT: Required:  1258  Bdrm: 1417  Bdrm: 1701  Bdrm: 17	HALE MOENA KUPUNA  1020 Wakea St.  Kapolei STATE: HI ZIP: 96707  R: APPLY ADI 1020 Wakee Kapolei, HI 20: Manager's Office  N: E: 466-0801  FAX: 466-0802  Type: Of UNITS: RENT: NCOME Required: SQ FT:  Bdrm: 1417  Bdrm: 17701  B	HALE MOENA KUPUNA  1020 Wakea St.  R:  APPLY ADDRESS: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  N:  E: 466-0801  FAX: 466-0802  EMAIL: Webs Email  Type: of UNITS: RENT: Number of UNITS: RENT: REQUIRED: All utilities included.  Bdrm: 1417  Bdrm: 17701  Bdrm:	HALE MOENA KUPUNA  1020 Wakea St.  Kapolei STATE: HI ZIP: 96707  R: APPLY ADDRESS: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  R: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  R: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  R: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  R: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  R: 1020 Wakea Street, Suite 110, Kapolei, HI 96707  REMT: Number of UNITS: RENT: Namber of UNITS: Required: SQ FT: WINIMUM Number of People: Studio: 1258  Bdrm: 14417  Bdrm: 17701  Bdrm

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	Last Comp	lete Update:				AREA:	Kapolei
PROJECT NAME:	HALE MOENA	OHANA				PROJECT TYPE:	Family
ADDRESS:	1055 Alohikea St.					PHONE:	
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX:	
MANAGER	<u>:</u>			APPLY ADI	DRESS:		OUT-OF-STATE
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	i:		F.	AX:	EMAIL:		
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:						
	Bdrm:						
Three	Bdrm:						
	NT IS 30% OF INCOME		UTILITIES INCLU	IDED:		MINIMUM W ESTIMATE MAXIMU LIST ES	(Months):
AGE CRITERIA:			WAITI IST	FOR PARKING:		TO REMAIN ON W	
			PARKING INFO:		PET INFO		PETS OK: YES
					One time   30lbs and	pet fee: \$350 cat/do breed restrictions a	og weight limit of apply
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				JENERAL	INFO:	
ASSET LIMIT INF			LEASE:		Covered p controlled communit	parking garage, laur access, elevator, to y center, lobby, rec y garden and bike r	rash chute, reational deck,
INCOME CRITER	IA:						
			FURNISHED:				
					]		

2-PERSONS MAXIMUM MONTHLY INCOME:

APPLY ATTN:  APPLY ATTN:  APPLY PHONE: 456-9420  FAX: 456-9406  EMAIL: http://www.locationsrentals.com/affor ble-rentals.aspx    Unit Type:			Last Comp	lete Update:	2/7/2022			AREA	Pearl City
MANAGER: APPLY TO: Locations APPLY ATTN:  APPLY ATTN:  APPLY PHONE: 456-9420  FAX: 456-9406  EMAIL: http://www.locationsrentals.com/affor bite-rentals.aspx  INCOME Structor  FAX: 456-9406  EMAIL: http://www.locationsrentals.com/affor bite-rentals.aspx  IMANIMUM MAXIMUM WATI LIST Four Bdrm: yes  Four Bdrm: yes  Four Bdrm: yes  Four Bdrm: yes  FOR AMGI  2 -8-drm Units at 50% AMGI  10 -2-8-drm Units at 50% AMGI  110 -2-8-drm Units at 50% AMGI  12 -8-drm Units at 50% AMGI  12 -8-drm Units at 50% AMGI  13 -8-drm Units at 50% AMGI  14 -3-8-drm Units at 50% AMGI  ASSET LIMITS:  CALL EVERY (Morints):  FORMAIN ON WAITLIST  CALL EVERY (Morints):  TO REMAIN ON WAITLIST  CALL	PROJECT NAME:	HALI	E MOHAL	U II Fami	y			PROJECT TYPE	Family
MANAGER: APPLY TO: Locations APPLY TO: Locations APPLY ATTN: APPLY ATTN: APPLY PHONE: 456-9420 FAX: 456-9406  EMAIL: http://www.locationsrentals.com/afforbible-rentals.aspx  FAX: 456-9406  FAX: 456-9406  EMAIL: http://www.locationsrentals.com/afforbible-rentals.aspx  CAREGIVER People:  To Bdrm: Two Bdrm: 126 950 2.5x rent 751  Three Bdrm: 42 1326  Three Bdrm: 43 1326  Three Bdrm: 44 1326  Three Bdrm: 42 1326  Three Bdrm: 42 1326  Three Bdrm: 42 1326  Three Bdrm: 43 1326  Three Bdrm: 44 1326  Three Bdrm: 44 1326  Three Bdrm: 45 10 10 10 10 10 10 10 10 10 10 10 10 10	ADDRESS:	781 + 7	79 Kamehame	ha Hwy				PHONE: 456-94	420
APPLY TO: Locations  APPLY TO: Locations  APPLY ATTN:  APPLY ATTN:  APPLY ATTN:  APPLY PHONE: 456-9420  FAX: 456-9406  FAX: 456-9406  FAX: 456-9406  FAX: 456-9406  ANIMIMUM Number of Unit Type: Numb	CITY:	Pearl C	ity	STATE: H	ZIP:	96782		FAX:	
APPLY ATTN:  APPLY ATTN:  APPLY PHONE: 456-9420  FAX: 456-9406  FA	MANAGER	R:						learl City	OUT-OF-STATI
APPLY PHONE: 456-9420  FAX: 456-9406  EMAIL: http://www.locationsrentals.com/alforble-rentals.aspx    Unit Type:	APPLY TO	): Location	ons					our ony,	APPLICATION ACCEPTED:
APPLY PHONE: 456-9420  FAX: 456-9406  De-rentals.aspx  Minimum INCOME SQ FT: Minimum Number of UNITS: RENT: People: SQ FT: Minimum Number of People People People: SQ FT: Minimum Number of People People: SQ FT: Minimum Number of Peo	APPLY ATTN	۱:							
Studio: Studio: Two Bdrm: 126 950 Three Bdrm: 42 1325 Tour Bdrm: 126 950 Minimum wait List Estimate (Months): 2 Maximum wait List Estimate (Months): 3 Minimum wait List Estimate (Months): 2 Maximum wait List Estimate (Months): 3 Minimum wait List Estimate (Months): 3 Maximum wait List Estimate (Months): 3 Minimum wait List Estimate (Months): 3 Maximum wait List Estimate (Months): 3 Minimum wait List Estimate (	APPLY PHONE	<b>E</b> : 456-94	<b>1</b> 20			<b>FAX</b> : 456-9406			nsrentals.com/afforda
Two Bdrm: 126 950 2.5x rent 595 Three Bdrm: 42 1325 2.5x rent 751				RENT:	INCOME	SQ FT:	Number	Number of	
Three Bdrm: 42 1325 2.5x rent 751 YES  RENT INFO: RENT IS 30% OF INCOME: NO  10 2-8drm Units at 30% AMGI 116 2-8drm Units at 50% AMGI 42 3-8drm Units at 60% AMGI 42 3-8drm Units at 60% AMGI 43 3-8drm Units at 60% AMGI 44 3-8drm Units at 60% AMGI 45 3-8drm Units at 60% AMGI 46 CRITERIA:  AN OWN RESIDENTIAL PROPERTY: ASSET LIMIT INFO:  LEASE:  LEASE:  FURNISHED:  INCOME CRITERIA:  FURNISHED:  Garbage disposal, refrigerator, vinyf flooring, window coverings, air conditioner  FURNISHED:  Garbage disposal, refrigerator, vinyf flooring, window coverings, air conditioner	One	Bdrm:							
RENT INFO: RENT IS 30% OF INCOME: NO  10 2-Bdrm Units at 30% AMGI 116 2-Bdrm Units at 50% AMGI 42 3-Bdrm Units at 50% AMGI 42 3-Bdrm Units at 60% AMGI  AGE CRITERIA:  Water & sewer  Water & sewer  MAXIMUM WAIT LIST ESTIMATE (Months):  MAXIMUM WAIT LIST ESTIMATE  GALL EVERY (Months):  PARKING INFO:  PET INFO: PETS OK: NO  S50/month  GENERAL INFO:  Funding: LIHTC, RHTF, HOME, HMMF Bond; 4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm units Visitor parking Applications 30% of AMI: 1 Person \$42,220, 2 persons \$48,200 60% of AMI: 1 Person \$42,220, 2 persons \$48,200 60% of AMI: 1 Person \$42,220, 2 persons \$57,840  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  TOTAL UNITS: [163  MINIMUM WAIT LIST ESTIMATE (Months):  CALL EVERY (Months):  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  VINICAME CRITERIA:  ON CRESPONSE IN 2021. Last completed update 3/17/2019									
Water & sewer    MINIMUM WAIT LIST	Four	Bdrm:							YES
AGE CRITERIA:  WAITLIST FOR PARKING: PARKING INFO:  S50/month  ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY: ASSET LIMIT INFO:  LEASE:  Funding: LIHTC, RHTF, HOME, HMMF Bond; 4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm units Visitor parking Applications: locationsrentals.com walk in (application box outside next to rental office entrance) 60% of AMI: 1 Person \$50,640, 2 persons \$48,200 60% of AMI: 1 Person \$50,640, 2 persons \$57,840  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner	10 2-Bdrm Units 116 2-Bdrm Units	s at 30% s at 50%	AMGI AMGI	E: NO				MINIMUM V ESTIMATE MAXIM	VAIT LIST E (Months): 24
ASSET LIMITS:  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  LEASE:  LEASE:  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  WAITLIST FOR PARKING: PARKING INFO:  PET INFO:  PINET INFO:  PINET INFO:  PINET INFO:  PINET INFO:  PIN	AGE CRITERIA:				r.			TO REMAIN ON	WAITLIST
AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  Funding: LIHTC, RHTF, HOME, HMMF Bond; 4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm units Visitor parking Applications: locationsrentals.com walk in (application box outside next to rental office entrance)  60% of AMI: 1 Person \$50,640, 2 persons \$57,840  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  General INFO:  Funding: LIHTC, RHTF, HOME, HMMF Bond; 4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm units Visitor parking Applications: locationsrentals.com walk in (application box outside next to rental office entrance) 2020 Update - Info from Website NO RESPONSE IN 2021. Last completed update 3/17/2019					PARKING INF		_	CALL EVERY	
ASSET LIMIT INFO:  LEASE:    Funding: LIHTC, RHTF, HOME, HMMF Bond; 4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm units Visitor parking Applications: locationsrentals.com walk in (application box outside next to rental office entrance) 2020 Update - Info from Website NO RESPONSE IN 2021. Last completed update 3/17/2019							OENEDAL	INICO	
INCOME CRITERIA:  30% of AMI: 1 Person \$25,320, 2 persons \$28,920 50% of AMI: 1 Person \$42,220, 2 persons \$48,200 60% of AMI: 1 Person \$50,640, 2 persons \$57,840  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  FURNISHED:  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  2 parking stalls with 3 bdrm units Visitor parking Applications: locationsrentals.com walk in (application box outside next to rental office entrance) 2020 Update - Info from Website NO RESPONSE IN 2021. Last completed update 3/17/2019			PROPERIT.		LEASE:		Funding: L 4 handicap On-site ma	LIHTC, RHTF, HCoped units; anager	
50% of AMI: 1 Person \$42,220, 2 persons \$48,200 60% of AMI: 1 Person \$50,640, 2 persons \$57,840  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner  Garbage disposal, refrigerator, vinyl flooring, window coverings, air conditioner			2000 0		FURNIQUED		2 parking s Visitor park Application	stalls with 3 bdrm king as:	
-PERSON MAXIMUM MONTHLY INCOME: 3517	50% of AMI: 1 Pe	rson \$42	,220, 2 persons	s \$48,200	Garbage dispo	window coverings,	office entra 2020 Upda NO RESPO	ance) ite - Info from We ONSE IN 2021. La	bsite
	-PERSON MAXIM	иим мо	NTHLY INCOM	1E:	3517		]		

	Last Comple	te Update:	2/7/2022				AREA:	Pearl City
PROJECT NAME:	HALE MOHALU	II SENIOR				PROJECT		
<u> </u>	785 Kamehameha Hwy					PHONE:	456-942	20
OLTY:		CTATE: III	710.	20722		FAX:	456-940	06
CITY: II	Pearl City	STATE: HI	ZIP:	96782		·		
MANAGER:	Kainoa Aitaro				DDRESS:			
APPLY TO:	Locations				Management Ave., Suite 1 8815			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN:								YES
APPLY PHONE:	456-9420			<b>FAX:</b> 456-9406	EMAI	L: http://www. ble-rentals		srentals.com/afforda
Unit 1	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUI Number of People	Numb	-	CAREGIVER Allowed:
One B		1470	2 x rent	432				
Two B	drm:							
Three B	drm:							
Four B	drm:							YES
9 Units - 30%AM 130 Units - 60% AM	MI - \$925 ousing subsidy (Sect 8) r	<u>.                                     </u>	TILITIES INC			EST	IMUM W. TIMATE MAXIMU	L UNITS: 163  AIT LIST (Months): 24  JM WAIT
AGE CRITERIA:		Į.				TO REMA		STIMATE 60
All residents must b	pe 55 and older at occup		WAITLI	ST FOR PARKING	3:			(Months): 0
applications accept	ted up to 6 months prior age 55.	то <u>Р</u> .	ARKING INF		PET INF	=O:	F	PETS OK: NO
]	ASSET LIMITS:	NONE re	estricted to te	cupancy shall be nants who do not				
	ENTIAL PROPERTY:		wn a venicie; vailable	visitor parking		AL INFO:		
ASSET LIMIT INFO	):	_	EASE:		purpos	e building with	activitie	
			months - mo ear - some ui		laundry conven	r; two elevators ient to bus an	s at both d shoppi	
INCOME CRITERIA	<b>\</b> :					C, LIHTČ, RHT		F Bond & City:
Maximum Income 1 Perso 30% AMI \$26,460 60% AMI \$52,920	0/yr \$30,340/yr	F re fl	efrigerator/fre	garbage disposal, ezer, vinyl ow coverings,air	(applica 2021 U NO RE	ations: location ation box outsi pdate - Inform SPONSE IN 2 03/17/2019	ide of rer nation fro	m Website
	JM MONTHLY INCOME		410					

	Last Complete Update: 6/29/2023							Pearl City
PROJECT NAME:	HALE	MOHALL	J SENIOR	APARTM	IENTS		PROJECT TYPE:	Elderly
ADDRESS:	800 Third	d St.					PHONE: 456-036	88
CITY	D 10"		STATE: HI	71D. F	20722		FAX: 456-088	35
CITY:	Pearl Cit	У	STATE: HI	ZIP:	96782		-	
		Semana, Resi	dent Manager		APPLY ADD 800 Third St Pearl City H	t.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 456-036	68			<b>FAX:</b> 456-0885	EMAIL:	halemohalu@cbmg	roup.net
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
of UNITS: RENT:				Required:	SQ FT:	of People	People:	Allowed:
<b>Studio:</b> 45 878				2x rent	420	1	2	YES
One Bdrm: 132 898				2x rent	526	1	2	YES
Two Bdrm:								
Three Bdrm:								
Four Bdrm:								YES
RENT INFO: RENT IS 30% OF INCOME: NO  132 efficiency one bedroom apts, 436 sq ft, max 2 people, \$898mon 32 regular one bedroom apts \$973/mon Must respond in a timely manner to communication			, max 2 unication	UTILITIES IN Water, sewer			MINIMUM W. ESTIMATE	
from management	t to remaii	n on the waitlist	t.					STIMATE 12
AGE CRITERIA:							TO REMAIN ON W	
One member mus be any age	it be 55+;	The other men	nber can	WAITLIST FOR PARKING:				
				PARKING INF	FO: NO ded; First come first	PET INFO: PETS OK: YES  Cats, dogs under 40 lbs, neutered or spayed w/		
	AS	SET LIMITS:	NONE	serve - NOt g			license. \$100 pet de	
AN OWN RESID		PROPERTY:	YES			GENERAL		
	ASSET LIMIT INFO:  If residential property owned, 2% of the value (minus			LEASE:			s are allowed with M	1D letter; can work
mortgage owed) is added to the annual income. Income from assets is included w/income limit or .06% whichever is greater			6 months; the 12 months fo	en month-to-month or studios	outside home.  Must have 5 years landlord history and 2 personal references or 5 personal references opened 1996			
INCOME CRITERIA:						Communit	ty room, laundry, bb	q area
Min. income = 2x rent w/some flexibility Maximum Annual Income: 1 person - \$45,850 (studio) (efficiency/1bdrm) (60% AMI); \$55,020 2 persons - \$62,880;			Partly furnish appliances or		18 handica >7 yrs for	ee shuttle service handicap accessible units 7 yrs for criminal record HTC + HOME subsidies		
1-PERSON MAXIM	IUM MON	THLY INCOME	<u>:</u>	3798		J.		

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	Last Complete Upo	date: 2/7/2022			AREA:	Pearl City	
PROJECT NAME:	HALE O' HAUOLI			F	PROJECT TYPE:	Elderly	
ADDRESS:	950 Luehu St.			-	PHONE: 455-474	4	
CITY:	Pearl City STAT	E: HI ZIP:	96782		FAX: 455-438	34	
MANAGER	t: Collette Sanchez, Manager; Riyah, Assistant Manager			ADDRESS: ; Manager's Office (#	#102)	OUT-OF-STATE	
APPLY TO	):					APPLICATION ACCEPTED:	
APPLY ATTN	l:					YES	
APPLY PHONE	E: 455-4744		<b>FAX</b> : 455-4384		hauoli@cmiweb.no ww.haleohauoli.co		
	Type: Number of UNITS: RE	NT: Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
		0	497	1	3	YES	
Two	Bdrm:						
	Bdrm:						
No minimum or m	ENT IS 30% OF INCOME: YES aximum rent	UTILITIES IN			MINIMUM W. ESTIMATE MAXIMU	(Months): 36	
AGE CRITERIA:		Į.		Т	LIST ES O REMAIN ON W	AITLIST 60	
	d must be 62 years or older, or can be 18 and older.		IST FOR PARKIN	NG:	CALL EVERY		
		PARKING INF	O: ded if available	PET INFO:	logs or cats, but n	PETS OK: YES	
p.	ASSET LIMITS: YES				they need a pet.		
	DENTIAL PROPERTY: YES			GENERAL II			
ASSET LIMIT INF Assets cannot exc	o: ceed maximum income	LEASE: 1 year; then r	month-to-month	busline, bea shopping, of Manager on tour.	outdoor garden and activity rec. center, on busline, beautifully landscaped, close to shopping, on-site laundry Manager on site - Unit #102, call and arrange a tour. Funding: Low Income Housing Tax Credit 50%		
INCOME CRITER 60% of AMI: 1 per	IA: rson \$43,260; 2 persons \$49,440	Partly furnish appliances, li	edenergy efficier nen closet,lots of e, self-cleaning	Section 8 Transportati Catholic Cha	ion to Shopping avarities Hawaii	vailable through	
I-PERSON MAXIM	MUM MONTHLY INCOME:	3605					
2-PERSONS MAXI	IMUM MONTHLY INCOME:	4120					

		Last Comp	lete Update:	10/15/2021			AREA	Chinatown
ROJECT NAME:	HAL	<mark>E PAUAHI</mark>	TOWERS	8			PROJECT TYPE	Family
ADDRESS:	155 No	rth Beretania St					PHONE: 532-35	
CITY:	Honolu	lu	STATE: H	ZIP:	96817		<b>FAX</b> : 532-35	36
MANAGER	: Micha	el Johnson			APPLY A	DDRESS:		OUT-OF-STAT
APPLY TO	):				On-one			APPLICATION ACCEPTED:
APPLY ATTN	l:							NO
<b>APPLY PHONE:</b> 532-3535					<b>FAX:</b> 532-3536	EMAIL:	n/a	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:							\
One	Bdrm:	110	1159	2.5xrent	560	1	3	YES
Two			1391	2.5xrent	729 - 745	2	5	YES
Three	Bdrm:	72	1607	2.5xrent	937 - 959	3	7	YES
Four Bdrm:							NO	
RENT INFO: RE Must have verifiat Must respond to c in a timely manne  AGE CRITERIA: Head of househol	ole reside communi r to rema	ential history. cation from mar ain on the waitlis	nagement st.	UTILITIES INC Water Sewer Trash pick up	ALODED.		MINIMUM W ESTIMATE MAXIM	(Months): 24  UM WAIT  STIMATE 60  WAITLIST
time of application		oc to years of c	nucl at the	WAITLI PARKING INF		PET INFO		PETS OK: NO
	۸	SSET LIMITS:	NONE	\$90/month - 2				
AN OWN RESI				\$40/mo		GENERAI	_ INFO:	
AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO:			" LEASE:		Application			
			1 year		Send req envelope Send req	Ask management to mail it Send request with self addressed stamped envelope Send request by fax Pick up from manger's office		
NCOME CRITER						Fully equ	ipped Laundry Roor ooms, sprinkler/sm	m
Maximum Annual Income for Below Market units: 1 person - \$67,700 2 persons - \$77,350; 3 persons - \$87,000; 4 persons - \$96,650; 5 persons - \$104,400; 6 persons - \$112,150; 7 persons - \$119,850; 8 persons - \$127,600			FURNISHED: Partly furnishe appliances onl garbage dispo	ly. Carpet, drapes,		garden area	one, addie dia iii	
-PERSON MAXIM	им мо	NTHLY INCOM	E:	5642				

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		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	One 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 Income: 1 person - \$34,300 2 persons - \$39,200			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				

		Last Compl	ete Update:	1/6/2022			AREA:	Barbers Point	
PROJECT NAME:	HAL	E UHIWAI	NALU (Bu	ildings 34	and 35)		PROJECT TYPE:	Single Veterans	
ADDRESS:	91-107	8 Yorktown St.					PHONE: 682-194	19	
CITY	Kapole		STATE: HI	ZIP:	00707		<b>FAX</b> : 682-1970		
OII I.	Kapole		STATE. HI	ZIF.	96707				
	RTayl	lle Taylor, Direct or@Cantwell-An 78 Yorktown St.		lanagement	APPLY AD 91-1078 Yo Kapolei HI 9	rktown St.		OUT-OF-STATE	
	Kapol	ei HI 96707	C / Leasing Tea					ACCEPTED: YES	
APPLY ATTN: Cloudbreak Hawaii LLC / Leasing 7 APPLY PHONE: 682-1949					<b>FAX:</b> 682-1970		CloudbreakCommu CloudbreakHawaii@		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	80 / 50	1350	1.5 x rent	208-374	1	1		
	Bdrm:								
	Bdrm:								
Three	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 vouch	ent for veterans. 5 - 50 units. er and other ren	t	UTILITIES INCI			MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:							TO REMAIN ON W		
SINGLE ADULT \	/ETERA	NS		PARKING INFO	ST FOR PARKING: YES	PET INFO:	CALL EVERY	(Months): 6 PETS OK: NO	
AN OWN DECK		SSET LIMITS:		1 stall per unit		CENEDAL	INFO.		
AN OWN RESIDENTIAL PROPERTY: ASSET LIMIT INFO:				LEASE:			RHTF, Formerly US	S Vets	
				1 year 5			Opened in August 2001 5 handicap units Case Management Services, Coin laundry, Vending machines, Elevator		
	NCOME CRITERIA:						Application: Email: CloudbreakHawaii@Cantwell-		
Affordable housing \$250 - \$84,600 per year (Depending on subsidy type)			ubsidy type)	FURNISHED: Email: Cl Andersor					

1-PERSON MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	10/18/2021			ARI	EA: Waianae
PROJECT NAME:	HALE WAI VIS	TA II				PROJECT TY	PE: Family
ADDRESS:	86-086 Farrington Hwy					PHONE: 696	-8258
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696	-8259
MANAGER	: Barbara Ramos			<b>APPLY AI</b> 86-084 Fa	DDRESS:	v	OUT-OF-STATE
APPLY TO:	: Locations LLC			Waianae,	HI 96792	•	APPLICATION ACCEPTED:
APPLY ATTN	:						YES
APPLY PHONE	: 696-8258			<b>FAX:</b> 696-8259		http://www.loca ble-rentals.aspx	tionsrentals.com/afforda c
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	
One E	Bdrm:		J				
Two E	<b>3drm:</b> 99	1177	2.5 x rent	595			
Three E	33	1374	2.5 x rent	751			
Four E	Bdrm:						YES
RENT INFO: REI	NT IS 30% OF INCOME	: NO	UTILITIES INC	CLUDED:		TO	OTAL UNITS: 132
(60% AMI) end uni	% AMÍ*) = \$1177; 11 Tv its -= \$1202; 33;	vo Bdrm	Water, sewer,	garbage			// WAIT LIST TE (Months):
33 3 Bdrm (60% A * AMI- see income							XIMUM WAIT ΓESTIMATE 1
AGE CRITERIA:	Location 40 constraint	to a				TO REMAIN O	N WAITLIST RY (Months):
Head of nousehold	d must be 18 years or old	der	WAITLI PARKING INF	O: NO	B: PET INFO:		PETS OK: NO
				additional stalls	fish ok		TETO OIL JINO
	ASSET LIMITS:		φοσ/πιστιατί 		<u> </u>		
AN OWN RESID	DENTIAL PROPERTY:   O:	YES			GENERAL Owner: H		Development Corp.
	-		LEASE:		Funding: L RHTF	ow Income Hou	using Tax Credits;
INCOME CRITERI	A:				Application		
30% of AMI: 1 person \$26,460; 2 persons \$30,240; 50% of AMI: 1 person \$44,100; 2 persons \$50,400; 60% AMI: 1 person 52,920; 2 person \$60,480			FURNISHED: Stove, Oven, I disposal, blind	Refrigerator only, ls	Waitlist ap	m manager's of	ntacted via mail when
 1-PERSON MAXIM	UM MONTHLY INCOME	<b>:</b>	4410		]		
2-PERSONS MAXII	MUM MONTHLY INCOM	ΛΕ:	5040				

		Last Comp	lete Update:	10/18/2021					AREA:	Waianae
PROJECT NAME:	HALE	E WAI VIS	TAI					PROJEC	T TYPE:	Family
ADDRESS:	86-084	Farrington Hwy						PHONE:	696-825	58
CITY:	Waiana	e	STATE: HI	ZIP:		96792		FAX:	696-825	58
MANAGER	R: Barbar	a Ramos				APPLY ADD				OUT-OF-STATE
APPLY TO	): Locatio	ons LLC				Waianae, HI Attn: Office				APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :									YES
APPLY PHONE: 696-8258					FAX:	696-8259	EMAIL:	ble-rentals	.aspx	srentals.com/afforda
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	Numl	MUM ber of ople:	CAREGIVER Allowed:
	Bdrm:									
	Bdrm:	63	1177	2.5 x rent		595				
Three		21	1374	2.5 x rent	+	751				
	Bdrm:		1071		ī					YES
RENT INFO: RENT IS 30% OF INCOME: NO  5 Two Bdrm (30% AMI*) = \$677 51 Two Bdrm (50% AMI*) = \$1177 (3 two bdrms are handicap accessible) 7 Two Bdrm, end unit (50% AMI*) = \$1202 21 3 Bdrm (50% AMI*) = \$1374 (1 three bdrm is			Water and sevown electricity	wer inclu		ay		IMUM W. TIMATE MAXIMU	(Months): 1	
handisan accessil		(		Į.				TO DE144		STIMATE 1
AGE CRITERIA: Head of househol	d must be	e 18 years or o	lder	\A/A ITI	ICT FOI			TO REMA CALL	_	(Months): 0
				PARKING INF		NO NO	PET INFO	<u>.</u>	F	PETS OK: NO
	AS	SSET LIMITS:	NONE	1 Free stall, c vehicle registr is monitered,	ration &	insurance	fish ok			
AN OWN RESI	DENTIAL	PROPERTY:	YES	\$50/month			GENERAL	INFO:		
ASSET LIMIT INFO:			12 months Funding: RHTF Applicati pick up f			Funding: I RHTF Applicatio pick up fro	ner: Hawai'i Housing Development Corp. ding: Low Income Housing Tax Credits; IF lication: locationsrental.com up from manager's office tlist applicants are contacted via mail when			
INCOME CRITERIA:  30% of AMI: 1 person \$26,460; 2 persons \$30,240 50% of AMI: 1 person \$44,100; 2 persons \$50,400			FURNISHED: renewing Locked to parking, or			renewing Locked lo parking, c	interest is r bby doors,	needed. security idry facili	cameras, visitor ty on each floor.	
1-PERSON MAXIM	NOM MUN	NTHLY INCOM	E:	3675			]			
2-PERSONS MAXI	ІМИМ МО	ONTHLY INCO	ME:	4200						

APPLY ATTN: Shirl Dunn  APPLY ATTN: Shirl Dunn  APPLY PHONE: 539-9564  FAX: 637-7044  FAX: 637-704  FAX: 637-704  FAX: 637-704  FAX: 637-704  FAX: 637-704	wa
MANAGER: Thomas Dulan, Resident Manager  MAPLY ADDRESS: 1165 Bethel St. 2nd Fl. Honolulu, Hi. 96813  APPLY ATTN: Shirl Dunn  APPLY ATTN: Shirl Dunn  APPLY PHONE: 539-9564  FAX: 637-7044   EMAIL:  FAX: 637-7044   EMAIL:  Out Type: Number of UNITS: RENT: NCOME Required: SQ FT: Required: SQ FT: Repople: APPLY BOOK STANDER STAND	ly
MANAGER: Thomas Dulan, Resident Manager  MAPPLY ADDRESS: 1165 Beihel St. 2nd Fl. Honolulu, Hi. 96813  APPLY ATTN: Shirl Dunn  APPLY ATTN: Shirl Dunn  APPLY PHONE: 539-9564  FAX: 637-7044  EMAIL:  Unit Type: Number of UNITS: RENT: RENT: Required: SQ FT: Repople: ADDRESS: 1165 Beihel St. 2nd Fl. APPLY ATTN: Shirl Dunn  EMAIL:  FAX: 637-7044  EMAIL:  Unit Type: Number of People: People: ADDRESS: 1165 Beihel St. 2nd Fl. APPLY ATTN: Shirl Dunn  EMAIL:  FAX: 637-7044  EMAIL:  FAX: 637-7044  INDICOME Required: SQ FT: SQ	
APPLY TO: Hawaiian Properties  1165 Bethel St. 2nd FI. Honolulu, Hi. 96813  APPLY ATTN: Shirl Dunn  APPLY PHONE: 539-9564  FAX: 637-7044  EMAIL:  Unit Type: of UnitType: of One Befall: of UnitType: of UnitType: of UnitType: of UnitType: of UnitType: of One Befall: of One Befal	
APPLY ATTN: Shirl Dunn  APPLY PHONE: 539-9564  FAX: 637-7044    Dint Type:	JT-OF-STAT
APPLY PHONE: 539-9564  FAX: 637-7044  EMAIL:  Unit Type: Number of UNITS: RENT: Number of UNITS: RENT: Number of UNITS: RENT: None  Studio: Studio: SQ FT: Minimum Number of People: People: A Peopl	PPLICATION ACCEPTED:
APPLY PHONE: 539-9564  FAX: 637-7044    Unit Type:	
Studio:    Studio:	
One Bdrm: 63 0  Two Bdrm:   Three Bdrm:   Total Unit   Three Bdrm:   Total Unit   Total Unit   Total Unit   Maximum Wait List Estimate (Months of Months of Months of Maximum Wait List Estimate (Months	REGIVER Allowed:
Two Bdrm: Three Bdrm:  Four Bdrm:    Three Bdrm:	
Three Bdrm:  Four Bdrm:  Water, \$85 utility allowance  Water, \$85 utility allowance  Water, \$85 utility allowance  MINIMUM WAIT LIST ESTIMATE (Months ESTIMATE)  MAXIMUM WAIT LIST ESTIMATE  MAXIMUM WAIT LIST ESTIMATE  MAXIMUM WAIT LIST ESTIMATE  MAXIMUM WAIT LIST ESTIMATE  WAITLIST FOR PARKING: PARKING INFO: PARKING INFO: PARKING INFO: PET INFO: PETS O  GENERAL INFO:  Funding: 100% Section 8 buillding 8 handicapped units NO RESPONSE in 2021; Last complete.	
RENT INFO: RENT IS 30% OF INCOME: YES  Deposit of market rent - \$885   AGE CRITERIA:  Head of household OR spouse must be 62 years old or mobility-disabled. Family members can be children. Roommate must be 18+, caregiver must be 18+  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  TO REMAIN ON WAITLIST FOR PARKING: PARKING: PARKING INFO: NO  Parking not included and is limited.  GENERAL INFO:  Funding: 100% Section 8 building 8 handicapped units  NO RESPONSE in 2021; Last compl	
RENT INFO: RENT IS 30% OF INCOME: YES  Deposit of market rent - \$885  Water, \$85 utility allowance  MINIMUM WAIT LIS ESTIMATE (Months MAXIMUM WAIT LIST ESTIMATE)  AGE CRITERIA:  Head of household OR spouse must be 62 years old or mobility-disabled. Family members can be children. Roommate must be 18+, caregiver must be 18+  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  UTILITIES INCLUDED:  TOTAL UNIT  MAXIMUM WAIT LIST ESTIMAT  TO REMAIN ON WAITLIS CALL EVERY (Months ON WAITLIST FOR PARKING: PARKING: PARKING: PARKING: PARKING: PARKING: PARKING: PET INFO: PETS ON PETS O	
Deposit of market rent - \$885  Water, \$85 utility allowance  MINIMUM WAIT LIS ESTIMATE (Months MAXIMUM WAIT LIST ESTIMATE)  MAXIMUM WAIT LIST ESTIMAT  TO REMAIN ON WAITLIST ESTIMAT  TO REMAIN ON WAITLIST FOR PARKING: PARKING INFO: PARKING INFO: PARKING INFO: PARKING INFO: PARKING INFO: PET INFO:	
AGE CRITERIA:  Head of household OR spouse must be 62 years old or mobility-disabled. Family members can be children. Roommate must be 18+, caregiver must be 18+  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  TO REMAIN ON WAITLIS CALL EVERY (Months of CALL EVERY)  PARKING INFO:  PET INFO:  Funding: 100% Section 8 building 8 handicapped units  NO RESPONSE in 2021; Last comple	ST (s): 12
Head of household OR spouse must be 62 years old or mobility-disabled. Family members can be children. Roommate must be 18+, caregiver must be 18+  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  CALL EVERY (Months of the control of	μ
Children. Roommate must be 18+, caregiver must be 18+  ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  PARKING INFO: NO  PET INFO: PETS O	
ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY:  ASSET LIMIT INFO:  LEASE:  Farking not included and is limited.  GENERAL INFO:  Funding: 100% Section 8 building 8 handicapped units  NO RESPONSE in 2021; Last complete the complete of the	K: NO
ASSET LIMIT INFO:  LEASE:  Funding: 100% Section 8 building 8 handicapped units  NO RESPONSE in 2021; Last complete.	
LEASE:  8 handicapped units  NO RESPONSE in 2021; Last compl	
update 2020.	leted
INCOME CRITERIA:	
3/2015 - follows HUD guidelines.  FURNISHED:  Partly furnishedmajor appliances only	
PERSON MAXIMUM MONTHLY INCOME: 2933	

		Last Compl	ete Update:	10/13/2021			AREA	: Kakaako
PROJECT NAME:	HALE	EKAUWIL	A PLACE	<b>APARTMEN</b>	TS	- 1	PROJECT TYPE	Family
ADDRESS:	665 Hale	ekauwila St.					PHONE: 808-53	37-9000
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX:	
MANAGER		e Delgado Real Estate Se	rvices, Inc.			DRESS: nter, 665 Haleka olulu, Hi. 96813	uwila	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Live@h	nalekauwilaplad	eapts.com					
APPLY PHONE	: 537-90	00		F	FAX: 728-0985	EMAIL: w	ww.halekauwilap	laceapts.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	3drm:	72	1325	2 x Rent	535	1	3	
Two	Bdrm:	82	1571	2 x Rent	684	2	5	
Three I	Bdrm:	18	1796	2 x Rent	1511	4	7	
Four I	Bdrm:	0	0				]	YES
RENT INFO: RE Call for availability Based on 60% AM may be approved score of 774 & ea score 625 - 900 ha AGE CRITERIA:	; no waitl II; Credit with cosi rns 4 x re	list is maitained score between gner (who has i ent) or increased	350 - 624 min. credit d deposit;	\$60 - Internet/W		т	MINIMUM V ESTIMATE MAXIM	UM WAIT STIMATE  WAITLIST
				_	T FOR PARKING:	DET INFO		
		2057 - 104172		1 free parking st	1.10	PET INFO:		PETS OK: YES
AN OWN RESID		SSET LIMITS: PROPERTY:				GENERAL II	NFO:	
ASSET LIMIT INF				LEASE:		Funding: Hu	ula Mae bonds, L	IHTC, HUD, e - Studio - 396 -
				12 months			oom - 535 - 597;	2 bdrm - 684-782;
INCOME CRITERIA:  Maximum annual income: 1 peson: \$52,920 2 persons: \$60,480 3 persons: \$68,040 4 persons: \$75,540			FURNISHED: ceiliing fans & A bedrooms	.C.; carpeting in		auwilapalceapartr n manager's offic		
1-PERSON MAXIM		NTHLY INCOM		4410		]		

	Last Comple	ete Update:	7/16/2020			AREA:	Chinatown
PROJECT NAME:	<b>HALEWAI'OLU</b>	SENIOR R	ESIDENC	ES (Year:	2023)	PROJECT TYPE:	Elderly
ADDRESS:	1331 River St.					PHONE: 808-808	3-1331
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER	: Michaels Management	:			ADDRESS: nfo.tmo.com/hsr		OUT-OF-STATE
APPLY TO	: lottery open until 5/3/23	3		.,			APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	: 808-808-1331			FAX:	EMAIL:	https://info.tmo.con LiveAtHSR.com	n/hsr
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	1356	2 X Rent				
Two E	Bdrm:	1627	2 X Rent				
Three E	Bdrm:						
Four B	Bdrm:			J		J	
RENT INFO: RE	NT IS 30% OF INCOME	:	ITILITIES INC	LUDED:		TOTA	L UNITS: 155
move-in date: Sep						MINIMUM W ESTIMATE	
Minimum income i voucher or approp	need not be met with Sec oriate savings.	ction 8				MAXIMU	JM WAIT
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
AllI residents must	t be 62 and older.			ST FOR PARKIN		CALL EVERY	
			ARKING INFO		PET INFO	will have private dog	PETS OK:   park)
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	O:		EASE:		private do	d access to building og park; 2 activity roon kitchen; community valking track; bike pa	oms; Community courtyard and
I INCOME CRITERI	IA:						
60% AMI - 1 perso	0, 60 & 80% AMI. on - \$27,450; 2 person - \$ on -\$54,900; 2 person - \$ on - \$73,200; 2 person - \$	\$31,350 62,700	URNISHED: A.C.				
  -PERSON MAXIM	IUM MONTHLY INCOME	E: 6	6100				

	Last Co	omplete Update:	7/15/2020			Lanakila	
DDO IECT NAME.		E NOT AC	CEDTING	APPLICATIO	NC	AREA: PROJECT TYPE:	
			CEPTING	APPLICATION	NO		]=
ADDRESS:	851 North School	St.				PHONE: 586-759	
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 586-752	26
MANAGER	t. Thomas Lina			ADDI V A	DDRESS:		
	t: Thomas Ling			Apply on-			OUT-OF-STATE APPLICATION
APPLY TO	: Hawaii Affordable	e Properties Inc.					ACCEPTED:
APPLY ATTN	I: Joanna Li						
<b>APPLY PHONE</b> : 586-7595				FAX:		http://hawaiiaffordal properties/	ble.com/residential-
Unit	Type: Number of UNITS		Minimum INCOME Required	SO ET:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 31	170	NO	408	1	1	YES
One I	<b>Bdrm:</b> 10	195	NO	540	2	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
RENT INFO: RE	NT IS 30% OF INC	OME: YES	UTILITIES IN	ICLUDED:		TOTA	L UNITS: 41
rent is 30% of inco	ome minimum studi	io \$170, 1bdrm	Electricity an	d water		MINIMUM W	
7	qual to 1 month's redring 72 months	ent.				ESTIMATE	
Wait time for 2bdr	m: 60 months					MAXIMU LIST ES	STIMATE 72
AGE CRITERIA:  One member mus	st be 62+; spouse m	nust be 55+;	) A / A / T	" IOT FOR RADIVING		TO REMAIN ON W CALL EVERY	
Caregivers must b			WAIT PARKING IN	LIST FOR PARKING IFO: YES	PET INFO:	. F	ETS OK: NO
]			Parking inclu	uded	1		
	ASSET LIMI	TS: YES					
AN OWN RESIDE	DENTIAL PROPER	TY: NO			GENERAL		ID latter Halderland
Asset Limit: 1 pers	son - \$38,600		LEASE:		tenant die	s are allowed with M s, spouse must tran	sfer to studio unit.
2 persons - \$44,10	00		1 year; rene following red		Opened 1		
			<u> </u>		Coin-oper	as Hale Po'ai ated laundry	
INCOME CRITER		\$34.300·	FURNISHED	١٠	accessible		vheelchair
Maximum Annual Income: 1 person - \$34,300; 2 persons - \$39,200.			Partly furnish	hedmajor	Funding: l		
			appliances o	only. No carpet	NO RESP update 3/1	ONSE IN 2021. Las 17/2019	st completed
1-PERSON MAXIM	IUM MONTHLY INC	COME:	2858				
o DEDOONO MAN		JOOME.	2266				

		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: Affordable Housing Dept.  APPLY PHONE: 625-9573					<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					

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comple	ete Update:	1/21/2022				Kalihi
PROJECT NAME	НАЦ	IKI HOMES	· APHA-I	hon) - NOT	Γ ACCEPTING	ΔΡΡ	AKEA.	Family
		673 Meyers St.	י-אוו ווו) כ	1011) - 140 1	ACCLI IIIIG	ALI	PHONE: 832-333	,
							FAX: 832-338	
CITY:	Honolul	lu	STATE: HI	ZIP:	96819		11111   002 000	
MANAGER	: Julie V	Viggett , Acting I	Manager		APPLY ADI 1002 North			OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, H	I 96817	OATIONO	APPLICATION
		ACCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED: NO
APPLY ATTN		applications offic						
APPLY PHONE	: 832-59	961			<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.or	g
7								
Unit	Type:	Number	DENT	Minimum INCOME	20.57	MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	Bdrm:							
Two	Bdrm:	20	0		786	2	6	YES
Three I	Bdrm:	16	0		1034	3	8	YES
Four I	Bdrm:	10	0		1110	4	10	YES
DENT INCO. DE	NT IC 2	20/ OF INCOME			0111050		TOT41	LINUTE TO
RENT INFO: RE Minimum Rent: Or				Water and allo	owance for electricity	_		UNITS: 46
Three Bdrm - \$152 applicants who are					•		MINIMUM W <i>A</i> ESTIMATE (	
hpha.myhousing.c	com to cl	hange or check t	heir				MAXIMU	
access their access				ļ.			LIST ES	
AGE CRITERIA: Head of household	d must b	e 18 vears or					TO REMAIN ON W. CALL EVERY (	
older ********* CLOSEI		·		WAITL PARKING INF	IST FOR PARKING: FO: NO	PET INFO:	P	ETS OK: NO
	3 0,2,20			first come firs				į i i
	А	SSET LIMITS:	YES					
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF		ahu. Aasata lim	ited to two	LEASE:			OUSING PREFEREI lerly 2.) The Displace	
times the applicab	le incom	ne for admission		1 year		Veterans	<ul><li>w/ service connected deceased veterans</li></ul>	d disabilities 4.)
times that limit for	continue	ed occupancy.				was deter	mined to be service	connected. 5.)
INCOME CRITER	IA:			•		Transition	erans 6.) Families re al Shelters 7.) All oth	
50% AMI: 1 perso	n \$33,30	00; 2 persons \$3	8,050; 3	FURNISHED:		Wait		
persons \$42,800; must be <50% are	ea AMI u	nless displaced	by	Partly furnishe appliances or	,		State Pub Hsing 100 ions must be 3 yrs o	
government action	n, then <	80% median is (	OK.		,		·	
1				1		J.		
1-PERSON MAXIM	IUM MO	NTHLY INCOME	:	3450				

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		Last Comp	lete Update:	10/20/2021			AREA:	Moiliili
PROJECT NAME:	HAUS	TEN GAI	RDENS			F	PROJECT TYPE:	Elderly
ADDRESS:	808 Haus	sten St.				F	PHONE: 947-342	3
CITY:	Honolulu		STATE: HI	ZIP:	96826		FAX: 955-610	5
	Indigo R	eal Estate Se	Business Mana rvices, Inc.	ger	APPLY ADD 808 Hausten Honolulu HI	St.		OUT-OF-STATE APPLICATION
APPLY TO								ACCEPTED:
APPLY ATTN					<b>FAX:</b> 955-6105		anager@hausten ww.indigorealesta	
		Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	tudio: Bdrm:	49	0		550	1	2	YES
Two I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE All rents are 30% applicant must be	of income.	Contact info		UTILITIES INC \$47 allowance water, sewer a	for electricity and all		MINIMUM W. ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:				Į.		T	O REMAIN ON W	
Head of household must be 62+. Car proof of caregiving	regiver ove	-		WAITLI PARKING INFO	ST FOR PARKING: O: YES	PET INFO:	CALL EVERY	(Months): 6 ETS OK: YES
		SET LIMITS:	NONE	Parking includ available		NO PETS A	LLOWED. Service	· ·
AN OWN RESID	DENTIAL F					GENERAL IN		
ASSET LIMIT INF	<u> </u>			LEASE: 1 year		courtyard ar Funding: Se Onsite laund Application:		
INCOME CRITER Maximum Annual 50% Income Limit 1 person \$42,200 2 persons \$48,200	Income:			FURNISHED: Partly furnishe refrigerator, m wood floors ar	icrowave. Vinyl	envelope	st with self addres	
 1-PERSON MAXIN	MUM MON	THLY INCOM	E:	3517		]		
2-PERSONS MAXI	IMUM MON	NTHLY INCO	ME:	4017				

	Last Compl	lete Update:	2/7/2022			AREA:	Hawaii Kai
ROJECT NAME: HA	WAII KAI R	<mark>etirement</mark>	and Assis	sted Living Co	<mark>ommu</mark>	PROJECT TYPE:	Retirement
ADDRESS: 428	Kawaihae St.					PHONE: 395-959	99
CITY: Hor	odulu	STATE: HI	ZIP:	96825		FAX: 396-082	20
911 11   1101	lolulu			30023			
	eli Chung, Assisted chael Weider, Gene		trator	APPLY AD	DRESS:		
APPLY TO:	onder Weider, Cent	oral Manager		On-Site			OUT-OF-STATI APPLICATION ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE: 39	5-9599			<b>FAX:</b> 396-0820	EMAIL	: michael.weider@ho	olidaytouch.com
Unit Typ	e: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
5.m. 1yp	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Studio	0:	4500	NO	≤ 541			YES
One Bdrn	n:	6000	NO	≤ 810			YES
Two Bdrn	n:	7000	NO	≤ 1134			YES
Three Bdrn	n:	10000	NO	≤ 1950			YES
Four Bdrn	n:						NO
RENT INFO: RENT I  1 bedrm = large studio bedrm = cottage info; I weekly housekeeping, transportation, pool, ja	info; 2 bedrm = 1 b Rent includes 3 mea linen service, sche	odrm info; 3 als per day, duled		CLUDED: cluded except phone. k up included.		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
One tenant must be 55 age restriction	5+; other co-tenants	s have no	WAITL	LIST FOR PARKING:		CALL EVERY	(Months):
age rectiletion			PARKING INF	1	PET INFO		PETS OK: YES
			Parking inclu	ded	with heal	th certificate & up to	date vaccinations
	ASSET LIMITS:	NONE			J		
AN OWN RESIDEN	TIAL PROPERTY:	YES			GENERA		
ASSET LIMIT INFO: None			LEASE:		STUDIO:	ed living units. : \$3,295 - \$4,020; 39	
			Month-to-mor	nth		RM: \$4,395 - \$5,120 BDRM: \$5,495 - 6,2	
INCOME CRITERIA:			,				
No maximum annual ir	ncome.		FURNISHED:	:	.	living fee: \$2,200/mg	o and up
			Partly furnish appliances or			PONSE IN 2021 opleted update 9/7/20	017

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Comple	ete Update: 6/1/2020	0		AREA:	Waipahu
PROJECT NAME: HIBISCUS HILI	S APARTMENTS			PROJECT TYPE:	Family
ADDRESS: 94-1121 Ka Uka Blvd.				PHONE: 808-676	6-3533;
CITY: Waipahu	STATE: HI ZIP:	96797		FAX: 808-67	6-3533
MANAGER: Tashan Pacheco, Res	ident Manager	APPLY A	ADDRESS:		OUT-OF-STAT
APPLY TO:					APPLICATION ACCEPTED:
APPLY ATTN:					
APPLY PHONE: 676-3533		<b>FAX</b> : 676-3533		www.EAHHousing. hi-management@e	
Unit Type: Number of UNITS:	RENT: Minimul INCOM Require	E CO ET.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio: One Bdrm:		_			
Two Bdrm: 80	1650 2.5x re	nt 588	1		
Three Bdrm:					
Four Bdrm:					YES
RENT INFO: RENT IS 30% OF INCOME	: NO UTILITIES	INCLUDED:		TOTA	AL UNITS: 80
\$1550 - \$1650	Water, sew	er, trash		MINIMUM W ESTIMATE	
				MAXIMU	JM WAIT STIMATE
AGE CRITERIA:				TO REMAIN ON W	VAITLIST
Head of Household 18+	WAI	TLIST FOR PARKIN	G:	CALL EVERY	
	PARKING I	NFO: NO all, \$75 2nd stall	PET INFO	: F	PETS OK: NO
ASSET LIMITS:	φ20 15t 5t	ali, \$75 Zhu Stali			
AN OWN RESIDENTIAL PROPERTY:	YES		GENERAL	. INFO:	
ASSET LIMIT INFO:	LEASE:		On-site m On-site la	anager undry facilities	
	1 year		Accepts S	Section 8	
INCOME CRITERIA:				nail to request applic om manager's office	
Max income for 50 units is 80% AMI No income limits on 30 units		D: shedmajor only; ceiling fans; air	www.EAH	Housing.org	
-PERSON MAXIMUM MONTHLY INCOME	E: 0				
-PERSONS MAXIMUM MONTHLY INCOM	ΛΕ: 0				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	10/13/2021			AREA:	Kakaako
PROJECT NAME:	HONUAKAHA				F	PROJECT TYPE:	Elderly
ADDRESS:	545 Queen St.				-	PHONE: 522-79	19
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 522-79	17
	2: Amanda Fryer, Reside Administrative Assista		f Lau - Projects	Attn: Reside	PRESS: nt Manager's O Street, Honolulu		OUT-OF-STATI
APPLY ATTN	I: Affordable Housing D	ept					ACCEPTED: YES
	:: 808-522-7919			<b>FAX</b> : 5227917	<b>EMAIL</b> : A		@locationshawaii.co
Si One I	Type: Number of UNITS: tudio: 141  Bdrm: 9  Bdrm: Pdrm:	RENT: 1008 1208	Minimum INCOME Required:  2x rent  2x rent	SQ FT: 350 488	MINIMUM Number of People	MAXIMUM Number of People: 2	CAREGIVER Allowed:  YES  YES
Four I	Bdrm: NT IS 30% OF INCOME	E: NO	UTILITIES INC	CLUDED:		TOTA	YES AL UNITS: 150
Updates not requir applicants must re	oom is taking over 4 yeared to remain on waitlist espond to communication nent in a timely manner.	, however	Electricity and	water			
AGE CRITERIA:					Т	O REMAIN ON W	
All persons in hou	sehold must be 62 year		PARKING INFO		PET INFO:	F	PETS OK: NO
AN OWN RESID	ASSET LIMITS:		mo; requests a	one: poter stall is \$50 are accepted on a stalls have been	Service anin		
ASSET LIMIT INF	O:		LEASE:		conditioning Transportati Catholic Cha Social servio	are allowed with N . ion to Shopping a arities Hawaii ces on site, part-t arities Hawaii.	vailable through
INCOME CRITER	IA:		•		opened 199	5	
Must be below 60° 1 person: \$52,920	% AMI ) 2persons: \$60,480		FURNISHED: Major appliand tiles.	ces, carpet or vinyl	3 for vision/l	nits-1 one bed, 7 s	
-PERSON MAXIM	MUM MONTHLY INCOM	E:	4410		]		

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2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	1/21/2022			AREA:	Kahaluu
PROJECT NAME:	HOO	KIPA KAH	IALU'U (ŀ	HPHA-wind	) - NOT ACCE	PTIN	PROJECT TYPE:	Family
ADDRESS:	47-330 /	Ahuimanu Rd.	-				PHONE: 233-376	66
CITY	Kaneoh		STATE: H	ZIP:	00744		FAX: 233-376	69
CITT.	Kaneone	9	STATE. H	ZIF.	96744			
MANAGER	: Robert	a Kahele			APPLY ADI	DRESS:		
					1002 North			OUT-OF-STATE
APPLY TO		CCEPTING AP	PLICATIONS		Honolulu, H NOT ACCE	PTING APPLI	CATIONS	APPLICATION ACCEPTED:
APPLY ATTN		applications office						NO
APPLY PHONE	_		LIOATIONO		<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	002 00	01			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:	8	0		549	1	4	YES
Two	Bdrm:	32	0		697	2	6	YES
Three I	3drm:	16	0		891	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0 the waitlist are to g change or check ti password is neede	), All HPH go to: hph heir statu ed to acc	IA applicants wana.myhousing.cis. A usernameess their accou	ho are on com to and	UTILITIES INC	CLUDED: owance for electricity		MINIMUM W. ESTIMATE MAXIMU	-
AGE CRITERIA:	27 77 71 11 12						TO REMAIN ON W	
Head of household	d must be	e 18 years or ol	der	WAITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO	: F	PETS OK: YES
]				Included		the catego	nimals ok, but only or ories listed below:	
411 014/11 05015		SSET LIMITS:				r	under 25 lbs) or cat	
AN OWN RESIDE		PROPERTY:	NO			GENERAL	INFO: ENCES: Domestic V	/iolence victims:
Cannot own a hou	se on Oa	hu		LEASE:			in transitional shelte	
				,			Fed Low Inc Pub Hs	sing 100%
							tions must be 3 yrs	
ncome Eligibility =		AMI		FURNISHED:			thamphetamine or	
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 furnishe appliances on			ONSE IN 2019 bleted update 10/05/	/2017
1-PERSON MAXIM	IUM MON	NTHLY INCOM	E:	4570		1		

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		Last Compl	ete Update:	11/2/2021			AREA:	Kalihi
PROJECT NAME:	ISLA	ND WEST	1				PROJECT TYPE:	Family
ADDRESS:	607 No	rth King St.					PHONE: 847-846	65
CITV:	Honolu	1	STATE: HI	ZIP:	96817		FAX: 808-442	2-0407
OIII.	Попоп	iu	OTATE: I	211 .	90017			
MANAGER APPLY TO	Mana	ger West	ling Manager; L	inda West, Office	APPLY ADI On-Site 9a	DRESS: nm - 5pm M -	F	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE	: 847-8	465		F	AX:	EMAIL:	Linda@HSIservice	s.net
Unit	Type:	Number	$\overline{}$	Minimum		MINIMUM	MAXIMUM	CAREGIVER
	1 ) 00.	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:	400	750	1400	144	1	2adlt,1kid	YES
One	Bdrm:	3	1565	2750	300	1	3adlt,1kid	
Two	Bdrm:	1	1800	3050	400	2	4adlt,1kid	
Three I	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE Building A - rent is Building B - rent is [169 sq. ft] Min Income requir Plus \$100 for extr.	s \$700 - s \$750 - rement v a persor	Min income = \$ Min income = \$ waived if have re n. Respond to m	1400 1600 p payee; gmt in a	UTILITIES INCLU Electricity and wa			MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W	(Months): 1  JM WAIT BTIMATE 1  /AITLIST
Head of househole time of application		e 18 years or ol	der at the	_	FOR PARKING:		CALL EVERY	
				PARKING INFO:	YES first	PET INFO	: F	PETS OK: NO
1				\$35/month (first of served basis)	come - mst			
AN OWN RESI		SSET LIMITS:				JENERAL	INFO:	
ASSET LIMIT INF		LTROI LRIT.	INO	LEASE:		Handicap	ped access is from	
				Month-to-month; Section 8 vouche		in own ref	all rooms with no ki rigerator and hot pla re unfurnished.	
INCOME CRITER	IA:							
No maximum ann	ual inco	me.		FURNISHED:  No carpet. Not fu	ırnished.			
,				,		Į.		

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	1/4/2022			AREA:	Waipahu
PROJECT NAME:	JAC	( HALL	i.				PROJECT TYPE:	
		Kuhaulua St.					PHONE: 671-224	14
CITY	Waipah		STATE: HI	ZIP:	96797		FAX:	
	vvaipari	u	01A12.   111		90191			
MANAGER	R: Jesse	Johnasen			APPLY ADD			OUT OF STATE
APPLY TO	): Bob Ta	anaka Inc.			Honolulu, Hi			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Ext. 24	ı						YES
APPLY PHONE	<b>≣:</b> 949-41	11			<b>FAX:</b> 949-7211	EMAIL:	Jackhallmemorial@	gmail.com
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	104	0	NO				YES
	Bdrm:	440	0	NO				YES
Three		110		110				
Four	Bdrm:							NO
RENT INFO: RE			:: YES	UTILITIES INC	CLUDED: llowance \$103 for 1			AL UNITS: 144
(minus \$103 util. a for two bedrooms Maximum amount	(minus \$	250 util. allowa		bedrm; \$250 fo		je		(Months): 12  JM WAIT
AGE CRITERIA:							TO REMAIN ON W	
Head of househole	d must b	e 18 years or ol	der	WAITLI	ST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO	: F	PETS OK: NO
]	Δ	SSET LIMITS:	NONE	Parking includ	ed			
AN OWN RESID						GENERAL	. INFO:	
ASSET LIMIT INF		t make tenant o	IO OVER	LEASE:			Project Based Subs	sidy
income limit.	, to Gaime	t make tenant g	0 010.	1 year; then m	onth-to-month	**Applicar info such address.	nts on waitlist MUST as change in phone	Call to update number or
INCOME CRITER								
max income: 1 be	edroom \$3	39,200; 2 bedro	om \$50,880	FURNISHED: Partly furnishe appliances on				
1-PERSON MAXIM	10M MUN	NTHLY INCOM	E:	4475		Į.		
2-PERSONS MAXI	IMUM MO	ONTHLY INCO	ИE:	5113				

	Last Cor	nplete Update:	1/21/2022				Chinatown
DDO IECT NAME.	L A A LII IRA A NI	L HOMES /L	IDUA hon)	NOT ACCE	DTIN	AREA: PROJECT TYPE:	Family
	KAAHUMAN  Alokele & Kaiwiula S	-		- NOT ACCE	PIIN		<u> </u>
ADDRESS.	Alokele & Kalwiula S	ot., walakamilo Ru	. & IVICINEIII St.			PHONE: 832-315	
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX.  032-316	10
MANAGER APPLY TO	: Cynthia Yoshida -	Manager		APPLY ADI	School St.	NATIONS.	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	NOT ACCEPTING  I: Oahu applications			NOT ACCE	FIING AFFLIC	ATIONS	NO
APPLY PHONE	NOT ACCEPTING			<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:						
	Bdrm: 116	0		714	2	6	YES
Three I		0		888	3	8	YES
Four I	Bdrm:						
Minimum Rent: \$0 the waitlist are to go change or check t	NT IS 30% OF INCC D. All HPHA applican go to: hpha.myhousir heir status. A userna ed to access their acc	ts who are on ng.com to ame and	UTILITIES INCI Water and allow and gas	LUDED: wance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMU	(Months): 36
**********	Q/?/?∩1 <i>C</i> *****		Į.			LIST ES	TIMATE 60
AGE CRITERIA:	d must be 18 years o	r older			-	TO REMAIN ON W CALL EVERY	
			WAITLIS PARKING INFO	ST FOR PARKING: D:	PET INFO:	P	ETS OK: YES
]	ASSET LIMIT	S: NONE			the categor	imals ok, but only ories listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERT	Y: NO			GENERAL	INFO:	
Cannot own a hou	-		LEASE:			NCES: Domestic V n transitional shelte	
					Funding: F	ed Low Inc Pub Hs	ing 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 - \$ 00; 3 persons - \$68,5 00; 5 persons - \$82,2 00; 7 persons - \$94,3	500; 200;	FURNISHED:  Partly furnished appliances only		crystal met	hamphetamine or s	sex offender
1-PERSON MAXIM	IUM MONTHLY INCO	OME:	4570		-		
2-PERSONS MAXI	MUM MONTHLY INC	COME:	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,
				FURNISHED: Appliances & F	Floor covering	maintenar NO RESP	nce, central air-cond PONSE IN 2021 Dieted update 08/9/2	ditioning.

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	12/9/2021			AREA:	Honolulu
PROJECT NAME:	KAHAUIKI VIL	LAGE				PROJECT TYPE:	Family
ADDRESS:	2325 N. Nimitz Hwy					PHONE:	
CITY:	Honolulu	STATE: HI	ZIP:	96819		FAX:	
MANAGER	: Institute for Human S	Services		APPLY ADD	RESS:		OUT-OF-STATE
	: Fax Referrals to 425-	5168 attention to	Family Program				APPLICATION ACCEPTED:
APPLY ATTN			F	FAX: 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:						
Rent is deducted a tenats choosing. Waitlist are not required.	NT IS 30% OF INCOM automatically through the Regular updates to remulared. Applicant or the ontacted if selected for	ne bank of nain on the case	UTILITIES INCLU Water, electricity	UDED: r, internet, and cable		MINIMUM W ESTIMATE MAXIMU	(Months): 0  JM WAIT STIMATE 0  /AITLIST
	odial minor children		WAITLIST PARKING INFO:		PET INFO		PETS OK: NO
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:		parking per ric	uscinoid	GENERAL	_ INFO:	
ASSET LIMIT INF	O:		LEASE: 6 month		or a Trans will have pliving in so of being h	iving in Homeless E sitional Shelter for h- priority for housing. ubstandard housing nomeless may also a st be minimum 1 ad	omeless families Families who are and are at a risk apply.
INCOME CRITER Maximum Income update."	IA: Limit - 2021 - "Area inc	come HUD	FURNISHED:		under the All adults	st be minimum 1 ad table jobs are acce are subject to a Crir cluding Sexual Offer	pted) minal Background

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Complete Update:	12/9/2021	AREA: Kahuku
PROJECT NAME: KAHUKU ELDERLY - HA	UOLI HALE	PROJECT TYPE: Elderly
ADDRESS: 56-154 Puuluana Pl.		PHONE: 293-1416
CITY: Kahuku STATE: HI	<b>ZIP:</b> 9673	<b>FAX</b> : 293-1416
MANAGER: Amanda San Agustin  APPLY TO: EAH Housing, Inc.	56-15 Unit 1	LY ADDRESS:  54 Puuluana Pl.  100  APPLICATION uku, Hawaii 96731  YES
APPLY ATTN:  APPLY PHONE: 293-1416	FAX:	<b>EMAIL:</b> eahhousing.org ks-management@eahhousing.org
Unit Type: Number of UNITS: RENT:  Studio: 0ne Bdrm: 64 0  Two Bdrm: Four Bdrm: VES  Units come with patio and window boxes. Regular updates are not required to remain on the waitlist. Applicants must submit changes to their contact information in writing and respond in a timely manner to communication from management.  AGE CRITERIA:  All members of the household must be 62 years or older at the time of application.	Minimum INCOME Required: SQ FT 570  UTILITIES INCLUDED: Allowance for electricity and	TOTAL UNITS: 64  MINIMUM WAIT LIST ESTIMATE (Months): 48  MAXIMUM WAIT LIST ESTIMATE 60  TO REMAIN ON WAITLIST CALL EVERY (Months):
ASSET LIMITS: NONE  AN OWN RESIDENTIAL PROPERTY: NO  ASSET LIMIT INFO:  INCOME CRITERIA:  Maximum Annual Income: 50% AMI or less 1 person \$40,850 2 person \$46,650 3 person \$52,500	PARKING INFO: NC Parking included  LEASE:  1 year; then month-to-month  FURNISHED:  New appliances; ceiling fan, solar water heaters, electric range, microwave, garbage disposal, granite countertops window coverings.	GENERAL INFO:  If elderly spouse dies, underaged spouse can remain in unit if can afford the rent. Funding: Section 8/HUD; 9% LIHTC Built 2013; on-site manager, resource coordinator, laundry room. Transportation to Shopping available through Catholic Charities Hawaii Application: Complete online or Ask management to mail it Pick up from manager's office Request by email

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	L	_ast Comple	ete Update:	1/21/2022					McCully
DDO JECT NAME.			, ,		NOT	ACCED!	TING	AREA: PROJECT TYPE:	Family
PROJECT NAME:			MIES (HI	PHA-non)	- NOT	ACCEPI	ING		1 '
ADDRESS:	1545 Kalaka	aua Ave.						PHONE: 973-019	
CITY:	Honolulu		STATE: H	ZIP:		96826		<b>FAX</b> : 973-019	)/
MANAGER	: Ioane Ah S	Sam				APPLY ADD	RESS:		
1						1002 North S Honolulu, HI			OUT-OF-STATE APPLICATION
APPLY TO		EPTING API	PLICATIONS				PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN									NO
1			PLICATIONS				EMAIL:	hphaishereforyou.o	rg
APPLY PHONE			FAX: 8	332-3461		. ,			
Unit	Type: N	umber		Minimum			MINIMUM	MAXIMUM	CAREGIVER
		UNITS:	RENT:	INCOME Required:	. :	SQ FT:	Number of People	Number of People:	Allowed:
s	tudio:				-  -				
One I	Bdrm:	127	0		1 6	559	1	4	YES
Two I	Bdrm:	58	0		- F	711	2	6	YES
Three I	Bdrm:	36	0			901	3	8	
Four I	Bdrm:								
RENT INFO: RE Minimum Rent: \$0 the waitlist are to ge change or check t password is neede	D. All HPHA ago to: hpha.n heir status. Aged to access	applicants who nyhousing.co A username their accour	no are on om to and	UTILITIES IN Water and all				MINIMUM W ESTIMATE MAXIMU	(Months): 36
AGE CRITERIA:								TO REMAIN ON W	
Head of household	d must be 18	years or old	der	WAITI	LIST FOR	PARKING:		CALL EVERY	(Months):
				PARKING IN	FO:		PET INFO:		ETS OK: YES
J.	ASSE	T LIMITS:	NONE				the catego	nimals ok, but only or ries listed below: Inder 25 lbs) or cat	
AN OWN RESID	DENTIAL PR	OPERTY:	NO				GENERAL	INFO:	
ASSET LIMIT INF				LEASE:				NCES: Domestic Vin transitional shelter	
Carriot own a nou	ise on Oand			1 year			displaced.		,
							Funding:	Fed Low Inc Pub H	sing 100%
INCOME CRITER	IA:							ions must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 pe 00; 3 persons 00; 5 persons 00; 7 persons	erson - \$53,2 s - \$68,500; s - \$82,200;	250;	FURNISHED Partly furnish appliances of	nedmajo		crystal me	thamphetamine or	sex опепает
1-PERSON MAXIM	IUM MONTH	ILY INCOME	<u>:</u>	4570			er.		
2-PERSONS MAXI	MUM MONT	HLY INCOM	ſΕ:	5220					

	Last Co	omplete Update:	1/4/2022			AREA:	Ala Moana	
PROJECT NAME:	KALAKAUA	VISTA				PROJECT TYPE:	Elderly	
ADDRESS:	1628 Kalakaua Av	/e.				PHONE: 946-5936		
CITY:	Honolulu	STATE: HI	ZIP:	96826		<b>FAX</b> :  949-5525		
MANAGER	t: Kayla Kedro, Res	ident Manager		APPLY ADI			OUT-OF-STATE	
APPLY TO	: Locations			Honolulu, H	-		APPLICATION ACCEPTED:	
APPLY ATTN	I: Property Manage	ment Division					YES	
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978		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:	
	tudio: 80	1115	2xrent	430		2	YES	
Two	Bdrm:					,		
Three I	Bdrm:							
Four	Bdrm:						YES	
8 units at \$616; 72 Section 8 certifica gross income requ	ite holders need not	meet the min	UTILITIES INC	CLUDED: , sewer, and trash		MINIMUM W ESTIMATE MAXIMI	(Months): 6	
AGE CRITERIA:			r.			LIST ES TO REMAIN ON V	STIMATE 60	
All residents must	be 62 or olderat the	e time of	WAITLI	ST FOR PARKING:		CALL EVERY		
application.			PARKING INF		PET INFO:	ı	PETS OK: NO	
•	ASSET LIMI	TS: NONE						
AN OWN RESIDE	DENTIAL PROPER	TY: YES			GENERAL	INFO: ower only; no bath	b	
AGGET ENVIT IIVI	<u>o.</u>		LEASE:  1 year; then m	onth-to-month	Air-Condit	oned case manager 2 da		
NCOME CRITER	IΔ·				Funding: L	.IHTC, RHTF, Sect	ion 8	
Maximum income 30% of AMI: 1 per			FURNISHED: Partly furnishe appliances only		Pick up fro	n: from website om manager's office gement to mail it	е	
 1-PERSON MAXIN	IUM MONTHLY INC	COME:	3675		<u> </u>			
2-PERSONS MAXI	IMUM MONTHLY IN	ICOME:	4200					

	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 Comp	lete Update:	1/21/2022			4054	Chinatown
PROJECT NAME:	KALANIHUIA (	HDH A-hon	NOT AC	CEDTING AD	DDI I	AREA: PROJECT TYPE:	
	1220 Aala St.	III IIA-IIOII	) - NOT AC	OCLI TINO AI	1	PHONE: 586-972	
7.5511.200.	1220 Adia St.					FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96817		1700 372	.0
MANAGER	: Sol Sentous			APPLY ADD			OUT OF STATE
APPLY TO	ı HDHA			1002 North S Honolulu, HI	96817		OUT-OF-STATE APPLICATION
AITEITO	NOT ACCEPTING AF	PPLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED: NO
APPLY ATTN	I: Oahu applications offi NOT ACCEPTING AF						NO
APPLY PHONE		LIOATIONO		<b>FAX</b> : 832-3461	EMAIL: h	nphaishereforyou.or	rg
ATTENTIONE	002 0001			17AX. 002 0101			
Unit	Type: Number	DENT	Minimum INCOME	20.57	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio: 60	0		420	1	2	YES
	<b>Bdrm</b> : 90	0		492	1	4	YES
	Bdrm:						YES
Three I							
Four I	Bdrm:						
Minimum Rent: \$0 the waitlist are to g change or check the password is needed	NT IS 30% OF INCOME  O. All HPHA applicants of the status. A username and to access their accounts.	who are on com to e and	UTILITIES INCI			MINIMUM WA ESTIMATE (	(Months): 24
AGE CRITERIA:	Q/?/?∩1 <i>&amp;*****</i>		i.			LIST ES TO REMAIN ON W	00
	d or spouse must be 62	years or	\\/ \ ITI IS	ST FOR PARKING:		CALL EVERY (	
older, or disabled			PARKING INFO		PET INFO:	Р	ETS OK: YES
]			Included		Small pets	under 25 lbs. only	
	ASSET LIMITS:	NONE			]		
AN OWN RESIDE	DENTIAL PROPERTY:	NO			GENERAL	INFO: NCES:( A) domesti	a violence
Cannot own a hou			LEASE:		victims; ho	meless in transition	nal shelter; invol.
			1 year		of income.	(B) substandard h (C) others = indefirs, under age 62 spong: Fed Low Inc Pu	nite wait. Duse may rent
INCOME CRITER						gibility=80% of AMI	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			FURNISHED:  Partly furnished appliances only		All convictions must be 3 yrs ago, unless it's crystal methamphetamine or sex offender  Last completed update 10/05/2017		
	NUM MONTHLY INCOM		4570				

	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-:-hf	
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
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 Complete Updat	e: 2/7/2022	AREA: Hawaii Kai
PROJECT NAME: KALUANUI SENIOR A	PARTMENTS	PROJECT TYPE: Elderly
ADDRESS: 6950 Hawaii Kai Dr.		PHONE:
CITY: Honolulu STATE:	HI <b>ZIP</b> : 96825	FAX:
MANAGER: Mike Klein, Compliance Manage	r <b>APPLY ADD</b> 394-6688	DRESS:
APPLY TO: call for viewing and application		APPLICATION ACCEPTED:
APPLY ATTN:		YES
<b>APPLY PHONE</b> : 394-6688	FAX:	EMAIL: halealiigroup@yahoo.com
Unit Type: Number of UNITS: RENT	Minimum INCOME Required: SQ FT:	MINIMUM Number of People:  MAXIMUM Number of People:  CAREGIVER Allowed:
One Bdrm: 10 1228	525	
Two Bdrm: 21 1473	600	
Four Bdrm:		NO
RENT INFO: RENT IS 30% OF INCOME: NO  Lower rent units for people at <30%AMI 3 1bdrm 3 2bdrm higher rent units for people at <50%AMI 7 1bdrm 18 2bdrm Sect 8 accepted	UTILITIES INCLUDED: All utilities, except AC	TOTAL UNITS: 31  MINIMUM WAIT LIST ESTIMATE (Months): 12  MAXIMUM WAIT
AGE CRITERIA:	,	LIST ESTIMATE 24
One member must be 62+; spouse can be 18+	WAITLIST FOR PARKING:	CALL EVERY (Months): 6
	PARKING INFO: NO Parking \$40 month	PET INFO: PETS OK: NO
ASSET LIMITS: NONE	-	
AN OWN RESIDENTIAL PROPERTY: YES		GENERAL INFO:
ASSET LIMIT INFO:	LEASE:	Opened 11/15/2003 all units have large lanais and ceiling fans in bdrms and living room, cross ventilation, lever handles on doors. 1bdrm units have tub, 2bdrm have shower with low lip. Community Lounge with TV, a/c. Funding: Low
INCOME CRITERIA:		Inc Hsing Tax Credit 100% Funding: RHTF
30% of AMI: 1 person \$21,650; 2 persons \$24,750 50% of AMI: 1 person \$36,050; 2 persons \$41,200	FURNISHED:  Partly furnishedmajor appliances only, carpeted	NO RESPONSE IN 2021 Last completed update 10/20/17
1-PERSON MAXIMUM MONTHLY INCOME:	3004	

		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 CRITERIA:  No maximum annual income.  Min Income for market 1 bdrm = \$3775  2 bdrm = \$4553			1 year  FURNISHED:  Partly furnishe appliances on		Send requented to send the send of the sen	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 N	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			INIOITIII-tO-IIIOI	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	te Update:	1/21/2022			AREA:	Kalihi
PROJECT NAME:	<b>KAMEHAMEHA</b>	HOMES	(HPHA-ho	n) - NOT	ACCEPTI	PROJECT TYPE:	Family
	1541 Haka Dr.		(			PHONE: 832-31	53
						FAX: 832-31	
CITY:	Honolulu	STATE: HI	ZIP:	9681	7	17511   002 011	
MANAGER	: Cynthia Yoshida - Man	ager			Y ADDRESS:		
APPLY TO	: HPHA NOT ACCEPTING APF	PLICATIONS		1002 Honol NOT /	PLICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Oahu applications office NOT ACCEPTING APP						NO
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-34		AIL: hphaishereforyou.c	org
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT	MINIMU Number of Peop	er Number of	CAREGIVER Allowed:
	tudio: 62	0		540		4	YES
Two E	Bdrm: 123	0		800	2	6	YES
Three E		0		980	3	8	YES
Four E	Bdrm:						
Minimum Rent: \$0 All HPHA applican to: hpha.myhousin	NT IS 30% OF INCOME:  for Federal Low Income ats who are on the waitlist ag.com to change or chec and password is need unt.	projects are to go k their	UTILITIES INC	CLUDED: owance for utilit	ies	MINIMUM W ESTIMATE MAXIMI	(Months): 36
AGE CRITERIA:						TO REMAIN ON V	00
	d must be 18 years or old	er	\\/ <b>\</b>   <b>T</b>	IST FOR PARK	(ING:	CALL EVERY	
			PARKING INF		PET IN	IFO:	PETS OK: YES
]	ASSET LIMITS:	NONE	Included		the cat	le animals ok, but only tegories listed below: oa (under 25 lbs) or ca	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENER	RAL INFO:	
ASSET LIMIT INFO			LEASE:		PREF homel	ERENCES: Domestic \ ess in transitional shelt	Violence victims; ters; involuntary
Cambi own a noa	so on ound		1 year		displac		
INCOME CRITERI	10.		1			nvictions must be 3 yrs	
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; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances on			I methamphetamine or	
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Comple	ete Update:	1/21/2022				AREA	Kaneohe
PROJECT NAME:	KANE'OHE AP	ARTMENTS	(НРНА	-wind)	- NOT	ACCE	PROJECT TYPE	
	45-507 & 45-513 Pahia		(111 117 )	1111101)	1101	7.002	PHONE: 233-3	766
	10007 & 100101 41114						FAX: 233-3	
CITY:	Kaneohe	STATE: HI	ZIP:		96744		TAX.  255-5	709
MANAGER	: Roberta Kahele : HPHA NOT ACCEPTING API	PLICATIONS			1002 Nort Honolulu,	DDRESS: h School St. HI 96817 EPTING APPL	ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications offic							NO
APPLY PHONE		LIGATIONS		FAX: 8	32-3461	EMAIL:	hphaishereforyou	org
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	S	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:				400			YES
	<b>Bdrm:</b> 5	0		-  -	600	2	6	YES
Three I				-  -				
Four I	Bdrm:							
Minimum Rent: \$0 All HPHA applicar to: hpha.myhousir	NT IS 30% OF INCOME:  for Federal Low Income ats who are on the waitlis ag.com to change or cheo and password is need unt.	projects. t are to go ck their	ITILITIES INC		r electricit	У	MINIMUM V ESTIMATI MAXIN	(Months): 36
AGE CRITERIA:							TO REMAIN ON	00
	d must be 18 years or old	der	WAITI	IST FOR	PARKING	<b>.</b>	CALL EVER	
		Р	ARKING INF			PET INFO	):	PETS OK: YES
	ASSET LIMITS:		ncluded			the categ	nimals ok, but only ories listed below: under 25 lbs) or c	one from each of
	DENTIAL PROPERTY:	NO				GENERAL		
Cannot own a hou		_	EASE: I year				ENCES: Domestic s in transitional she l.	
						_   "	Fed Low Inc Pub I	
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;	250; F	URNISHED: Partly furnishe appliances or	edmajor			tions must be 3 yr ethamphetamine c	
1-PERSON MAXIM	IUM MONTHLY INCOME	E: 4	570					
2-PERSONS MAXI	MUM MONTHLY INCOM	1E: 5	5220					

		Last Comp	lete Update:	11/2/2021			AREA:	Kaneohe
PROJECT NAME:	KANI	EOHE EL	DERLY				PROJECT TYPE:	Elderly
ADDRESS:	45-457 I	Meli Pl.					PHONE: 235-43	99
CITY:	Kaneoh	е	STATE: HI	ZIP:	96744		<b>FAX</b> : 235-00	33
MANAGER			being hired; Ne		nager - APPLY Leasing	ADDRESS:		OUT-OF-STAT
APPLY TO	: Cambr	idge Managem	ent Inc.		Loading	Ollide		APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :							YES
APPLY PHONE	<b>:</b> 235-43	99			<b>FAX:</b> 235-0033		: kaneohe@cmiweb	.net
	туре:	Number of UNITS:	RENT:	Minimum INCOME Required	E SO ET.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							YES
	Bdrm:	44	0	-	564	1	3	TES
Three								
Four	Bdrm:							NO
				Water and \$ taken off the	652 mo. utility allowa e rent.	ance		(Months): 36
				Į.				STIMATE 36
AGE CRITERIA: Head of househol				١٨/٨١٦	TLIST FOR PARKIN	NG.	TO REMAIN ON V CALL EVERY	
disabled. Other factoring disabled. Other factoring disabled allowers allowers.	•		ates, and	PARKING IN	NFO: YES	PET INFO		PETS OK: YES
				Parking incl	uded if available	Subject t	o house rules and a	pproval
AN OWN RESII		SSET LIMITS: PROPERTY:				GENERA	L INFO:	
ASSET LIMIT INF				LEASE:			enhanced complex	
				1 year		Funding:	Low Income Housin Section 8 100%	ng Tax Credit 100%
INCOME CRITER	IA:						agement to mail it	
Maximum annual 2 persons \$46,650			50	Partly furnis appliances		envelope	quest with self-addre	ssea stampea
  -PERSON MAXIN	NOM MUN	NTHLY INCOM	IE:	3404				
2-PERSONS MAX	IMUM MC	ONTHLY INCO	ME:	3887				

		Last Comp	lete Update:	10/15/2021			AREA:	Lanakila
PROJECT NAME:	KAPL	JNA I - NO	OT ACCE	TING APP	LICATIONS		PROJECT TYPE:	Elderly
ADDRESS:	1015 No	rth School St.					<b>PHONE</b> : 845-213	30
CITY:	Honolulu	l	STATE: HI	ZIP:	96817		FAX: 845-668	34
MANAGER					<b>APPLY AD</b> 1015 North Honolulu, F	School St.		OUT-OF-STATE APPLICATION
APPLY TO	): Sage A	partment Com	munities, Inc.		rionolaia, r	11 300 17		ACCEPTED:
APPLY ATTN	<b>1</b> :							
APPLY PHONE	<b>:</b> 845-213	30			<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:
	itudio:							VEC
	Bdrm:	162	0	<u> </u>	530			YES
	Bdrm:							
Three								
Four	Bdrm:			<u> </u>				NO
RENT INFO: RE	NT IS 309	% OF INCOM	E: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 162
minimum rent \$25 Annual update ba		niversary date	of	Electricity and	water		MINIMUM W	
application. Must	respond t						ESTIMATE	(Months): 1
in a timely manne		40/40/04 for a	lattam.					JM WAIT STIMATE 9
AGE CRITERIA:		SHIPTED THE P	TOHON?				TO REMAIN ON W	
At the time of app				WAITL	IST FOR PARKING:		CALL EVERY	(Months): 12
must be 19+. Far caregivers allowed	mily memb	oers, roommat		PARKING INF	O: YES	PET INFO:		PETS OK: YES
caregivers allowed	a with mgr	пі арргочаі.		Parking includ	led		ved reasonable acquesting pet	comodations and
		SET LIMITS:				J		
AN OWN RESIDERS ASSET LIMIT INF		PROPERTY:	YES			Office mus	INFO: t be notified if appli	cant's gross
				LEASE:	nonth-to-month.			own \$200 or more.
				, your, mon n	ionar to monan.	Funding: S Tax Credit	ection 8 and Low I 100%	ncome Housing
INCOME CRITER	IA:			,		Transporta	tion to Shopping a	vailable through
Maximum annual \$67,700; 2 persor				FURNISHED:		.	harities Hawaiʻi upo	
PREF: VERY LO		•		Partly furnishe appliances on			e in personally to up with form sent to ap	
		(	,					
1-PERSON MAXIM	JUM MON	ITHLY INCOM	E:	5642		Į.		
2-PERSONS MAXI	IMUM MO	NTHLY INCO	ME:	6448				

2-PERSONS MAXIMUM MONTHLY INCOME:

		plete Update:	1/24/2022			AREA:	Waianae
ROJECT NAME:	KAU'IOKALAI	NI (HPHA-lee	e) - CLOSE	D		PROJECT TYPE:	Family
ADDRESS:	85-658 Farrington Hw	у				<b>PHONE</b> : 697-71	71
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 697-71	74
MANAGER	R: Lui Faleafine			APPLY AD			OUT-OF-STA
APPLY TO	<b>D</b> : НРНА			Honolulu, F			APPLICATIO ACCEPTED
APPLY ATT	N: Oahu applications of	fice					NO
APPLY PHONE	E: 832-5960		F	<b>AX:</b> 832-3461	EMAIL:		
Uni	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
8	Studio:						
	Bdrm:						
	Bdrm:			987	3	8	YES
	Bdrm: 50	0		907	3	0	
	G APPLICATIONS					LIST E	(Months): 31  UM WAIT  STIMATE 61  VAITLIST
Head of househo	ld must be 18 years or		_	FOR PARKING:		CALL EVERY	
			PARKING INFO: Parking one stall	NO	the catego	nimals ok, but only ries listed below:	
	ASSET LIMITS:				one doa (u GENERAL	inder 25 lbs) or ca	t
AN OWN PESI	THATIAL DRADERIA.				GLINLINAL		Violence victims;
	DENTIAL PROPERTY: FO:		FASE.				
AN OWN RESI ASSET LIMIT INF Cannot own a ho	FO:		LEASE: 1 year		homeless displaced.	in transitional shel	
ASSET LIMIT INF	FO:				homeless displaced. *Applicant any corres	in transitional shel s must respond in spondence from HF	a timely manner to PHA. No waitlist
ASSET LIMIT INF Cannot own a hor INCOME CRITER ncome Eligibility = Maximum Annual 2 persons - \$60,9 4 persons - \$76,1	RIA:  = 80% of AMI I Income: 1 person - \$5: 000; 3 persons - \$68,50: 00; 5 persons - \$82,20: 800; 7 persons - \$94,35:	3,250; 0; 0;			*Applicant any corres updates nu composition hpha.myhusename.	in transitional shelis s must respond in	a timely manner to PHA. No waitlist applicants must on/household waitlist status via sed o).

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		Last Comp	lete Update:	5/17/2023			AREA:	Kakaako
PROJECT NAME:	KAUH	ALE KAI	KAAKO				PROJECT TYPE:	
ADDRESS:	860 Halel	kauwila St.					PHONE: 593-90	35
CITY:	Honolulu		STATE: HI	ZIP:	96813		<b>FAX</b> : 591-02	50
MANAGER	R: Laura Ki	im			APPLY A	ADDRESS: Ste. #100		OUT-OF-STATE
APPLY TO	): Hawaii A	Affordable Pro	perties Inc.					APPLICATION ACCEPTED:
APPLY ATTN	I: Kauhale	Kakaako						YES
APPLY PHONE	<b>:</b> 593-903	5			<b>FAX:</b> 591-0250	EMAIL:	kauhalekakaako.ce http://hawaiiafforda	om able.com/residential-
		Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	116	1832	4350	578	1	4	YES
	Bdrm:	152	2167	5600	728	2	5	YES
Three	Bdrm:							
Four	Bdrm:							YES
Rent increases pla	anned for 7	7/2023.		Water, Sewer,	Garbage		MINIMUM W ESTIMATE MAXIM	
A OF ODITEDIA				Į.				STIMATE 36
AGE CRITERIA: Head of househol		18 years or o	lder at the	\/\ΔITI	IST FOR PARKING	з.	TO REMAIN ON V CALL EVERY	
time of application	٦.			PARKING INF		PET INFO	:	PETS OK: YES
]	Δςς	SET LIMITS:	NONE	1st stall - \$62. \$94.24. Diamo		Pets perm	nitted with a \$200 re	efundable deposit.
AN OWN RESI					guest parking.	GENERAL	. INFO:	
ASSET LIMIT INF	O:			LEASE:		recreation	: Lanai, AC, renova al deck with a bask	etball/pickleball
				1 year		center an Manager/ Facility. A	Mgmt Office, and C pplication: Ask mg	e. On-site Resident entral Laundry mt to mail it. Pick
INCOME CRITER		reed 100% A	MI and	FURNISHED:		hawaiiaffo	nanager's office. Or ordableproperties.co	om
Maximum Income cannot exceed 100% AMI and depends upon number of occupants and size of unit.  Maxiumum for 5-persons - \$141,100, annually.			Partly furnishe with hood, refi kitchen sinks,	ed- carpet, range rigerator, double blinds, ceiling able jacks, dead	applicants well as re		ar waitlist updates, tact info current, as cation from housing	
1-PERSON MAXIN	MUM MON <sup>-</sup>	THLY INCOM	E:	7625		Į.		
2-PERSONS MAXI	IOM MUMI	NTHLY INCO	ME:	8708				

	Last Comple	te Update:	1/24/2022			AREA:	Wahiawa
PROJECT NAME:	<b>KAUHALE NAN</b>	I (HPHA-c	en) - NOT	ACCEPTIN	NG APP	PROJECT TYPE:	Family
	310 North Cane St.					PHONE: 622-63	60
OITY	J	OTATE III	710 -			FAX: 622-63	62
CITY:	Wahiawa	STATE: HI	ZIP:	96786		-	
APPLY TO	NOT ACCEPTING APP			1002 No Honolulu	ADDRESS: rth School St. ı, HI 96817 CEPTING APP	LICATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE	<ul><li>l: Oahu applications office NOT ACCEPTING APF</li><li>l: 832-5961</li></ul>			<b>FAX:</b> 832-3461		L: hphaishereforyou.	org
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
One E	tudio: 14	0		564	1	4	YES
	<b>Bdrm:</b> 16	0		727	2	6	YES
Three E		0		958	3	8	YES
Four E	Bdrm:				J		
	NT IS 30% OF INCOME: 0 for Federal Low Income 8/2/2016******		UTILITIES INC Water and allo and gas	CLUDED: wance for electric	city	MINIMUM W ESTIMATE MAXIM	(Months): 36
A OF ODITEDIA							STIMATE 60
AGE CRITERIA: Head of household	d must be 18 years or old	er	WAITLI PARKING INFO	ST FOR PARKIN	G: PET INF	TO REMAIN ON V CALL EVERY	
	ASSET LIMITS:	NONE	Parking includ	ed	the cate	animals ok, but only gories listed below: (under 25 lbs) or ca	
	DENTIAL PROPERTY:	NO				AL INFO:	
ASSET LIMIT INFO			1 year		homeles displace *Applica	ants must respond to	ters; involuntary
2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53,2 200; 3 persons - \$68,500; 200; 5 persons - \$82,200; 200; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances onl		manner. applicar info/hou waitlist s need us	ondence from HPHA, . No waitlist updates hts must update any of usehold composition i status via hpha.myho username/password to g: Fed Low Inc Pub H rictions must be 3 yrs	needed, however, contact nfo and check using.com (will do so).
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	Last Compl	ete Update:	1/24/2022				AREA:	Waimanalo
PROJECT NAME:	KAUHALE O'H	ANA (HDH	Δ_wind) -	NOT	<b>ACCED</b>	TING	PROJECT TYPE:	
	41-1260 Kalanianaole I	•	A-Willa) -	- 110 1	AUULI	11110	PHONE: 233-37	]
ABBITEOU.	T 1200 Raiamanaoic i	1vv y					FAX: 233-37	
CITY:	Waimanalo	STATE: HI	ZIP:		96795		170.  255-57	03
MANAGER	2: Roberta Kahele 2: HPHA NOT ACCEPTING AP	PLICATIONS			APPLY AD 1002 North Honolulu, H NOT ACCE	School St.	ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications offic							NO
APPLY PHONE	NOT ACCEPTING AP	PLICATIONS		FAX:	832-3461	EMAIL:	: hphaishereforyou.	org
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	tudio:							
Three	Bdrm: 25 Bdrm:	0			1003	3	8	YES
Minimum Rent: \$0  *******CLOSED  AGE CRITERIA:		e projects	UTILITIES IN Water and all and gas				MINIMUM W ESTIMATE MAXIM LIST E TO REMAIN ON V	(Months): 36  UM WAIT STIMATE 60  VAITLIST
Head of househole	d must be 18 years or ol	der	WAITL	LIST FOR	R PARKING:		CALL EVERY	(Months):
	ASSET LIMITS:	NONE	PARKING INI	FO:	NO	the categ	o: animals ok, but only ories listed below: (under 25 lbs) or ca	
	DENTIAL PROPERTY:	NO				GENERAI		
ASSET LIMIT INF			LEASE: 1 year				ENCES: Domestic 's in transitional shel'd.	
2 persons - \$60,90 4 persons - \$76,10			FURNISHED: Partly furnish appliances or	nedmajo		correspormanner.   applicantinfo/hous waitlist st need use	nts must respond to indence from HPHA, No waitlist updates is must update any dehold composition in the transfer of the transf	in a timely needed, however, contact nfo and check using.com (will do so).
8 persons - \$100,4							Fed Low Inc Pub H	
1-PERSON MAXIM	NUM MONTHLY INCOM	≣:	4570			All convic	ctions must be 3 yrs	ago, uniess it's
2 DEDOONO MANA		<b>4</b> 5.	F220					

	La	st Comple	te Update:	5/16/2023			AREA:	Wahiawa
PROJECT NAME:	KAWAHI	MALU	WAI APA	RTMENTS			PROJECT TYPE:	Family
ADDRESS:	730 Wilikina	Dr.					PHONE: 888-528	87
CITY:	  Wahiawa		STATE: HI	ZIP:	96786		FAX: 888-532	29
MANAGER	: Kristina Gar	za, Manage	er		APPLY A	ADDRESS:		OUT-OF-STATE
APPLY TO	:							APPLICATION ACCEPTED: YES
APPLY ATTN	: Kawahi Malı	uwai Apartn	nents					120
APPLY PHONE	: 888-5287				<b>FAX:</b> 888-5329	EMAIL	: kawahi@cmiweb.n www.KawahiMaluw	
	of U	mber INITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							YES
		79	0	NO		1	3	YES
		39	0	NO		2	5	123
Three I								
Four I	sarm:					J		
RENT INFO: RE project-based sectimanaged by Cami **formerly known a	tion 8 building bridge Manage	with private ement, Inc.		UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 24  JM WAIT
ACE ODITEDIA.				įt.				STIMATE 48
AGE CRITERIA: Head of household	d must be 18 y	ears or old	er at the	\A/A/T	10T FOR RADION	•	TO REMAIN ON W CALL EVERY	
time of application	i.			PARKING INF	IST FOR PARKING O: NO	PET INFO	): F	PETS OK: NO
]	ASSET	LIMITS:	YES	Tenant must h	led, 149 stalls. have car and stalls Guest parking		rice animals with doc	ctor letter
AN OWN RESID		<u> </u>		available.		GENERA	L INFO:	
Property is counte eligibility. 401K by formula) counte	d when detern	est rate (de		LEASE: One-year ther thereafter	n month-to-month	applicant and resp mgnt in a Funding:	ith completing regula s must keep all cont ond to communicatio timely manner.* Section 8 100% + L apped accessible un	act info current, on from housing
INCOME CRITERI Maximum Monthly		rsons - \$65	10.00	FURNISHED: Partly furnishe appliances & carpet.	ed with-major microwave. No	at ground Playgrou maintena Laundry Transpor Catholic	Hevel. 2 Elevators, ( nd, secured key-card ince, On-site manag Facilities. Newly ren tation to shopping av Charities Hawai'i. Cu	Community Room, d entry, 24 hr. ement and novated (2012) vailable through
1-PERSON MAXIM 2-PERSONS MAXI				4220 4820		application	ons	

	Last Comp	lete Update:				AREA	. Moiliili
PROJECT NAME:	<b>KEAUHOU SH</b>	ELTER				PROJECT TYPE	: Emergency/Transi
ADDRESS:	1020 Isenberg St.					PHONE:	,
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX:	
MANAGER	l:			APPLY A	DDRESS:		OUT-OF-STATE
APPLY TO	):						APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	Ē:			FAX:	EMAIL:		
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:						
	Bdrm:						
Three							
Four	Bdrm:				J	ļ	
RENT INFO: RE	NT IS 30% OF INCOME	:	JTILITIES INC	LUDED:	_	тот	AL UNITS:
						MINIMUM V ESTIMATE	
							IUM WAIT
AGE CRITERIA:						TO REMAIN ON CALL EVERY	
			WAITLI PARKING INFO	ST FOR PARKING	: PET INFO		PETS OK:
			ARRINO INI	J.	TETTING	•	TETO OIL.
	ASSET LIMITS:						
AN OWN RESIDERS ASSET LIMIT INF	DENTIAL PROPERTY: O:		_EASE:		GENERAL	. INFO:	
			LEASE.		1		
INCOME CRITER	IA:		FURNISHED:				
		j	OKNISI IED.		1		
7 1-PERSON MAXIN	IUM MONTHLY INCOM	E:			jr.		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:					

		Last Comp	lete Update:	2/1/2022			AREA:	Chinatown
PROJECT NAME:	KEK	AULIKE C	OURTYAR	DS			PROJECT TYPE:	Family
ADDRESS:	1016 M	aunakea St.					PHONE: 545-29	93
CITY:	Honolul	u	STATE: HI	ZIP:	96817		<b>FAX:</b> 545-369	54
MANAGER	R: Eric W	ong, Property N	Manager		APPLY AI	DDRESS:		OUT-OF-STATE
APPLY TO	): Kekau	like Courtyards	Corp.					APPLICATION ACCEPTED:
APPLY ATTN	l:							NO
APPLY PHONE	<b>:</b> 545-29	993			<b>FAX:</b> 545-3654	EMAIL:	http://www.mutual- housing.org/kekaul	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	12	793	2x rent	300	1	2	YES
One	Bdrm:	63	995	2x rent	500	1	4	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
Waitlist is open (J Application availa housing.org/kekau	ble at htt	p://www.mutual		Water and sev	wer			(Months): 3
AGE CRITERIA:				Į.				STIMATE 12
Head of househol				\A/AITI	IST FOR PARKING	٠.	TO REMAIN ON W	
time of application caregiver must be				PARKING INF		PET INFO	: F	PETS OK: YES
				\$40/month		Small bird	s (2 max) and fish o	only.
		SSET LIMITS:						
AN OWN RESII ASSET LIMIT INF		. PROPERTY:	NO			GENERAL	. INFO: st updates necessa	n/: Annlicants
				LEASE:  1 year; then m	nonth-to-month	must keep respond to	o contact info currer o communication from manner.*	nt, as well as
INCOME CRITER						building -	oom on every floor has only 1 laundry i s, secure building.	
\$45,750 for 1 pers \$58,800 for 3 pers				Partly furnishe appliances on		Applicatio	n available at: v.mutual-housing.or s/ (only during times	
-PERSON MAXIN	иим моі	NTHLY INCOM	E:	3813		1		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	4029				

La	st Complete Update:	5/5/2023			AREA:	Kapolei
PROJECT NAME: KEKUILA	ANI COURTS				PROJECT TYPE:	
ADDRESS: 91-1083 Keku					PHONE: 674-040	05
CITY: Kapolei	STATE: HI	ZIP:	96707		<b>FAX</b> : 674-042	26
MANAGER: Nua Vaovas Site Manage	a er: Kristine Scott		APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO: Hawaii Afford						APPLICATION ACCEPTED:
APPLY ATTN: Kekuilani Co	ourts LLC					YES
<b>APPLY PHONE</b> : 674-0405			<b>FAX:</b> 674-0426	h	ekuilanicourts@gr ttp://hawaiiafforda	mail.com ble.com/residential-
of U	nber NITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	_					
One Bdrm:						YES
	2000	3600	790	1		169
Three Bdrm:						
Four Bdrm:		<u> </u>		J		YES
RENT INFO: RENT IS 30% OF Section 8 holders do not need to income requirement.  Must have verifiable residential h	meet the minimum	Water	JLUDED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:				7	O REMAIN ON W	12
Head of household must be 18 y time of application.	ears or olderat the	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 6
ппе от аррисацоп.		PARKING INF	O: NO	PET INFO:	F	PETS OK: NO
ļASSET	LIMITS: YES	stall - \$15/mo	uded, additional . Guest parking ng specified hours.			
AN OWN RESIDENTIAL PRO	PERTY: NO			GENERAL I		
ASSET LIMIT INFO: Property is counted when determeligibility.	nining income	LEASE: 1 year		applicants rand respon	completing regular must keep all cont d to communication imely manner.*	act info current
INCOME CRITERIA:				central laur	resident manager ndry facility, recrea	tion hall, vending
Income is not to exceed 80% AM	MI.		ed major as range; disposal, th storage closet.	wash area, with access	arbecue area, visit membership in Ka to the rec facility tops across street	apolei Association and swimming
]				Application	:	
1-PERSON MAXIMUM MONTHL	Y INCOME:	6100				
2-PERSONS MAXIMUM MONTH	LY INCOME:	6967				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compi	lete Update:	2/28/2022			AREA:	Kapolei
KEKU	JILANI GA	ARDENS				PROJECT TYPE:	Family
91-1045	Kekuilani Lp.					PHONE: 674-664	17
Kapolei		STATE: H	ZIP:	96707		<b>FAX</b> : 674-417	70
R: Mark D	evelopment, In	nc.				olei.	OUT-OF-STAT
<b>):</b> Kekuila	ıni Gardens					,	APPLICATIO ACCEPTED
N:							YES
E: 735-90	99 ext 1			<b>FAX</b> : 674-4170			aii.com/kekuilaniga
t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:							
				700			YES
	55	0		790	2	5	120
Bdrm:							YES
ENT IS 30	% OF INCOME	E: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 55
eposit \$92 e Rent \$92	25 25	n 30%	Waterw			MINIMUM W ESTIMATE	(Months): 6
							STIMATE 7
ld must be					_		
	18 years or ol	der				TO REMAIN ON W CALL EVERY	
ia mast be	e 18 years or ol	lder		IST FOR PARKING:		CALL EVERY	(Months):
d must be	e 18 years or ol	lder	WAITLI PARKING INFO	O: NO	PET INFO:	CALL EVERY	
AS	SSET LIMITS:		PARKING INFO	O: NO	PET INFO:	CALL EVERY FM.D. letter	(Months):
AS	•		PARKING INFO	O: NO	PET INFO: Must have	CALL EVERY FM.D. letter	(Months):
AS DENTIAL FO:	SSET LIMITS:	YES	PARKING INFO	O: NO	PET INFO:  Must have  GENERAL I  *Waitlist up keep all co	CALL EVERY  FM.D. letter  INFO:  Indates not required intact info current, a lication from housing the contract of the contract info current in the contract in	(Months):
AS DENTIAL FO: ed when d	SSET LIMITS: PROPERTY:	YES	PARKING INFO Parking includ	O: NO	PET INFO:  Must have  GENERAL I  *Waitlist up keep all col to commun a timely ma  Funding: F	CALL EVERY  FM.D. letter  INFO:  odates not required ntact info current, a lication from housing anner.*  RHTF lopment Inc.	(Months): PETS OK: NO  I; Applicants must as well as respond
	91-1045  Kapolei  R: Mark D  R: Mark D  R: Kekuila  R: 735-90  Rom:  Bdrm:  Bdr	## STYPE: Number of UNITS: ## SECTION OF INCOME	STATE: HI   STAT	STATE: HI   ZIP:	STATE: HI   ZIP:   96707	STATE: HI   ZIP:   96707	KEKUILANI GARDENS  91-1045 Kekuilani Lp.  Kapolei STATE: HI ZIP: 96707  APPLY ADDRESS: 91-1045 Kekuilani Lp., Kapolei, Hawaii 96707  E: Mark Development, Inc.  APPLY ADDRESS: 91-1045 Kekuilani Lp., Kapolei, Hawaii 96707  EMAIL: http://www.mdihaw.dens  APPLY ADDRESS: 91-1045 Kekuilani Lp., Kapolei, Hawaii 96707  EMAIL: http://www.mdihaw.dens  Type: of UNITS: RENT: Number of People of People of People: Number of People: Numb

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		Last Compl	ete Update:	2/22/2022			AREA:	Waianae
PROJECT NAME:	KEOL	A HOOM	ALU				PROJECT TYPE:	Elderly
ADDRESS:	85-259 P	lantation Rd.					PHONE: 524-273	31
CITY:	Waianae		STATE: HI	ZIP:	96792		<b>FAX:</b> 545-52	14
MANAGER	t: Sunnie	Lee, COS. Ja	y Okada, Off-Si	te Manager	APPLY AD 50 S. Bere Honolulu, I	tania St., Suite (	C101	OUT-OF-STATE
APPLY TO	: Urban F	Real Estate Co			Horiolulu, r	HI 900 I 3		APPLICATION ACCEPTED: YES
APPLY ATTN	I: Housing	g Management	Department					123
APPLY PHONE	: 524-273	31 ext 3609			<b>FAX:</b> 545-5214	EMAIL:		
	: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:	35	0			1	2	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							
RENT INFO: RE Market \$1,100.00	NT IS 309	% OF INCOME	YES	UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	(Months): 12  JM WAIT
105 00/550/4				Į!				STIMATE 24
AGE CRITERIA: Head of Househol	ld 62+ or c	disabled; spou	se/civil				TO REMAIN ON W CALL EVERY	
union partner 18+	; all other	members of th		WAITLI PARKING INFO	ST FOR PARKING: O:	PET INFO:	F	PETS OK: YES
				Parking include		Subject to	Management Appr	
	AS	SET LIMITS:	NONE					
AN OWN RESID		PROPERTY:	YES			GENERAL		
ASSET LIMIT INF	O:			LEASE:		.	ection 8 100%	
				1 year; then m	onth-to-month	No manage	er residing on site.	
						SQFT of u	nits not available fr	rom manager.
INCOME CRITER						Application Send reque	: est with self-addres	ssed stamped
50% AMI: 1 perso	n \$40,850	); 2 persons \$4	6,650	FURNISHED: Partly furnishe appliances onl		envelope NO RESPO	ONSE IN 2021. LA OCCURRED ON 03	ST COMPLETED
1-PERSON MAXIM	IUM MON	THLY INCOM	E:	3404		į.		
2-PERSONS MAXI	IMUM MO	NTHLY INCOM	ME:	3888				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	6/13/2023			AREA	Vineyard
PROJECT NAME:	KEOLA HOON	ANEA				PROJECT TYPE	Elderly
ADDRESS:	1465 Aala St.					PHONE: 533-45	582
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
	: Beverley Febenito - P Specialist; Sterling Ro : Hawaiiana Manageme	osa - On-site Mg		-	ni Blvd. Ste. 70	00	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Managemen	t Department					YES
APPLY PHONE			F	<b>AX</b> : 447-5169	EMAIL:		
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 175 Bdrm: Bdrm:	862	2.5x Rent	500	1	2	YES
RENT INFO: RE 70 units are Section by 30% of income not apply. Rest of	NT IS 30% OF INCOME on 8 units where rent is and the minimum incor f units have rent range of given to veterans. Minin	calculated me need of \$733 -	UTILITIES INCLU			MINIMUM V ESTIMATE	VAIT LIST [ 9]
AGE CRITERIA:	ят ф 1002.00.		Į.			LIST E	ESTIMATE 60 WAITLIST
disabled. All othe	d must be 62 years or o r members of household Caregivers over 18 yrs o	d must be	PARKING INFO:	FOR PARKING: YES	PET INFO:	CALL EVERY	Y (Months): 6 PETS OK: YES
AN OWN RESID	ASSET LIMITS:		50 stalls; no park avg. 2-3 years; lin parking available	mited guest		ssible; \$100 pet d	r's approval, 2 cats leposit
ASSET LIMIT INF	O:	,	LEASE:  1 year; then mon	ith to month	Catholic C Federal Pr Application Send requ envelope	n: Ask manageme est with self-addre om manager's offic	ent to mail it essed stamped
All income limits a HUD	re usually published an	nually by	FURNISHED: major appliances	s only	T anding -		
 I-PERSON MAXIM	IUM MONTHLY INCOM	E:	5642		]		

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	Last Comp	lete Update:	6/14/2023			AREA	. Makiki
PROJECT NAME:	KEWALO APA	RTMENTS	3		-	PROJECT TYPE	Family
ADDRESS:	1407 Kewalo St.					PHONE: 531-32	233
CITY:	Honolulu	STATE: HI	ZIP:	96822		FAX: 529-05	516
MANAGER:	Kelli I opez			APPLY AD	DRESS:		
	Kewalo Apartments				nagement office www.mdihawai		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE:	531-3233			<b>FAX:</b> 529-0516	W	ellil@mdihawaii.co ww.mdihawaii.co	
Unit <sup>-</sup>	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	udio:						
One B	drm:						
Two B	37	0	NO	610	2	5	YES
Three B	drm:						
Four B	drm:						YES
Project-based Sect	NT IS 30% OF INCOME tion 8 - 32 units only LIHTC at \$1022/mo.	E: YES	UTILITIES INC Gas, water, an			MINIMUM V ESTIMATE MAXIM	(Months): 48
I AGE CRITERIA:					-		STIMATE 72
	must be 18 years or o	lder at the		ST FOR PARKING:		O REMAIN ON \ CALL EVERY	(Months): 6
AN OWN PESID	ASSET LIMITS: ENTIAL PROPERTY:		Assigned park with one vehic options are lim available.	ing for residents le; other parking	PET INFO:		PETS OK: NO
ASSET LIMIT INFO		TEO	LEASE:		*Applicants	must keep conta	ct info current, as
			1 year; then m	onth-to-month	manageme 2-5 people		cation from oner.* enovated in 2014.
INCOME CRITERIA	<b>A</b> :						
Must qualify for LIF and/or Section 8 lir	ITC income limits set but the limits set by HUD.	y HHFDC	FURNISHED: Partly furnishe appliances onl			: v.mdihawaii.com m manager's offic	e

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last C	omplete Update:	2/22/2022			AREA:	Kaneohe
PROJECT NAME:	KILOHANA	APARTMEN	TS - NOT	ACCEPTING	APPLI	PROJECT TYPE:	
	45-265 William He					PHONE: 235-184	14
	<u> </u>					FAX: 234-705	
CITY:	Kaneohe	STATE: H	ZIP:	96744		,	
	: Terrilyn Ahakuel			On-Site S	ADDRESS: Ste. #J-06 DSED FOR		OUT-OF-STATE APPLICATION
	: Qualpac Manage	·			ATIONS***		ACCEPTED: YES
APPLY ATTN	I: Kilohana Apartm	ents			=		
APPLY PHONE	i: 235-1844			<b>FAX:</b> 234-7058	EMAIL	:	
	Type: Number of UNITS		Minimum INCOME Required	E   00 ET.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						YES
	Bdrm: 17	485		479	1	4	YES
	<b>Bdrm:</b> 90	610		821	2	8	YES
Three I		760		021	4		123
Four	Bdrm:				J		
	NT IS 30% OF INC OR APPLICATION		UTILITIES II Gas, electric	NCLUDED: city and water		MINIMUM W. ESTIMATE MAXIMU	(Months): 120
AGE CRITERIA:			įt.				STIMATE 132
	d must be 18 years	or older	\A/A 17		2	TO REMAIN ON W CALL EVERY	
			PARKING IN	TLIST FOR PARKING NFO:	PET INFO	): F	PETS OK: NO
]			Parking incl	uded			
	ASSET LIM	ITS: NONE			J		
	DENTIAL PROPER	TY: NO			GENERA		
ASSET LIMIT INF	O:		LEASE:		Funding:	Section 221(d) 100%	6
			Month-to-mo	onth		PONSE IN 2021. LA OCCURRED ON 10	
INCOME CRITER							
2 persons - \$73,00 4 persons - \$91,20	Income: 1 person - 00; 3 persons - \$82 00; 5 persons - \$98 800; 7 persons - \$1 00	2,100; 3,500;	Partly furnis appliances				
1-PERSON MAXIM	IUM MONTHLY IN	COME:	5320		Į.		
2-PERSONS MAXI	MUM MONTHLY I	NCOME:	6083				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	2/22/2022			AREA:	Makiki
PROJECT NAME:	KINAU VISTA					PROJECT TYPE:	Elderly
ADDRESS:	1150 Kinau St.					<b>PHONE</b> : 521-71	11
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 521-689	97
MANAGER	t: Peggy Zayasu			APPLY ADD P.O. Box 22-	420		OUT-OF-STATE
APPLY TO	: Locations LLC			Honolulu, HI	96823		APPLICATION ACCEPTED: YES
APPLY ATTN	: Property Management	Division					TES
APPLY PHONE	: 738-3100			<b>FAX:</b> 735-1978		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:
	tudio:						
	Bdrm: 62	1335	2xrent	430			
Three I							
	Bdrm:						YES
7 units (for 30 % A 24 units (for 50% 31 units (for 60% Section 8 certifications income required) AGE CRITERIA:		E	JTILITIES INC			MINIMUM W ESTIMATE MAXIMU	JM WAIT STIMATE 36 VAITLIST
Hardada ana a	be 55 or older.  ply without verifiable resi		WAITLI PARKING INF	ST FOR PARKING:	DET INCO		PETS OK: NO
nistory.	ASSET LIMITS:			ndicap stalls; \$40	PET INFO		-L13 OK. INO
	DENTIAL PROPERTY:	YES			GENERAL		
ASSET LIMIT INFO All income from as eligibility.	O: ssets is counted to deteri	mine	EASE:		keep all c	updates not required ontact info current, inication from housi nanner.*	as well as respond
INCOME CRITER  30% of AMI: 1 per		\$25.380 F	URNISHED:			l worker on site for yard with BBQ area	
30% of AMI: 1 person \$25,320; 2 persons \$25,380 50% of AMI: 1 person \$42,200; 2 persons \$42,300 60% of AMI: 1 person \$50,640; 2 persons \$50,760		\$42,300	Partly furnishe appliances onl		Funding:	Low Income Housir max; RHTF + gran LIHTC	
]					Applicatio	n:	
1-PERSON MAXIM	IUM MONTHLY INCOME	Ē: 3	3525				

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	Last Comple	ete Update:	1/24/2022			AREA:	Kaneohe
PROJECT NAME:	KO'OLAU VILL	AGE (HPH	A-wind) -	NOT ACCE	EPTING	PROJECT TYPE:	
	45-1027 Kamau Pl.	•				PHONE: 233-376	36
CITY	Kaneohe	STATE: HI	ZIP:	96744		FAX: 233-370	69
OII I.	Kaneone	STATE.	211.	96744			
MANAGER	: Roberta Kahele			ΔΡΡΙ Υ	ADDRESS:		
	. Rosona ranoio			1002 No	orth School St.		OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING APF				ı, HI 96817 CEPTING APF	PLICATIONS	APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications offic						NO
	NOT ACCEPTING APP				EMAI	L: hphaishereforyou.c	org
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461			
Unit	Type: Number		Minimum		MINIMUN		CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People		Allowed:
S	tudio:						
One I	Bdrm: 8	0		526	1	4	YES
Two I	Bdrm: 24	0		662	2	6	YES
Three I	<b>36</b>	0		915	3	8	YES
Four I	Bdrm: 12	0		996	4	10	YES
	NT IS 30% OF INCOME:  of for Federal Low Income 8/2/2016******		UTILITIES INC Water and allo and gas	CLUDED: owance for electric	sity	MINIMUM W ESTIMATE	
		,					STIMATE 60
AGE CRITERIA:	d must be 18 years or old	ler				TO REMAIN ON W CALL EVERY	
			WAITLI PARKING INF	IST FOR PARKIN O:	IG: PET INF	=O: F	PETS OK: YES
	ASSET LIMITS:		Included	. ,	multiple the cate	e animals ok, but only egories listed below: a (under 25 lbs) or car	one from each of
AN OWN RESID	DENTIAL PROPERTY:				GENER	AL INFO:	
ASSET LIMIT INF			LEASE:			RENCES: Domestic \	
Cannot own a hou	ise on Oanu		1 year		displace		ors, involuntary
INCOME CRITER  ncome Eligibility =  Maximum Annual			FURNISHED:	nd major	corresp manner applica info/hou	applicants must respond to any surrespondence from HPHA, in a timely anner. No waitlist updates needed, however, uplicants must update any contact fo/household composition info and check	
4 persons - \$76,10	00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350; 450		appliances on		need us Funding	status via hpha.myhor sername/password to g: Fed Low Inc Pub Hs victions must be 3 yrs	do so).
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	IE:	5220				

	Last Compl	ete Update:	6/22/2023			AREA:	Downtown
ROJECT NAME:	KOKUA HALE	opening (	3/2023			PROJECT TYPE:	Elderly
ADDRESS:	1192 Alakea Street					PHONE: 808-80	9-7600
CITY:	Honolulu	STATE: HI	ZIP:	968913		FAX:	
MANAGER:	:			APPLY AD	DRESS:		OUT-OF-STA
APPLY TO:	: Lottery for application	is closed					APPLICATIO ACCEPTED
APPLY ATTN:	:						
APPLY PHONE:	: 808-809-7600		F	AX:	EMAIL:	https://info.tmo.cor kokuahale@tmo.co	
Unit <sup>-</sup>	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	222	1375					
One B							
Three B							
Four B							
	its - 30% AMI; 220 units	s - 60% AMI	Water, sewer, tra	sh		LIST ES	(Months):  JM WAIT  STIMATE
GE CRITERIA: ne person in hous	sehold must be age 55	and older.	WAITI IST	FOR PARKING:		TO REMAIN ON V CALL EVERY	
			PARKING INFO:		PET INFO	: F	PETS OK:
	ASSET LIMITS:						
AN OWN RESID SSET LIMIT INFO	DENTIAL PROPERTY:				GENERAL 20 story b	. INFO: uilding on corner of	Alakea St. and
			LEASE:		Beretania	St.	
COME CRITERIA	A:		J.				
O & 60% AMI	_		FURNISHED:  Both furnished ar options.	nd unfurnished			
PERSON MAXIMI	UM MONTHLY INCOMI	E:	0				

	Last Comple	ete Update:	5/16/2023			AREA:	Ewa Beach
PROJECT NAME:	KO'OLOA'ULA,	Phase I &	II - waitli	ist closing	5/31/23	PROJECT TYPE:	Family
	91-1159 Keahumoa Par					PHONE: 550-38	00
	<u></u>					FAX: 356-33	
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		,	
MANAGER	: Laurie Burgess - Prope	erty Manager		APPLY	ADDRESS:		
APPLY TO	: CLOSED for applicatio	n after 5/31/23			9 Keahumoa Pkw each, HI 96706	vy, #801	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	i: 550-3800			FAX: 356-3330		.: www.mutual-housi	ng.org
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
	tudio: 54	1095	>2x rent	569	1	4	
Two I	<b>Bdrm:</b> 169	1275	>2x rent	765	2	6	
Three I	<b>Bdrm:</b> 46	1665	>2x rent	1143	3	8	
Four I	Bdrm: 38	1855	>2x rent	1462	4	10	YES
60% AMGI: (see h (136); 3-bd (37); 4 50% AMGI: 1-bd ( (6) - \$1,335; 4-bd	(8) - \$950; 2-bd (22) - \$11 (5) \$1,485 ower rent above) 1-bd (3)	13); 2-bd \ 155; 3-bd	JTILITIES INC	CLUDED: wer; solar water h	neating	MINIMUM W ESTIMATE MAXIM	(Months): 0  UM WAIT STIMATE 0
18 and older			\\/ A   T	IST FOR PARKII	NG:	CALL EVERY	
		F	ARKING INF		PET INF	O:	PETS OK: NO
]	ASSET LIMITS:	YES i	one bedroom ncluded for a	all is included per unit ; two stalls Il other sized unit		allowed.	
AN OWN RESID	DENTIAL PROPERTY:	YES	Guest parking	g available.	GENERA	AL INFO:	
ASSET LIMIT INF	O:		EASE:		Applicar	nts must keep all con as respond to commu	tact info current,
			1 year		housing Participa Funding	mgmt. in a timely mating in City's Ready: Hula Mae Multi Fane Bonds.	anner.* to Rent program.
INCOME CRITER	IA:				Landsca	aped grounds with plapaths and bbq pavilion	ay areas, tot lot,
rent. Maximum an	st be greater than two tim nual income for 5-person as - \$90,900; 7-person - \$ )	is - 97,720; 8-	appliances, ca vinyl floors, m	energy efficient arpeted bdrms, arble counter top veneer cabinets	laundry commur Applicar pass crii	noom, resident servic nity room, on-site mg nts must have satisfa minal background ch references.	es office and mt office. ctory credit check,
I-PERSON MAXIM	IUM MONTHLY INCOME	<u> </u>	<b>1</b> 575				
2-PERSONS MAXI	MUM MONTHLY INCOM	1E: #	5225				

		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						
EMAIL: hphaishereforyou.org  APPLY PHONE: 832-5961  FAX: 832-3461								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	as + allowance for  MINIMUM WAIT LIST ESTIMATE (Months):  MAXIMUM WAIT			
				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 Com	plete Update:	6/13/2023			AREA:	Liliha
PROJECT NAME:	<b>KUK</b>	UI GARD	ENS				PROJECT TYPE:	Family
ADDRESS: 1	103 Lil	iha St.					PHONE: 532-003	33
CITY:	Ionolul	u	STATE: HI	ZIP:	96817		FAX: 762-233	33
MANAGER:	Sandie	Ishimie, Prop	perty Manager		APPLY AD	DRESS: St., Ste. 102		OUT-OF-STATE
APPLY TO:	EAH H	lousing			Honolulu, F			APPLICATION ACCEPTED:
APPLY ATTN:	Kukui (	Gardens						YES
APPLY PHONE:	532-00	33			<b>FAX</b> : 762-2333	EMAIL:	www.eahhousing.o	rg
Unit T	уре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stu	dio:							
One Bo	drm:	115	1239	3110		1	2	YES
Two Bo	drm:	106	1472	3695		2	5	YES
Three Bo	drm:	122	1685	4235		3	7	YES
Four Bo	drm:	46	1864	4687		4	9	YES
PENT INFO: REN' Deposit plus first mo *Updates not require updating contact inforespond to commun	ed to reon, how	nt emain on wait rever, applica from housing	list (unless nts must	UTILITIES INC			MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	
Head of household i	must b	e 18 years or	older	WAITLI	IST FOR PARKING:		CALL EVERY	(Months):
				PARKING INF		PET INFO	): F	PETS OK: NO
	AS	SSET LIMITS	: NONE	available.	d, guest parking			
AN OWN RESIDE ASSET LIMIT INFO:		PROPERTY	: NO			GENERAL		
AGGET ENVIT IN G	•			LEASE: First year: Fixe	ad 10 manth	Funding:	LIHIC	
					to-Month thereafter.	Accepting	g applications for AL	L bedroom sizes.
INCOME CRITERIA	:			,				
				FURNISHED: Partly furnishe appliances on		-		
  -PERSON MAXIMU	IOM MI	NTHLY INCO	ME:	4085		<u> </u>		
2-PERSONS MAXIM	UM MO	ONTHLY INC	OME:	4665				

		Last Comp	lete Update:	2/1/2022			AREA:	Downtown
PROJECT NAME:	KUKI	UI TOWE	R - CLOSE	D FOR app	olications		PROJECT TYPE:	Family
ADDRESS:	35 North	n Kukui St.					PHONE: 537-493	35
CITY:	Honoluli		STATE: HI	ZIP:	96817		<b>FAX</b> : 537-968	32
	Tionolak	<b>u</b>	1		30017			
	Celeste	n Malloe, Prope e Russell, Assi onnie Chan, Lea	stant Resident M	anager	APPLY AD On-Site	DRESS:		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	1:							YES
APPLY PHONE	E: 537-49	35			<b>FAX:</b> 537-9682	EMAIL	: KT-Management@	eahhousing.org
	Туре:	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
	Bdrm:	254	846	1843	742	2	5	YES
Three	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Calculated by usir income, the minim \$778 for 1 bdrm; \$income cannot be ******CLOSED FOR AGE CRITERIA: Head of household AN OWN RESID ASSET LIMIT INF	ng 30% o num and i \$737 - \$8 at or abo A ABBI I/ d must be AS DENTIAL	f the household maximum rents 46 2 bdrm. 30 bye the maximum rents 46 2 bdrm. 30 bdrm	d's adjusted s are \$678 - % of um rent.	PARKING INFO Parking 1st sta stalls range fro \$175/month, d availability.	gas ST FOR PARKING: D: YES all \$25; additional om \$105 to epending on	reasonab  GENERA  *Waitlist June of 6	MINIMUM W. ESTIMATE  MAXIMUL LIST ES  TO REMAIN ON W. CALL EVERY  D: F  ble accommodations  L INFO:  updates must be coreach year, via submis	IM WAIT STIMATE 36 VAITLIST (Months): 12 PETS OK: NO for disability
INCOME CRITERIA:  Section 8 limit - 50% AMI; Section 236 limit - 80% AMI Applicant's monthly adjusted household income cannot exceed \$2,760 (1 bdrm) or \$3,030 (2 bdrm)				1 year; then m  FURNISHED:  Partly furnishe appliances onl	dmajor	Complete Post card active on Swimmin communi	Section 8, Section 23 ed 1976 d sent once a year to waitlist. g pool, playground, I ity room, picnic/bbq a rained personnel pat	keep application  pasketball court, area on site.

2-PERSONS MAXIMUM MONTHLY INCOME:

1-PERSON MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	1/24/2022			AREA:	Makiki
PROJECT NAME:	KULA O'KAHU	A APTS.				PROJECT TYPE:	Emergency/Transi
ADDRESS:	1311 Ward Ave.					PHONE: 599-575	59
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 545-862	23
	r	,	,				
MANAGER	<b>R:</b>			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	E: 599-5759			FAX:	EMAIL: h	nttps://dynamichea	lingcenter.org/
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio: 24			255	1	2	YES
One	Bdrm: 5			410	1	2	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						NO
Rent is 30% of inc Transitional Housi permanent housin	ENT IS 30% OF INCOME come up to the maximum ing, where the goal of fir ng is initially 3 months. If service plan to remain in = \$0	n of range. nding Residents	UTILITIES INCL Electricity and w			MINIMUM W ESTIMATE MAXIMU	(Months): 1
AGE CRITERIA:		le					STIMATE 6
Head of househole	d must be 60 years or o	lder;	\//AITLIS	T FOR PARKING:		TO REMAIN ON W CALL EVERY	
physician's note in	ust be 18. Caregiver all ndicating the NEED for a	caregiver.	PARKING INFO		PET INFO:	F	PETS OK: NO
Applicants must h	ave verifiable residentia  ASSET LIMITS:		Very limited.		Service Ani	mal - Doctor Verifi	ication Required
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF	O:		LEASE:  Must accept off housing.	er for permanent	verification	rals Only ation of homeless s	status and income
						ipate in social serv omeless Stipend	vice/transition plan.
INCOME CRITER	IA:		FURNISHED: Partly furnished refrigerator, sto	microwave, vetop (no oven).	Application Ask manag	: ement to email	
1-PERSON MAXIM	NUM MONTHLY INCOM	E:	3520		]		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	4020				

		Last Comp	lete Update:	į.	5/11/2023					AREA:	Makiki
PROJECT NAME:	KUL/	NA HALI	=						PROJEC		Elderly
		outh Beretania							PHONE:	983-155	51
CITY:	Honoluli	u .	STATE: HI	_	ZIP:		96826		FAX:	983-155	53
	J. 10110101	-	ļ		J		00020				
MANAGER	R: Leslie	Young (Genera	al Mgr.)				APPLY A	DDRESS:			
APPLY TO	): Kulana	Hale LLP					On-Site 4th Floor,	Management Of	fice		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :										YES
APPLY PHONE	E: 983-15	51				FAX:	983-1553		leslie@ha	w.low-inc	lable.com ome-senior-
Unit	Type:	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	Num	MUM per of ople:	CAREGIVER Allowed:
S	itudio:	122	1295	Ī			400	1		2	YES
One I	Bdrm:	42	1495	Ī			520	1		3	YES
Two	Bdrm:	11	1855			[	594	2		4	YES
Three	Bdrm:			ļ							
Four	Bdrm:			ļ		J					YES
RENT INFO: RE Credit Check Fee Based on 80% AM	\$24.95	% OF INCOME	::  NO		CILITIES INC ectricity, wat		D:   maintenanc	ce		IMUM WATIMATE	(Months): 12  JM WAIT
AGE CRITERIA:				Įt.							STIMATE 36
All residents must	t be 55 or	older			۱۸/ΔΙΤΙ Ι	ST FO	R PARKING		TO REMA CALL		(Months):
				PA	RKING INF		NO	PET INFO:		P	PETS OK: NO
]	AS	SSET LIMITS:	NONE	pa	arking: \$80/r arking is ava nited and/or	ilable; p	parking is	Service Pe	ets Allowed	i	
AN OWN RESID		PROPERTY:	YES					GENERAL			
ASSET LIMIT INF Income from Asse income. Assets ov	ets counte				ASE: months (Initi	al leas	e term)	keep conta communic manner.* Funding:	act info cul ation from LIHTC	rrent, as v managei	; Applicants must well as respond to ment in a timely ID letter; cannot
INCOME CRITER	IA:							work outsi	de home.		on 8 Certificate;
1 person - \$73,20 annually.	0 annuall	y; 2 person - \$	83,600	Pa ap ce	IRNISHED: artly furnishe ppliances on iiling fan, ove icrowave	ly. Car	oet, blinds,	building ed Application	quipped wi n: Online: I om or ask	th fire spr ow-incom managen	rinklers. ne-senior- nent to mail it
1-PERSON MAXIM	NOM MUN	NTHLY INCOM	E:	61	00			Į.			
2-PERSONS MAXI	IMUM MC	ONTHLY INCO	ME:	69	67						

2-PERSONS MAXIMUM MONTHLY INCOME:

		olete Update:	5/9/2023			AREA:	Kaneohe
	KULANA NAN	II APARTM	ENTS			PROJECT TYPE:	]
ADDRESS:	46-229 Kahuhipa St.					PHONE: 247-060	
CITY:	Kaneohe	STATE: HI	ZIP:	96744		<b>FAX</b> : 247-060	J2
MANAGER	R: Farod Jackson			APPLY AD			OUT-OF-STA
APPLY TO	): Hawaiian Properties						APPLICATIO ACCEPTED
APPLY ATTN	: Kulana Nani						YES
APPLY PHONE	E: 247-0602		F	<b>AX</b> : 247-0602	EMAIL:	rm@kulananai.com	1
	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 3 bed Wait List for 4 bed AGE CRITERIA: Head of househol Applicants can ap	drooms is 6 months - 12 drooms is 3 months - 6 drooms is 6 months - 1 drooms is 6 months - 1 drooms is 6 months - 1	5 months 2 months		FOR PARKING:	_	MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W CALL EVERY	(Months):  JM WAIT STIMATE  1 (AITLIST (Months):
history. Minimum compos	sition for 2 bedroom unit	ts is 3	PARKING INFO: \$50 per month; w	YES	PET INFO:	tive animals	PETS OK: NO
4N 0MA DEQU	ASSET LIMITS:		stall is 4 - 5 years				
AN OWN RESII ASSET LIMIT INF	DENTIAL PROPERTY: O:	YES	LEASE:		GENERAL *Applicant	s must keep contac	ct info current, as
	IA: XIMUM MONTHLY INC	OME:	1 year  FURNISHED:		managem Office Hou Monday th Basketball 10 handica For Applic	courts, picnic/bbq	ner.* area
6,510.00			Partly furnished appliances only (			pick up from mana equest application to	

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		Last Comp	lete Update:	1/24/2022				AREA:	Waimanalo
PROJECT NAME:	<b>KUL</b>	ANAKAUH	IALE MAL	UHIA O NA	A KŪP	UNA		PROJECT TYPE:	Elderly
ADDRESS:	41-209	Ilauhole St.						PHONE: 426-140	00
CITY	Waimar	1 -	STATE: HI	ZIP:		00705		FAX: 426-140	)1
OII I.	vvaimar	iaio	STATE:  FI	2		96795			
MANAGER	: Nohea	lani Hoopii			-	APPLY AD	DRESS: uhole St. #87		OUT-OF-STATE
APPLY TO	: Locatio	ons					o, HI 96795		APPLICATION ACCEPTED:
APPLY ATTN	l: Proper	ty Managemen	t Division						YES
APPLY PHONE	<b>:</b> 426-14	100			FAX: 7:	38-8981	EMAIL:	locationsrentals.cor rentals.aspx (click o	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	s	Q FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:								YES
	Bdrm:	85	1000	2xrent		528	1	2-3	TES
Three	Bdrm:				-  -				
	Bdrm:								YES
				,	-		,	,	1.20
RENT INFO: RE				UTILITIES INC				TOTA	L UNITS: 85
Various rent amou \$825, \$960, and \$ *No waitlist update	31000 per	r month.		Water and sev \$144/mo for e		/ allowance	e of	MINIMUM WAR	-
must keep contac *Applicants must	respond t	to corresponde	nce from						IM WAIT STIMATE 60
AGE CRITERIA:								TO REMAIN ON W	
All residents must Hawaiian	be 55 or	older and HOF	t be Native			PARKING:	-	CALL EVERY	
				PARKING INF		NO	PET INFO	: P	PETS OK: NO
J.	AS	SSET LIMITS:		Parking include tenant stalls, in handicap acceptage.	including 9	)			
AN OWN RESI		PROPERTY:	YES	accessible.			GENERAL	. INFO:	
ASSET LIMIT INF	O:			LEASE:				nust be native Hawa ants must be a minir	
				1 year; then n	nonth-to-m	nonth	Househol processin	Blood Quantum to a d). Verification can g. Section 8 accepte	be done at time of ed, and voucher
INCOME CRITER	IA:			,			requireme	eed not meet the milent. *Applicants mus	t apply to Dept. of
Maximum income				FURNISHED:			Hawaiian property.	Homelands, prior to *Confirmation letter	applying to actual mailed once
50% 40,850 4	27,990	1 person : 80% 65,360 00% 81,700	74,640	Partly furnishe appliances on floors, curtain	ıly. Carpet	& vinyl	*Commur common l	n is received ity room, communit aundry area. 6 apt. e; onsite resident ma	are handicap
I 1-PERSON MAXIM	10M MUI	NTHLY INCOM	E:	4828					
2-PERSONS MAXI	MUM MO	ONTHLY INCO	ME:	5513					

	Last Comp	plete Update:	6/13/2023			AREA	Waianae	
PROJECT NAME:	KULIA I KA NI	UU (Kahikol	<mark>u Ohana H</mark>	ale OʻWaiʻa	<mark>nae)</mark>	PROJECT TYPE	Family	
ADDRESS:	85-296 Ala Hema St.					PHONE: 697-73	00 753-308	
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 697-73	02	
	t: Leslie Young, Site M (New management p			APPLY AD 85-235 Ala Waianae, F	Akau St., Unit 7	12	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN			F	AX:	EMAIL: w	ww.hawaiiafforda	able.com	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 24	944						
One I	Bdrm:							
Two	Bdrm: 46	1418						
Three	Bdrm:							
Four	Bdrm:						YES	
24 Studios @ \$55 46 Two Bedrooms units); based on 6 AGE CRITERIA:	NT IS 30% OF INCOM 1 - \$944; based on 30% 6 @ \$1260 (24 units) - \$ 0% of income.	% of income. \$1418 (22	UTILITIES INCLL Electric, water, ar		Т	MINIMUM W ESTIMATE MAXIM	(Months): 6  UM WAIT STIMATE 12  VAITLIST	
	ave verifiable residentia	al history.	WAITLIST :PARKING INFO	FOR PARKING: YES	PET INFO:		PETS OK: NO	
ASSET LIMIT INF			All paperwork (ca safety check, and must be up to da parking available LEASE:	r registration, d insurance) te. Guest	GENERAL INFO:  Formerly knowns as Kahikolu Ohana Hale O'Waianae. Funding: RHTF Requires:  1. 6 months of pay stubs 2. 6 months bank statements 3. Birth certificates 4. Social Security Card 5. State I.D. or Driver's License Application: Ask management to mail it Send request with self-addressed stamped envelope Pick up from manager's office			

1-PERSON MAXIMUM MONTHLY INCOME:

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: 682-5494		
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 housin	as well as respond	
NCOME CRITERIA:  No minimum income requirement, as fee is calculated by 30% of gross income; maximum ncomes not provided on last update (2021).				FURNISHED: Small refrigera bathroom, mic		3 laundry use. Res meals.  Program classes a goals of p	ned 02/09 undry rooms and two kitchens for tenant's Residents are responsible for their own ls. gram provides case management, ongoing ses and workshops related to personal s of permanent housing and financial pendence.		

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	1/24/2022			AREA	Moiliili
PROJECT NAME:	KUM	UWAI AP	ARTMENTS	3			PROJECT TYPE	
ADDRESS:	1902 Yo	oung St.					PHONE: 762-09	002
CITY:	Honolul	ı	STATE: HI	ZIP:	96826		FAX:	
MANAGER	t: Maretta	a Espiritu			APPLY AD	DRESS:		OUT-OF-STATE
APPLY TO	): Housin	g Solutions, In	C.					APPLICATION ACCEPTED:
APPLY ATTN	I: Maretta	a Espiritu						NO
APPLY PHONE	: 762-09	02			FAX:		Website: https://w Email: Maretta@h	ww.hsiservices.net/ siservices.net
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	29	900			1	2	
One I	Bdrm:		0					
Two	Bdrm:		0					
Three	Bdrm:		0					
Four	Bdrm:		0					
Security Deposit: Section 8 and other		g vouchers acc	cepted.	All utilities includ	ded.		MINIMUM V ESTIMATE MAXIM	UM WAIT
AGE CRITERIA:				į.			LIST E TO REMAIN ON \	STIMATE 6
All applicants mus	st be 62 o	r older.		WAITLIS	T FOR PARKING:		CALL EVERY	
				PARKING INFO		PET INFO:		PETS OK:
]	AS	SSET LIMITS:		Parking include waitlist for parki				
AN OWN RESID		PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	<u>O:</u>			LEASE:		for homele Features ir Amenities facilities, a	e permanent hous ss persons at leas nolude kitchens ar include resident p nd common area ar a bus stop.	st 62 years old. and private baths.
INCOME CRITER	IA:			FURNISHED:		,		
 1-PERSON MAXIM	NOM MUN	NTHLY INCOM	lE:	3675		]		
PERSONS MAXIMUM MONTHLY INCOME:				4200				

	Last Comp	lete Update:	2/22/2022			AREA:	Kunia
ROJECT NAME: KUN	IIA VILLAC	SE .				PROJECT TYPE:	Family
ADDRESS: 92-177	'0 Kunia Rd.					PHONE: 808-439	9-6375
CITY: Kunia		STATE: HI	ZIP:	96759		<b>FAX</b> : 808-439	)-6375
MANAGER: Not p	rovided on last u	update (2021).		APPLY ADD P.O. Box 16			OUT-OF-STAT
APPLY TO: Kunia	Village, EAH H	ousing		Kunia, HI 96	6759		APPLICATION ACCEPTED:
APPLY ATTN: Mana	ger's Office						
APPLY PHONE: 439-6	375			<b>FAX:</b> 439-6375	EMAIL:	KU-management@	eahhousing.org
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:		0		630	2	5	
Three Bdrm:		0		960-1200	3	7	
Four Bdrm:		0	ļ	1300	4	9	YES
RENT INFO: RENT IS 3 Affordable housing developments of the agricultural industry, the combined household	ppment serving p Rent will not exc	persons in seed 30% of	UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMU	(Months): (
AGE CRITERIA:		,				TO REMAIN ON W	STIMATE (
18+				IST FOR PARKING:		CALL EVERY	
			PARKING INF 1 covered car	O: NO port for each house	Subject to	specific policy requ	PETS OK: YES irements.
A	ASSET LIMITS:						
AN OWN RESIDENTIA ASSET LIMIT INFO:	L PROPERTY:				GENERAL	INFO: pdates not required	l. Applicanta must
NOOL I LIMIT IN O.			LEASE:		keep all co	ontact info current, a nication from housi	as well as respond
NCOME CRITERIA:					United Sta	ber of the househol ates Department of	Agriculture
Income Maximums 1 Person: \$52,920 2 Persons: \$60,480 3 Persons: \$68,040 4 Persons: \$75,540 5 Persons: \$81,600 6 Persons: \$87,660			FURNISHED:  Enclosed storage closet in each carport, washe/dryer hook ups/energy efficient appliances/water conserving fixtures in kitchen and bathroom, solar water  farm On S On S Kuni			efinition of farm labor income as defined anager .S. Post Office mers Market ty gym, Community sketballl/volleyball c	by the USDA room with kitchen
-PERSON MAXIMUM MO			4410 5040				

	Las	st Comple	te Update:	1/24/2022				AR	EA:	Waialua
PROJECT NAME:	KUPUNA	HOME	O'WAI	ALUA (HPF	IA-ce	n) - NO	ГАСС	PROJECT TY		
	67-088 Gooda							PHONE: 637	7-824	14
			_					FAX: 622		
CITY:	Waialua		STATE: H	ZIP:		96791		Joza	- 00.	<del>-</del>
MANAGER	: Jimary Quino	nes				APPLY AD				
APPLY TO	: HPHA NOT ACCEP	TING APP	PLICATIONS			PO Box 17		Bldg L lu, HI 96817 PLICATIONS		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: NOT ACCEP	TING APP	LICATIONS							NO
APPLY PHONE	: 832-5961				FAX:	832-3461	EMA	IL: hphaisherefory	ou.o	rg
Unit	Type: Num of UN	nber NITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUI Number of Peopl	r Number o	of	CAREGIVER Allowed:
s	tudio: 2	4	0			390	1			YES
One	Bdrm: 1	6	0		ĪĒ	520	1			YES
Two	Bdrm:			<u></u>	1 6					
Three	Bdrm:									
Four	Bdrm:				ī					
,							,	,		
RENT INFO: RE				UTILITIES IN		):		Т	ОТА	L UNITS: 40
Minimum Rent: \$0	) for Federal Lo	w Income	projects	Water and ele	ectricity					AIT LIST
*********CLOSED	8/2/2016*****									(Months): 8
				Į.						JM WAIT STIMATE 24
AGE CRITERIA:								TO REMAIN C	N NC	,
Head of householdisabled	d must be 62 ye	ears or old	er, or	WAITL	IST FOR	R PARKING:	:	CALL EVE	ERY	(Months):
uisabieu				PARKING INF			PET INI			PETS OK: YES
J				Parking inclu	ded		Small p	oets under 25 lbs.	only	
		LIMITS:					J			
AN OWN RESIDE		PERTY:	10				_	RAL INFO:		r-1
Cannot own a hou				LEASE:			homele	ERENCES: Domesess in transitional s		
				1 year			displac	ced.		
								cants must respondence from HF		
INCOME CRITER	IA:						manne	r. No waitlist upda ants must update a	tes r	needed, however,
80% AMI: 1 perso persons \$68,500;	n \$53,250; 2 pe 4 person \$76,1	ersons \$60 00.	,900; 3	FURNISHED: Partly furnish appliances or	edmajo		info/ho waitlist	usehold compositi status via hpha.m sername/passwor	on ir iyhoi	ofo and check using.com (will
							If elder unit.	dies, under age 6	52 sp	ouse may rent
1-PERSON MAXIM	IUM MONTHLY	/ INCOME:	:	4570			Į.			
2-PERSONS MAXI	MUM MONTHL	Y INCOM	E:	5220						

	Last Comp	lete Update:	2/1/2022			AREA:	Wahiawa
PROJECT NAME:	LA'IOLA ELDE	RIY - NO	CACCEPT	ING APPLIC	CATIO	PROJECT TYPE:	Elderly
	1 Iho Iho Pl.	INET ITO	, , COLI I			PHONE: 622-635	<u> </u>
	]					FAX: 622-635	
CITY:	Wahiawa	STATE: HI	ZIP:	96786		1111   022 000	
	R: Jay Domanguera, Re Lyn - Admin (675-009 D: Hawaii Public Housin	99)		1002 Nor	ADDRESS: th School Street Hawaii 96817		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	•			<b>FAX:</b> 622-6351		mu42laiola@gmail. http://hawaiiaffordal	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio: 60	170	YES	384	1	2	YES
One I	Bdrm: 48	195	YES	506	2	2	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						YES
Deposit same as studio; \$195 for 1	ENT IS 30% OF INCOMI rent. Minimum rent is \$ bdrm. SED 8/2/2016*****		UTILITIES INC			MINIMUM WA ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:						TO REMAIN ON W	
	ld must be 62 years or o		WAITL	IST FOR PARKING	G:	CALL EVERY	(Months): 12
members of the h	ousehold must be 62+.		PARKING INF	1.20	PET INFO		ETS OK: NO
Applicants must n	ave verifiable residentia ASSET LIMITS:	YES	Parking include	ded (limited)	Doctor's n	ote required	
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:			s must keep contac	
	erty in same county. \$38,600; 2 people - \$44,	Asset 100	1 year			spond to communica ent in a timely mann	
INCOME CRITER	IΔ·				Opened 1	991	
Maximum Annual	Income: 1-person \$34,	300	FURNISHED:		Funding: \$	State Low Income 1	00%
2- persons - \$39,2	200		Partly furnishe appliances on				
1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	2858				
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	3267				

		Last Comp	lete Update:	5/17/2023			AREA	Lanakila
PROJECT NAME:	LAN	AKILA GA	RDENS				PROJECT TYPE	Family
ADDRESS:	833 Noi	rth School St.					<b>PHONE</b> : 949-41	11
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: 949-72	211
MANAGER	R: Shane	Lyman, Reside	ent Manager			Pl., Ste. 103		OUT-OF-STAT
APPLY TO	): Bob Ta	anaka Inc.			Honolulu,	HI 96826		APPLICATION ACCEPTED:
APPLY ATTN	<b>I:</b> Ext. 36	3						YES
APPLY PHONE	E: 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	1029	2.5xrent				YES
Two	Bdrm:	15	1154	2.5xrent				YES
Three I	Bdrm:	6	1276	2.5xrent				YES
Four	Bdrm:							NO
RENT INFO: RE			E: NO	Water	CLUDED:		MINIMUM V ESTIMATE MAXIM	UM WAIT
AGE CRITERIA:				je.			TO REMAIN ON V	STIMATE 22
Head of househole	d must b	e 18 years or o	lder	WAITLI	ST FOR PARKING		CALL EVERY	
				PARKING INF	O: NO	PET INFO	:	PETS OK: NO
	٨٠	SSET LIMITS:	NONE	Parking includ parking availal				
AN OWN RESID						GENERAL	. INFO:	
ASSET LIMIT INF	·O:			LEASE:		Accepts S	Sect 8 Vouchers	
Income from asse income limit	ets canno	п таке аррпса	nis go over	1 year; then m	onth-to-month	applicants well as re	must keep all cor	lar waitlist updates, stact info current, as cation from housing oner.*
INCOME CRITER							ŕ	
Min. income requi below income limi		st make 2.5x re	nt and be	FURNISHED: Partly furnishe appliances on				
-PERSON MAXIN	MUM MOI	NTHLY INCOM	IE:	4696				
PERSONS MAXI	1841 184 846		N/E-	5367				

		Last Comp	lete Update:	5/9/2023			AREA:	Kailua	
PROJECT NAME:	LAN	I HULI					PROJECT TYPE:	Elderly	
ADDRESS:	25 Aulil	ke St.					PHONE: 263-02	68	
CITY:	Kailua		STATE: HI	ZIP:	96734		FAX:		
MANAGER	R: Dale 0	Cripps, Residen	t Manager		APPLY AD 1055 Kalo F			OUT-OF-STATE	
APPLY TO	): Bob T	anaka Inc.			Honolulu, F			APPLICATION ACCEPTED:	
APPLY ATTN	l: Ext. 24	4						YES	
APPLY PHONE	E: 949-4 <sup>-</sup>	111		F	<b>AX</b> : 949-7211	EMAIL:			
Unit	туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	50	726	2.5xRent	413/443	1	2	YES	
One I	Bdrm:	32	864	2.5xRent	456/499	1	2	YES	
Two	Bdrm:								
Three I									
Four	Bdrm:						J	NO	
Accepts section 8  AGE CRITERIA: Head of househole			lder, or	Water				(Months): 12  UM WAIT STIMATE 24  VAITLIST	
disabled. Under a not without HOH.				WAITLIST PARKING INFO:	FOR PARKING: YES	PET INFO	:	PETS OK: YES	
	A	SSET LIMITS:	NONE	\$25/month; gues available.			al/assistance only	ę.	
AN OWN RESID						GENERAL	_INFO:		
ASSET LIMIT INF Income from asse		ot put person ov	rer income	LEASE:		outside h	aregivers are allowed with MD letter; can work utside home. Participating in the City		
limits.				1 year		Housing Funding:	Rental Assistance F 993 Unknown	Program.	
INCOME CRITER Minimum Income		d. Must make 2	2.5 x the rent	FURNISHED: Partly furnished-appliances only.					
-PERSON MAXIM	иим мо	NTHLY INCOM	E:	4696		J			
P-PERSONS MAXI	IMUM M	ONTHLY INCO	ME:	5367					

PROJECT NAME:						AREA:	Kakaako
	LOLIANA					PROJECT TYPE:	Family
ADDRESS:	565 Quinn Ln.					PHONE: 522-05	41
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX: 522-05	39
MANAGER	t: Pam Sakai, General Ma	anager		APPLY ADD	DRESS:		
	: Housing Solutions, Inc.						OUT-OF-STAT
APPLY ATTN	-						ACCEPTED
APPLY PHONE	: 522-0541		i	FAX:	EMAIL:	pams@hsiservices	s.net
			Land				
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 43	1000		319	1	4	
	Bdrm:						
Two I	Bdrm:						
Four							NO
1 0 0 1	<u> </u>				,	,	140
	NT IS 30% OF INCOME:		UTILITIES INCL		_	TOTA	AL UNITS: 42
\$1000/month			Electricity, water	r, refuse, sewer		MINIMUM W ESTIMATE	
							JM WAIT STIMATE
AGE CRITERIA:						TO REMAIN ON V	
Adult 18+ with at	least 1 minor child (under	,		T FOR PARKING:		CALL EVERY	, la
			PARKING INFO: \$50/ month; no		PET INFO:	- I	PETS OK: NO
	ASSET LIMITS:		, , , , , , , , , , , , , , , , , , , ,	gares parising			
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O:		LEASE:		minor child	or at risk homeless dren under the age	
			Month-to-month		Under 50% Must not b of violence	e a registered sex	offender or history
INCOME CRITER	IA:				Application	n: gement to email it,	
Must be less than	50%AMI		FURNISHED: unfurnished, ma only. No carpet	ijor appliances		iservices.net	
	IUM MONTHLY INCOME		0		]		

		Last Comp	olete Update:	1/24/2022			AREA:	Waianae	
PROJECT NAME:	MA'IL	.I I (HPH	A-lee) - NO	OT ACCEP	TING APPICA	TION	PROJECT TYPE:	Family	
ADDRESS:							PHONE: 697-717	71	
			F				FAX: 697-7174		
CITY:	Waianae	9	STATE: H	II ZIP:	96792		,		
MANAGER	: Mandy	Miyamoto			APPLY AD	DRESS:			
					1002 North Honolulu, F			OUT-OF-STATE APPLICATION	
APPLY TO		CCEPTING A	PPLICATIONS	3		PTING APPLI	CATIONS	ACCEPTED:	
APPLY ATTN								NO	
ADDLY BURNE			PPLICATIONS	•	<b></b> 022 2464	EMAIL:	hphaishereforyou.o	rg	
APPLY PHONE	: 832-59	01			<b>FAX:</b> 832-3461				
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:								
Two	Bdrm:	7	0		912	2	6	YES	
Three I	Bdrm:	13	0		1394	3	8	YES	
Four I	Bdrm:								
RENT INFO: RE Minimum Rent: \$0  *******CLOSED	) for Fede	ral Low Incom		UTILITIES IN Water and all	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:							TO REMAIN ON W	P .	
Head of household	d must be	18 years or o	older	WAITL	LIST FOR PARKING:		CALL EVERY	(Months):	
				PARKING INI	O:	PET INFO		PETS OK: YES	
	AS	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only ories listed below: under 25 lbs) or cat		
AN OWN RESID		PROPERTY:	NO			GENERAL			
ASSET LIMIT INF		hu		LEASE:			ENCES: Domestic \ in transitional shelt		
				1 year		displaced			
						*Applican	ts must respond to andence from HPHA,	any in a timely	
INCOME CRITER	IA:					manner. I	No waitlist updates r s must update any c	needed, however,	
ncome Eligibility = Maximum Annual	: 80% of A	AMI 1 person - \$53	3,250;	FURNISHED:		info/house	ehold composition in atus via hpha.myhou	nfo and check	
2 persons - \$60,90 4 persons - \$76,10	00; 3 pers	sons - \$68,500	);	Partly furnish appliances or	nly, no carpet		rname/password to		
6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450				Fun			Funding: Fed Low Inc Pub Hsing 100%		
0 persons						All convic	tions must be 3 yrs	ago, unless it's	
1-PERSON MAXIM	IUM MON	ITHLY INCOM	ΛΕ:	4570					
2-PERSONS MAXI				5220					

		Last Comp	lete Upda	e:	1/24/2022					AREA:	Waianae
PROJECT NAME:	MA'ILI	II (HPH	A-lee) -	NOT	ACCEP	TING	APPL	ICATIO	PROJEC	T TYPE:	Family
ADDRESS:									PHONE:	697-717	71
									FAX:	697-717	74
CITY:	Waianae		STATE	Н	ZIP:		96792				
MANAGER	: Mandy Mi	yamoto						ADDRESS:			0117.05.07475
APPLY TO		EPTING AI	PPLICATIO	)NS			Honolulu	rth School St. , HI 96817 CEPTING APF	PLICATIONS		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		lications off EPTING AI		NS							NO
APPLY PHONE	: 832-5961					FAX:	832-3461	EMAI	L: hphaisher	eforyou.o	org
Unit		Number f UNITS:	RENT	Γ:	Minimum INCOME Required:		SQ FT:	MINIMUN Number of People	r Num	IMUM ber of ople:	CAREGIVER Allowed:
	tudio:										
	3drm:	12	0				912	2	-  -	6	YES
Three E	3drm:										
Four E	3drm:	12	0				1394	4		10	YES
RENT INFO: RE Minimum Rent: \$0	for Federal	Low Incom			TILITIES INC			ity		IIMUM W TIMATE MAXIMU	AL UNITS: 24  AIT LIST (Months): 36  JM WAIT BTIMATE 60
AGE CRITERIA:		0	Lilea	_					TO REMA	N NO NIA	00
Head of household	a must be 16	s years or c	older				PARKIN	_			
	ASSE	ET LIMITS:	NONE		ARKING INF	FO:	<u> </u>	the cate		but only o	PETS OK: YES one from each of
AN OWN RESID	DENTIAL PR	ROPERTY:	NO	- L				GENER	AL INFO:		
Cannot own a hou					EASE:				ess in transitio		/iolence victims; ers; involuntary
INCOME CRITERI	ΙΔ.				year			*Application	ants must respondence from	m HPHA,	any in a timely needed, however,
ncome Eligibility =		ll .		_ F	URNISHED:			applica	nts must upd	ate any c	ontact
Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350;				F	Partly furnishedmajor appliances only			waitlist need us	info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so).  Funding: Fed Low Inc Pub Hsing 100%		
8 persons - \$100,450											ago, unless it's
1-PERSON MAXIM					570			It			

		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	APPLY ADDRESS: Referral through CES				OUT-OF-STATE APPLICATION
APPLY ATTN		alo tillough ook	Sidiliated Entry	5y5t6iii (020)				ACCEPTED: NO
APPLY PHONE	<b>≣:</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	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	2/22/2022				AREA:	Aiea
PROJECT NAME:	MAK	ALAPA M	ANOR (Co	o-op Fee)			P	ROJECT TYPE:	Family
ADDRESS:	99-120	Kohomua St.					P	PHONE: 487-711	14
CITY:	Aiea		STATE: HI	ZIP:	9670	01		FAX:	
MANAGER	R: Tracy I	Hefferon, mana	ager			LY ADDRESS Waialae Ave		onolulu,	OUT-OF-STATE
APPLY TO	): Mark D	Development In	nc.		Hi. 9	6816			APPLICATION ACCEPTED:
APPLY ATTN	۷:								YES
APPLY PHONE	<b>≣</b> : 735-90	099			<b>FAX</b> : 781-2			ps://mdihawaii.co cyh@mdihawaii.	om/makalapamanor com
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ F	<sub>r.</sub> Nu	IMUM mber eople	MAXIMUM Number of People:	CAREGIVER Allowed:
	itudio:								V50
	Bdrm:	18	0				1	2	YES
	Bdrm:	29	0		-		2	4	YES
Three		29	0			=	4	6	YES
Four	Bdrm:	34	0				6	8	YES
RENT INFO: RE  5 - Five-bdrm unit Down Payment ba year. 1 bdrm = \$' (6/08) = \$27,105; Recording, Transf	s (8 min   ased on s 17,893; 2 4 bdrm =	people 10 max size of unit and bdrm = \$21,36 : \$31,977 Addtl	time of the 65; 3 bdrm I Fees:	Water	GLUDED:		T	MINIMUM W ESTIMATE MAXIMU	(Months): 6  JM WAIT STIMATE 24
Head of househol	d must be	e 18 years or o	older	\\/ \ ITI	IST FOR PAR	KINIC:	10	CALL EVERY	
				PARKING INF	O:		T INFO:	F	PETS OK: YES
Į.	٨٥	SSET LIMITS:	NONE	arking inclu	ucu				
AN OWN RESI	DENTIAL					GE	NERAL IN	IFO:	
ASSET LIMIT INF	·O:			LEASE:		1 3 2 1	2-bdrm 3-bdrm 4-bdrm 5-bdrm	accessible units	
INCOME CRITER Maximum annual 2 persons - \$61,3: 4 persons - \$76,6: 6 persons - \$88,9: 8 persons - \$101,	income: 50, 3 per 50, 5 per 50, 7 per	sons - \$69,000 sons - \$82,800	), ),	FURNISHED: Partly furnish appliances or have carpet		Wa Fu Se NC LA	inding: 24 ection 236/ D RESPON	er hookups in unitunits Section 8; r Co-op NSE IN 2021.	
I 1-PERSON MAXIM	MUM MUN	NTHLY INCOM	1E:	4475					
2-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	5112					

	Last Comp	olete Update:	1/24/2022			AREA:	Nuuanu
PROJECT NAME:	MAKAMAE (H	PHA-hon)	NOT ACC	PEDTING ADD	I ICA	PROJECT TYPE:	
	21 South Kuakini St.	PHA-HOH)	- NOT ACC	EPTING APP			
ADDRESS.	21 South Kuakini St.					PHONE: 586-972 FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> :  586-972	28
MANAGER APPLY TO	t: Sol Sentons  D: HPHA  NOT ACCEPTING A	PPLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCEF	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications of NOT ACCEPTING A						NO
APPLY PHONE		PPLICATIONS		<b>FAX:</b> 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 108	0		384	1	2	YES
One I	Bdrm: 16	0		500	1	4	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						
	NT IS 30% OF INCOM 0 for Federal Low Incom 8/2/2016*****		UTILITIES INC	CLUDED: owance for electricity		MINIMUM W. ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:	d or spouse must be 62	2 years or			Т	O REMAIN ON W	
older, or disabled	•	•	WAITL PARKING INF	O: NO	PET INFO:	P	PETS OK: YES
]	A005T LIMITO	NONE	Included	,	Small pets t	under 25 lbs. only	,
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL I	NEO.	
ASSET LIMIT INF		1	LEASE:		PREFEREN	NCES: Domestic V	iolence victims;
Cannot own a hou	use on Oahu		1 year		homeless ir displaced.	transitional shelte	ers; involuntary
INCOME CRITERIA:  ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500;			FURNISHED: Partly furnishe appliances on		*Applicants must respond to any correspondence from HPHA, in a timely manner. No waitlist updates needed, however, applicants must update any contact info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so).		in a timely needed, however, ontact ifo and check using.com (will
6 persons - \$88,30 8 persons - \$100,4	00; 5 persons - \$82,200 00; 7 persons - \$94,350 450 //UM MONTHLY INCON	0;	4570		If elder dies	, under age 62 spo g: Fed Low Inc Pu	ouse may rent
2-DERSONS MAY	IMLIM MONTHLY INCC	)ME·	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
:NT INFO: RENT IS no bdrm rent is \$592- ree bdrm rent is \$650 ur bdrm rent is \$729-	696 maximum. 6-771 maximum.	E: YES	UTILITIES INCLU Water	UDED:		MINIMUM W ESTIMATE MAXIMU	
E 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	
aximum Annual Income: 2 persons: \$45,650;			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;			-majoi	*Applicants must respond to any correspondence from management, in a timely manner.*		

2-PERSONS MAXIMUM MONTHLY INCOME:

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	Last Comple	ete Update:	1/24/2022			AREA:	McCully	
PROJECT NAME:	MAKUA ALII (H	PHA-hon)	- NOT AC	CEPTING AP	PLIC	PROJECT TYPE:		
	1541 Kalakaua Ave.					<b>PHONE</b> : 973-019	93	
	<u></u>					FAX: 973-019		
CITY:	Honolulu	STATE: HI	ZIP:	96826		,		
MANAGER APPLY TO	: Loane Ah Sam : HPHA NOT ACCEPTING API	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCER	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l: Oahu applications offic NOT ACCEPTING API				EMAIL -	ha haiaharafar yay a	-	
APPLY PHONE	: 832-5961		I	FAX: 832-3461	EWAIL:	hphaishereforyou.o	rg	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Bdrm: 210	0		522	1	4	YES	
Two E	Bdrm: 1						YES	
Four E	Bdrm:							
-	NT IS 30% OF INCOME:		UTILITIES INCL		_	ТОТА	L UNITS: 211	
Minimum Rent: \$0	) for Federal Low Income 8/2/2016*****	projects	Electricity and w	rater		MINIMUM W. ESTIMATE		
						MAXIMU LIST ES	JM WAIT STIMATE 60	
AGE CRITERIA:	d or spouse must be 62 y	vears or				TO REMAIN ON W CALL EVERY		
older, or disabled	,		WAITLIS PARKING INFO	T FOR PARKING: YES	PET INFO:	F	PETS OK: YES	
			Included	1120		under 25 lbs. only	1120	
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				 GENERAL	INFO:		
ASSET LIMIT INFO	, and the second se		LEASE:			NCES: Domestic V		
Cannot own a hou	ise on Oahu		1 year		homeless displaced.	in transitional shelte	ers; involuntary	
INCOME CRITERI			FURNISHED:		correspond manner. N applicants	s must respond to a dence from HPHA, o waitlist updates n must update any c	in a timely leeded, however, ontact	
Maximum Annual 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;	Partly furnished appliances only		waitlist sta need useri If elder die	info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so).  If elder dies, under age 62 spouse may rent unit. Funding: Fed Low Inc Pub Hsing 100%		
1-PERSON MAXIM	IUM MONTHLY INCOME	i:	4570		-			
2-PERSONS MAXI	MUM MONTHLY INCOM	1F:	5220					

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last	Comple	te Update:	6/14/2023					AREA:	Liliha
PROJECT NAME:	MALULAN	II HAL	.E					PROJEC	T TYPE:	Elderly
ADDRESS:	114 North Kuak	ini St.						PHONE:	524-273	1 537-1213
CITY:	Honolulu		STATE: HI	ZIP:		96817		FAX:	545-521	4
	: John Valledor, x 10 : Urban Real Es		t Mgr.; Sunnie	Lee, COS 524	-2731	APPLY AD 50 S. Beret Honolulu, F	tania St. C101			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Mana	gement E	Department							YES
APPLY PHONE	: 524-2731ext 3	609			FAX:	545-5214	EMAIL:	slee@urba	ın-hi.com	
	Type: Numb of UN		RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXI Numb Ped		CAREGIVER Allowed:
One I	Bdrm: 150	0	1410				1		2	YES
Four								<u> </u>		NO
Project has some wait, as of 2022). No wait for market Market Rate - \$14	Section 8 units (	(60 units;	5 year	UTILITIES IN Electricity and		D:			IMUM W	Months): 0
AGE CRITERIA:								TO REMA		
Head of Househol union partner 18+; household must be	; all other memb	ers of the		PARKING INF	FO:	R PARKING:	PET INFO:	CALL	EVERY (	Months): 6 ETS OK: YES
AN OWN RESID	ASSET L			Parking avail year waiting I guest parking options for \$4	ist after g availab	move-in; le; other	Subject to GENERAL	,	nanager's	approval
ASSET LIMIT INF				LEASE:			If elderly to		under ag	ge 62 spouse may
				1 year			Catholic C federal pre Funding: S	harities Ha ef. Section 8	waii 60 units	ailable through
INCOME CRITER								Market 8: 1 unit for re		ıgr
Maximum annual i Maximum annual i (80% of AMI) = 1 I	income			Partly furnish appliances or	edmaj		SQFT of u Application	inits not av n:	ailable fro	om manager. sed stamped
1-PERSON MAXIM	IUM MONTHLY	INCOME:		5446			1			

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ADDRESS: 9  CITY: P  MANAGER: 3  APPLY TO: 1		STATE: HI	ZIP:	96782  APPLY ADI 949 Luehu	DRESS:	PROJECT TYPE: PHONE: 455-42 FAX: 455-42	25
MANAGER: S  APPLY TO: I	Pearl City  Sherry Revalee  Locations LLC	,	ZIP:	APPLY ADI 949 Luehu	DRESS:		
MANAGER: S APPLY TO: I	Sherry Revalee Locations LLC	,	ZIP:	APPLY ADI 949 Luehu		<b>FAX</b> : 455-42	25
APPLY TO:	Locations LLC	Division		949 Luehu			
APPLY ATTN:		Division					OUT-OF-STAT
	Property Management	Division		Pean City, r	HI 96782		APPLICATIO ACCEPTED
APPLY PHONE:							YES
	455-4225			FAX: 455-4232		ocationsrentals.c entals.aspx	om/affordable-
Unit Ty	ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bd							
Two Bd		940	2.5x rent	746			YES
Four Bd	drm:						YES
Has Sliding Scale for	T IS 30% OF INCOME or Rent: \$940 minus \$ (e) = \$725 minimum reholders need not mee ement.	\$215 max vent.	ITILITIES INC			MINIMUM W ESTIMATE MAXIM	(Months): 2
GE CRITERIA:		k				LIST E TO REMAIN ON V	STIMATE 6
lead of household r	must be 18 years or old	der	WAITI	IST FOR PARKING:		CALL EVERY	(Months):
			ARKING INF	O:	PET INFO:		PETS OK: NO
	ASSET LIMITS:	NONE					
	ENTIAL PROPERTY:	YES			GENERAL I		
SSET LIMIT INFO:	:	_	EASE: I year		application. community Visitor park	on letter mailed a Common laundry area. On-site res ing. Near Pearl C Pearl Highlands.	y area. Large sident manager.
NCOME CRITERIA:	:					te - Info from Web	agita
Maximum Annual Income 60% AMI:  1 person - \$49,020  2 people - \$55,980  3 people - \$63,000  4 people - \$69,960  5 people - \$75,600  6 people - \$81,180				nedmajor nyl tile floors, ns, washer hook	·	DNSE IN 2021.	JSILE
PERSON MAXIMU	M MONTHLY INCOME	≣: 4	1085				

	Last Compl	ete Update:	2/22/2022			AREA:	Manoa
PROJECT NAME:	<b>MANOA GARD</b>	<b>ENS ELDE</b>	RLY HOU	JSING		PROJECT TYPE:	Elderly
ADDRESS:	2790 Kahaloa Dr.					PHONE: 808-762	2-0101
01777	J	07475				FAX: 930-301	5
CITY:	Honolulu	STATE: HI	ZIP:	96822		,	
MANAGER	: Michelle Look, Proper	ty Manager		APPLY ADDR			
APPLY TO	: Locations LLC			Locations, Pro Division, P.O. Hi. 96823-242	Box 22420,		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	l:						169
APPLY PHONE	E: 808-738-3100			<b>FAX:</b> 808-930-3015	ļ	Michelle.Look@Loonttps://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	390	1	2	YES
One I	Bdrm: 31	1005	2xrent	448	2	3	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
RENT INFO: RE	NT IS 30% OF INCOME	: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 79
Market rent for stu			Water & Sewe			MINIMUM W	
	olders need not meet the	e minimum				ESTIMATE	(Months): 24
gross income requ	anement.					MAXIMU LIST ES	JM WAIT STIMATE 60
AGE CRITERIA:						TO REMAIN ON W	
of application.	dents must be 62 or olde			IST FOR PARKING:		CALL EVERY	
Applicants may aphistory.	oply without verifiable res		PARKING INF	Month, street	PET INFO:	P	PETS OK: NO
r.	ASSET LIMITS:		parking also a				
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:		Caregivers outside ho	are allowed with M	1D letter; can work
			6 months, the	n month to month	Opened 19 Transporta Catholic C		•
INCOME CRITER	IA:				Online ww	w.eahhousing.org	ection i ian.
	Income: /II \$50,640, 80%AMI \$67 MI \$57,840, 80%AMI \$7	,520	FURNISHED: Partly furnishe appliances on		NO RESPO	gement office ONSE IN 2021. LAS OCCURRED IN 202	
No income limit fo	or market units.						
1-PERSON MAXIM	IUM MONTHLY INCOMI	 ≣:	4085		<u> </u>		
2-PERSONS MAY		ΛF·	4665				

	Las	st Compl	ete Update:	1/24/2022			AREA:	Chinatown
PROJECT NAME:	MARIN T	OWEF	₹				PROJECT TYPE:	Family
ADDRESS:	60 North Nimit	tz Hwy					PHONE: 528-44	60
CITY:	Honolulu		STATE: HI	ZIP:	96817		<b>FAX</b> : 524-00	60
	: Lee Yasutake		perties		APPLY ADI 60 N. Nimitz Honolulu, H	Hwy		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Laura Kim, A	dmin Ass	istant					YES
APPLY PHONE	: 528-4460			F	FAX: 524-0060	EMAIL:	Not Accepted	
S One Two	tudio: 1  Bdrm: 10  Bdrm: 10  Bdrm: Bdrm: Bdrm: Bdrm: 10	9 08 09	RENT: 1100 1200 1330 : NO	Minimum INCOME Required:  2637.50  2825.00  3387.5  UTILITIES INCLUMATER + Sewer	SQ FT: 430 655 729 UDED:	MINIMUM Number of People	MINIMUM W ESTIMATE	
AGE CRITERIA:			<sup>1</sup>				TO REMAIN ON V	
Head of househol		ears or old		WAITLIS' PARKING INFO: Rent does not in		PET INFO	CALL EVERY  imals only.	(Months): 12 PETS OK: YES
AN OWN RESIDE	DENTIAL PROF		YES	LEASE: 1 year		(for exam	INFO: Il forms of subsidy ble: Section 8) s have a Lanai	payments
NCOME CRITERIA:  People 1 2 3 4 5 \$52,920 \$60,480 \$68,040 \$75,540 \$81,600  No Market Rent Units			-	Email			n: om Resident Manaç ırin@hawaiiaffordat awaiiaffordable.con	ole.com or
 1-PERSON MAXIN 2-PERSONS MAXI				4410 5040		]		

	Last Com	plete Update:	5/17/2023			AREA:	Chinatown
PROJECT NAME:	MAUNAKEA 1	OWER (CI	OSED for	application)		PROJECT TYPE:	Family
ADDRESS:	1245 Maunakea St.	•				PHONE: 537-990	)5
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 545-166	53
MANAGER	t: Terri Washam			APPLY ADD	DRESS:		OUT-OF-STATE
APPLY TO							APPLICATION ACCEPTED:
APPLY ATTN	I: Maunakea Tower						
APPLY PHONE	: 537-9905			<b>FAX:</b> 545-1663		sandalwoodmgt.co Maunakeatower@s	m andalwoodmgt.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						\
	<b>Bdrm:</b> 254	0	NO	560	1	2	YES
	<b>Bdrm:</b> 126	0	NO	742	2	4	YES
Three							
Four	Bdrm:						NO
	NT IS 30% OF INCOM Y ACCEPTING APPLI		Water	CLUDED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
Head of househole	d must be 18 years or	older		IST FOR PARKING:			
	ASSET LIMITS:	NONE		led; some guest ble; other options	Assistive a	nimals only	PETS OK: NO
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:		Funding: 3	379 units Low Incon	ne Housing Tax
			1 year; then m	nonth-to-month		on letter sent upon	receipt of
INCOME CRITER	IA:		'			on wait list will rec	eive a notice
Maximum Annual Income: 1 person - \$45,750; 2 persons - \$52,250; 3 persons - \$58,800; 4 persons - \$65,300			FURNISHED:  Partly furnished appliances on		annually		
	NOM MONTHLY INCOM		3808				

	Last Comp	olete Update:	1/24/2022			AREA:	Palama
PROJECT NAME:	<b>MAYOR WRIG</b>	HT HOME	S (HPHA-ŀ	non) - NOT A	CCEP	PROJECT TYPE:	
	521 North Kukui St.		(111 11111	1011)		PHONE: 832-31	53
						FAX: 832-318	
CITY:	Honolulu	STATE: HI	ZIP:	96817		1000	
MANAGER	: Cynthia Yoshida - Ma	anager		APPLY AD			
				1002 North Honolulu, F	School St. -II 96817	APPL	
APPLY TO	NOT ACCEPTING A	PPLICATIONS	NOT ACCEPTING AF			ATIONS	ACCEPTED:
APPLY ATTN	l: Oahu applications off	fice					NO
	NOT ACCEPTING A	PPLICATIONS			EMAIL: h	phaishereforyou.c	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 I	Bdrm: 24	0		530	1	2	YES
	Bdrm: 114	0		732	2	4	YES
				908	3	6	YES
Three I		0		1203	4	8	
Four I	<b>Bdrm:</b> 50	0	ļ	1203	4	0	YES
RENT INFO: RE	NT IS 30% OF INCOM	E: YES	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 364
	) for Federal Low Incom		Water and gas	s + allowance for		MINIMUM W	
*********CLOSED	8/2/2016*****		electricity			ESTIMATE	
							JM WAIT
			Įt.				STIMATE 60
AGE CRITERIA:	d must be 18 years or c	older			٦	O REMAIN ON W CALL EVERY	
Tiedd of Household	a made be 10 years or e	, aci	WAITL PARKING INF	IST FOR PARKING:	PET INFO:		PETS OK: YES
			Included	0.		mals ok, but only	
,	ASSET LIMITS:	NONE			the categor	ies listed below: nder 25 lbs) or car	
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I		
ASSET LIMIT INF		1.10	LEASE:		PREFERE	NCES: Domestic \	
Cannot own a hou	ise on Oahu		1 year		homeless in displaced.	n transitional shelt	ers; involuntary
			'			must respond to	anv
					correspond	ence from HPHA,	in a timely
ncome Eligibility =			FURNISHED:		applicants i	waitlist updates ruust update any c	ontact
Maximum Annual	Income: 1 person - \$53		Partly furnishe	edmajor		old composition in us via hpha.myho	
4 persons - \$76,10	00; 3 persons - \$68,500 00; 5 persons - \$82,200	);	appliances on	lly, no carpet	need usern	ame/password to	do so).
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350 450	);			Funding: Fe	ed Low Inc Pub H	sing 100%
					All conviction	ons must be 3 yrs	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOM	ME:	4570		-		
2-PERSONS MAXI	MUM MONTHLY INCO	DME:	5220				

	Las	t Complet	te Update:	2/28/2022			AREA:	Mililani
PROJECT NAME:	MEHEUL	A VIST	A I - wai	tlist is clo	sed		PROJECT TYPE:	Elderly
ADDRESS:	95-1060A Lehi	wa Dr.					PHONE: 626-916	62
CITY:	Mililani		STATE: HI	ZIP:	96789		FAX: 626-910	63
	IVIIII CI II		· · · · · · · · · · · · · · · · · · ·		30703			
MANAGER	ł:				APPLY AD			
APPLY TO	: Meheula Vista	a			95-1060A L Mililani HI S	ehiwa Drive 96789		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Management	Office						YES
APPLY PHONE	E: 626-9162				<b>FAX:</b> 626-9163		eahhousing.org/apa vista/	artments/meheula-
	: Type: Num		RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm: 7	5	915	2 X rent	420			
Three	Bdrm:							
	Bdrm:							YES
Four	Burni.					,	,	150
RENT INFO: RE	NT IS 30% OF	INCOME:	NO	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 75
30% AMGI - \$678 50% AMGI - \$915				Electricity, wat	er, sewer		MINIMUM W	(2.4 )
Food Stamps & R							ESTIMATE	
help meet min. inc	come. No credit	evaluation	required					JM WAIT STIMATE 12
AGE CRITERIA:							TO REMAIN ON W	
All residents must Applicants can ap		iable resid	ential		IST FOR PARKING:		CALL EVERY	
histories.				\$50/month ava	O: NO ailable on a first-	PET INFO:	ŀ	PETS OK: NO
į.	ASSETI	LIMITS: N	JONE	come, first-ser	rved basis.			
AN OWN RESI				assigned, tena	ancy restricted to a vehicle	GENERAL	INFO:	
ASSET LIMIT INF		11- 1-1	• • •	LEASE:		*Along with	h completing regula	ar waitlist updates, act info current, as
All income from as eligibility.	ssets is counted	to determ	iine			well as res		ation from housing
						Picnic area	a, community room d common areas, o	, laundry room,
INCOME CRITER	IA:					laundry,	ident manager, visi	
30% AMI - Max in \$30,240 two perso		one person	,	Range/oven, grefrigerator, freflooring, windoceiling fan.		purpose pa Funding: L Must have		ITF, and DURF rences and satisfy
1-PERSON MAXIM	IUM MONTHLY	INCOME:		3675		Į		
2-PERSONS MAXI	IMUM MONTHL	Y INCOME	≣:	4200				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	2/28/2022				AREA:	Mililani
PROJECT NAME:	MEHE	ULA VIS	TA II wai	tlist is clos	sed			PROJECT TYPE:	Elderly
ADDRESS:	95-1060B	Lehiwa Dr.						PHONE: 626-916	52
CITY	Mililani		STATE: HI	ZIP:		96789		<b>FAX</b> : 626-916	33
OII I.	IVIIIIarii		OTATE:  FI			90709			
MANAGER	<b>!</b> :					APPLY AD	DRESS: .ehiwa Drive		OUT-OF-STATE
APPLY TO	: Meheula	a Vista				Mililani, Hav	waii 96789		APPLICATION ACCEPTED: YES
APPLY ATTN	I: Manage	ment Office							-
APPLY PHONE	: 626-916	2			FAX:	626-9163	EMAIL:	eahhousing.org/apa vista/	artments/meheula-
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:			Nequireu.			or r eople	т еоріе.	
One I	Bdrm:	75	980			420			
Two I	Bdrm:								
Three I	Bdrm:				<u> </u>				
Four I	Bdrm:								YES
RENT INFO: RE 8 units @ 30% AN AMGI=\$915; 7 uni	/IGI=\$678;	60 units @ 50	)%	Water, sewer			ed.	MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA:								TO REMAIN ON W	12
All tenants must b	e 55 at the	time of applic	cation	WAITL	IST FO	R PARKING:		CALL EVERY	
submission. Applicants can ap history.	ply without	t verifiable res	idential	PARKING INF		NO	PET INFO	: F	PETS OK: NO
HISTORY.				\$50 mo. Park once all stalls	are as	sisgned,			
		SET LIMITS:		occupancy is who do not ov					
AN OWN RESIDE		PROPERTY:	YES				GENERAL *Along wi	INFO: th completing regula	r waitlist updates.
				LEASE:			applicants well as re	s must keep all conta spond to communicate in a timely manu	act info current, as ation from housing
INCOME CRITER	ΙΔ.			1			manager,	free property. On-sit Meeting & multi-pur	pose room,
30% AMI - Maxim	um income		26,460 per	FURNISHED:			locked en	try doors, common la, community room.	aundry area,
year., 2 persons - 50% AMI - Maxim year.; 2 person - \$ 60% AMI - Maxim year; 2 person \$60	um income 550,400 pe um income	e, 1 person - \$ r year e 1 person \$5		Major applica disposal, viny fan, window c	l floorin	g, ceiling			
1-PERSON MAXIM	1UM MON	THLY INCOMI	≣:	3675			Į.		

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		Last Compl	ete Update:	2/28/2022				AREA:	Mililani
PROJECT NAME:	MEH	EULA VIS	TA III - w	aitlist is cl	osed			PROJECT TYPE:	Elderly
ADDRESS:	95-1060	C Lehiwa Dr.						PHONE: 626-916	62
CITY	N 4000 - 1		STATE: HI			00700		<b>FAX</b> : 626-916	33
CITT	Mililani		STATE: HI	ZIP:		96789			
MANAGER APPLY TO		gement Office				APPLY AD 95-1060A L Mililani, HI	ehiwa Drive		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Meheu	ıla Vista I - ATTI	N: Resident M	anager					
APPLY PHONE	:: 626-91	162			FAX:	626-9163	EMAIL:	eahhousing.org/apa vista/	artments/meheula-
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:	75	980	2x Rent					
Two I	Bdrm:								
Three E	Bdrm:								
Four I	Bdrm:								
RENT INFO: RE 30% AMI Units - \$ 50% AMI Units - \$ 60% AMI Units - \$	678/mor 915/mor	nth - 8 Units nth - 60 Units	:: NO	UTILITIES INC				MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA:								TO REMAIN ON W	12
Applicants must b	e 55 at ti	ime of application	on	WAITI	IST FO	R PARKING:		CALL EVERY	
submission. Applicants can ap	ply witho	ut verifiable resi	idential	PARKING INF		NO	PET INFO	: F	PETS OK: NO
history.	A	SSET LIMITS:	NONE	\$50/mo. Park once all stalls occupancy is who do not ov	are ass	signed, ed to those			
AN OWN RESID		PROPERTY:	YES				GENERAL		
AGGET EIIVIT IN	<u>o.                                    </u>			LEASE:			applicants well as remanagem	th completing regula s must keep all conta spond to communica ent in a timely man	act info current, as ation from housing ner.*
INCOME CRITERI	IA:			F			manager,	free property. On-sit meeting/multi-purpo	ose room, locked
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			entry do				doors, common laundry area, picnic area, ommunity room.		
1-PERSON MAXIM	IUM MOI	NTHLY INCOME	<b>=====</b>	3675			Į.		

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		Last Comp	lete Update:	6/22/2023			AREA	Mililani
PROJECT NAME:	MEH	EULA VIS	TA IV - app	ly by 6/30	0/23	-	PROJECT TYPE	Elderly
ADDRESS:	95-1060	D Lahiwa Drive	e				PHONE: 626-9	162
CITY:	Mililani		STATE: HI	ZIP:	96789		FAX:	
MANAGER	R: Reside	nt Manager, D	ee Young		APPLY AD	DRESS: g.org/apartments	/meheula-	OUT-OF-STATE
APPLY TO	): if unabl assista		ne, call resident m	nanager for	vista/	3 - 3 - 1		APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :							
APPLY PHONE	<b>:</b> 626-91	62			FAX:		ahhousing.org/a ista/	partments/meheula-
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	75		-	420			
Three I				-	-			
	Bdrm:							
RENT INFO: RE Anticipated occup 8 units - 30% AMI 8 units - 50% AMI 59 units - 60% AM	eancy 8/15		E: NO	UTILITIES INC	CLUDED:		MINIMUM V ESTIMATE MAXIN	(Months): 0
AGE CRITERIA:			Je				LIST E O REMAIN ON	STIMATE 0
Age 55+				WAITLI	ST FOR PARKING:		CALL EVER	
				PARKING INF	0:	PET INFO:		PETS OK:
	۸۵	SSET LIMITS:						
AN OWN RESID						GENERAL I	NFO:	
ASSET LIMIT INF	O:			LEASE:		,		
INCOME CRITER	IA:							
				FURNISHED:				
 1-PERSON MAXIN	NOM MUN	THLY INCOM	 E:	0		<u> </u>		
2-PERSONS MAXI	ІМИМ МС	NTHLY INCO	ME:	0				

ADDRESS:	MOKUOLA VI 94-333 Mokuola St. Waipahu	STA			PF	ROJECT TYPE:	Family
J.							
CITY:	Waipahu				PI	HONE: 671-407	75
		STATE: HI	ZIP:	96797		<b>FAX</b> : 671-280	)7
MANAGER:	Marlene Antonio			APPLY AI			
APPLY TO:	Locations				22420 HI 96823 or okuola Street, Waip	ahu	OUT-OF-STATI APPLICATION ACCEPTED: YES
APPLY ATTN:	Property Managemen	nt Division					110
APPLY PHONE:	671-4075			<b>FAX:</b> 671-2807		o://www.locations -rentals.aspx	srentals.com/afforda
Unit 1	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One B							
Two B		1100	2475.00	641	1	5	
Four B							YES
DENT INFO: DEN	NT IS 30% OF INCOM	E: NO	JTILITIES INC	NUDED.		TOT 4	L UNITS: 69
4 units @ 30% AM 65 units @ 60% AM	G for \$555		Water and sev			MINIMUM W.	
Section 8 certificate gross income requi	e holders need not me irement.	et the min				ESTIMATE MAXIMU	(Months): 2
600+ credit score n	needed.	Į.					STIMATE 3
AGE CRITERIA:  Head of household	must be 18 years or o	older	\A/A ITI	IOT FOR RADICINO	_	REMAIN ON W CALL EVERY	
		F	WAITE PARKING INF	IST FOR PARKING O: NO	: PET INFO:	F	PETS OK: NO
	ASSET LIMITS:		\$50 monthly for spaces.	ee; 105 parking	Service Anima Request	al. Emotional ne	ed. Doctor
AN OWN RESID	ENTIAL PROPERTY:				GENERAL INI	FO:	
ASSET LIMIT INFO	): 	<u> </u>	EASE:		Playground, p	oicnic area. Eac /D.	h unit will have
					4 Handicap u	nits available on	site
					Funding: RH	TF	
	A: son \$24,510, 2 person son \$49,020, 2 person		FURNISHED:			SE IN 2021. LA: CURRED ON 03	ST COMPLETED 3/19/2019.
-PERSON MAXIMI	UM MONTHLY INCOM	ΛΕ:	4085		]		

		Last Comp	lete Update:	2/22/2022			AREA:	Moiliili
PROJECT NAME:	NA P	<b>COLEA</b>				F	PROJECT TYPE:	Transitional
ADDRESS:	1020 Is	senberg St.					PHONE: 946-80	63
CITY:	Honolu	du	STATE: HI	ZIP:	96826		FAX: 955-53	04
-	lionoid	iiu			30020			
	Seren	Souza, Director a Kyi-Yim, Case PERTY CLOSED	es Manager			ORESS: se manager/ -re -No walk-ins	ferring	OUT-OF-STATE
APPLY ATTN		SING SOLUTION manager or refe						ACCEPTED: NO
APPLY PHONE	packe	et only for client	g agono, to		<b>FAX:</b> 955-5304	EMAIL: se	erena@hsiservice	es.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:	64			120	1	1	NO
One	Bdrm:							
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE Must be homeless service plan. Sing male and female	s willing gle occu	to follow an indiv pancy; shared b	vidualized	UTILITIES INCL	UDED: vater, no carpets		MINIMUM W ESTIMATE MAXIM	
AGE CRITERIA:						Т	O REMAIN ON V	
one person per ur	nit, must	be 18+		WAITLIS	ST FOR PARKING:	PET INFO:	CALL EVERY	(Months): 1 PETS OK: NO
				\$40/month	): NO	PET INFO:		LIS OK. NO
	Д	SSET LIMITS:	NONE					
AN OWN RESII ASSET LIMIT INF		L PROPERTY:	NO			GENERAL II		CES) Referral Only
ACCET LIMIT IN	<u> </u>			LEASE: 120 days				ST COMPLETED
				120 days			CCURRED ON 0	
INCOME CRITER	IIA:			1				
				FURNISHED:  No furniture. B closet space.	uilt-in desk and			
				1		J		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Co	mplete Update:	6/13/2023			AREA	. Kakaako
PROJECT NAME:	NA LEI HUL	U KUPUNA			F	PROJECT TYPE	: Elderly
ADDRESS:	610 Cooke St.				-	PHONE: 593-10	009
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX:	
MANAGER	R: Angela Hoan, Prop	perty manager		APPLY AD	DRESS: Street #114, Hor	oolulu HI	OUT-OF-STATE
APPLY TO	): Na Lei Hulu Kupur	na		96813	011001#114,1101	ioidia, i ii	APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 593-1009			FAX:		ww.mdihawaii.co ngela@mdihawa	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 75	966		350	1	2	YES
	Bdrm:						
Three	Bdrm:			_			
	Bdrm:						YES
Mark Developmer 20 Units @ 40% A 53 Units @ 50% A 2 Units @ 60% A	eNT IS 30% OF INCO nt is management co AMI - \$733.00/ month AMI - \$966.00/month AMI - \$1099.00/mont es needed; applicant	mpany.	UTILITIES INC			MINIMUM V ESTIMATE MAXIM	(Months): 3
	to whonover needed		ı			LIST E O REMAIN ON V	STIMATE 12
Applicants must b	e 62 yrs old at time o		WAITLI	ST FOR PARKING:		CALL EVERY	
	cants can apply with , with letter from their		PARKING INFO	O: NO	PET INFO:		PETS OK: NO
1	ASSET LIMIT	S: NONE	No parking ava	ailable.	service anim	ation considered nals	for verifiable
	DENTIAL PROPERT				GENERAL II		
ASSET LIMIT INF	·O:		LEASE:		Catholic Ch	arities Hawaiʻi	available through
			1 year intial lea	ase, then month-to- at	Has social s coordinator	02; has Air Condi services on site,   Katie Hoan units w/ walk in s	part-time,
INCOME CRITER		27000	FURNISHED:		each floor Funding: LII		
50% AMI	\$35,280/yr \$40,3 \$44,100/yr \$50,4	erson 320/yr 400/yr 480/yr	Fully furnished appliances, be table with chai	ed, dresser, coffee irs (which can be quested) and A/C.	Can decline	ction 8 & Rent Si an offer of an ap at, will need to re	partment 2-3 times
I I-PERSON MAXIN	MUM MONTHLY INC	OME:	4410		1		
2-PERSONS MAX	IMUM MONTHLY IN	COME:	5040				

	Last Compl	ete Update:	2/22/2022			AREA:	Nanakuli
PROJECT NAME:	NANA'IKEOLA	SENIOR A	PARTMEN <sup>®</sup>	TS		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	DRESS:		OUT OF STATE
APPLY TO	: Call for viewing and a	oplication.					OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 668-4702		F	AX:	EMAIL:	halealiigroup@yaho	oo.com
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 39	0		500	1	3	
Three I	Bdrm:						NO
	NT IS 30% OF INCOME	ot to	\$75 monthly utilit	d garbage included y allowance. No A is Subject to Chan	C.	MINIMUM W ESTIMATE MAXIMU	(Months): 30
AGE CRITERIA:		R-				TO REMAIN ON W	AITLIST 36
spouse/partner mi	d must be 62 years or ol ust be 18 and older; all o	ther family	_	FOR PARKING:		CALL EVERY	
members must be	e 62. Caregiver must be		PARKING INFO: Parking is include available, but is I		If under th	e provisions of pet	PETS OK: YES
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:		total)		GENERAL	INFO:	
ASSET LIMIT INF	O:	F	EASE: 1 year; co-signer credit score is lo		Senior Ap EAH Inc. TDD (877 HUD Sect	ion 202 program, H	/09, managed by awaii
	IA: % of Median (Very Low I 3,350 for 2; \$43,150 for 3	3.	FURNISHED: major applicance coverings	s, window	Associan, Resident I Trash chu 2 units are	rational Community Weinberg Foundat manager on site. te on each floor. handicapped acce ONSE IN 2021. LA OCCURRED ON 10	ion Issible ST COMPLETED
	MUM MONTHLY INCOM		2796 3196				

		Last Com	plete Update:	1/24/2022			AREA:	Waianae	
PROJECT NAME:	ΝΔΝ	AKIII I H	OMES (HPI	-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-IΔ-	OT ACCEPTIN	NG A	PROJECT TYPE:		
			arrington Hwy	in ice) it	OT AGGET TII		<b>PHONE</b> : 697-717	<u> </u>	
							FAX: 697-717		
CITY:	Nanakul	i	STATE: HI	ZIP:	96792		100		
MANAGER APPLY TO	: HPHA		APPLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCER	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN								NO	
APPLY PHONE	_		APPLICATIONS		<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio: Bdrm:								
Two E	Bdrm:	36	0		1024	3	8	YES	
Four E		36							
RENT INFO: RE Minimum Rent: \$0  *********CLOSED 8	for Fede	eral Low Inco		UTILITIES INC	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA: Head of household	d must be	e 18 years or	older	\\/ \   T	IST FOR PARKING:		TO REMAIN ON W		
				PARKING INF		PET INFO	; F	PETS OK: YES	
	AS	SSET LIMITS	: NONE	Has carport		the catego	nimals ok, but only o ories listed below: under 25 lbs) or_cat		
AN OWN RESID		PROPERTY	: NO			GENERAL	. INFO:		
ASSET LIMIT INFO	O:			LEASE: 1 year			ENCES: Domestic V in transitional shelt.		
INCOME CRITERI		ΔΜΙ		FURNISHED:		correspor manner. N applicants	ts must respond to a dence from HPHA, No waitlist updates resummes must update any c	in a timely needed, however, ontact	
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;			Partly furnishe appliances on		waitlist sta need user	ehold composition in atus via hpha.myhou rname/password to o Fed Low Inc Pub Hs	using.com (will do so).		
υ ροισοίιο - ψ100,2	8 persons - \$100,450							victions must be 3 yrs ago, unless it's	
1-PERSON MAXIM				4570 5220		P			

	Last Comp	lete Update:	5/17/2023			AREA:	Kakaako	
PROJECT NAME:	<b>NOHONA HAL</b>	E				PROJECT TYPE:	Family	
ADDRESS:	630 Cooke St.					PHONE: (808) 6	50-3931	
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX: (808) 4	65-2217	
<b></b>	Tionolala	G.7.112.		90013				
MANAGER	R: Dorene Young			APPLY AD		II 00040	OUT OF STATE	
APPLY TO	D: Nohona Hale EAH Housing				St., Honolulu, F site: eahhousino		OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Leasing Office						YES	
APPLY PHONE	E: 808-650-3931			<b>FAX:</b> (808) 465-22		NH-Management@ Website: eahhousi		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	itudio: 111	999	2x Rent	355	1	2 2		
	Bdrm:	0	ZXTOIL	000				
Two	Bdrm:	0						
Three		0						
Four	Bdrm:	0					YES	
AMI - \$552/month	355 sq. ft. + 75 sq. ft. la		Water & Gas				(Months): 6	
*Quibloot to obong	^		ļ.				STIMATE 12	
AGE CRITERIA:						TO REMAIN ON W CALL EVERY		
			WAITL PARKING INF	IST FOR PARKING:	PET INFO:		PETS OK: NO	
	ASSET LIMITS:		Parking include	led, but severely available. No guest	No pets all		LTO CIX.   INO	
	DENTIAL PROPERTY:	YES			GENERAL	INFO:		
ASSET LIMIT INF	O: ered income for all asset	'S.	LEASE:		**No waitlis applicants	st updates needed, must keep contact	, however, info updated, as	
			1-year lease f month-to-mon	or first year, then thereafter.	well as res manageme Community	pond to communic ent in a timely man y Features: Bicycle storage area; Build	ation from ner.* e, Moped &	
INCOME CRITER	IA:				Community	y Garden, Commu	nity room kitchen	
30% AMI: 1 person/\$26,460 Max. 2 persons/\$34,020 Max. 60% AMI: 1 person/\$52,920 Max. 2 persons/\$56,700 Max.			Murphy Bed & Attached Sofa.  Marphy Bed & Sofa.  Out			Community room/lounge area, Fitness room Management office On-Site laundry facilities Outdoor lanai Secured entry Security cameras		
1-PERSON MAXIM	MUM MONTHLY INCOM	E:	0					

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	Last Comp	olete Update:	2/22/2022			AREA:	Nuuanu
PROJECT NAME:	NUUANU YMC	A - Men's				PROJECT TYPE:	Emergency/Transi
ADDRESS:	1441 Pali Hwy					PHONE: 536-355	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> :  521-118	31
	:: Cheryl Young  : Alina Piunno, Membe	ership Coordinator		APPLY ADI 1441 Pali H Honolulu, H	wy.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	:: 536-3556			FAX: N/A	EMAIL	cyoung@ymcahono apiunno@ymcahon	
Unit	Type: 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	
	Bdrm:						
Three	Bdrm:						YES
\$45/night, \$255/w	NT IS 30% OF INCOM eek - single w/ shared be available to full-time students.	pathroom. dents	UTILITIES INC Access to fitnes WAITLIS PARKING INFO No parking	ss facility ST FOR PARKING:	PET INFO	MINIMUM W ESTIMATE  MAXIML LIST ES  TO REMAIN ON W CALL EVERY	(Months): 0  JM WAIT STIMATE 0  VAITLIST
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:		rio pairing		GENERA	L INFO:	
ASSET LIMIT INF	O:		LEASE:		Tempora	ry Residence for sing	gle men ONLY
No income require	ements.		None		Check-In Mon-Fri 1 Sat 12pm Sun 12pr	12pm - 8pm n-5pm	
INCOME CRITER	IA:		FURNISHED: Twin bed, dres & lamp.	ser, closet, desk,	Check-O Last Upd		m Website

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	ete Update:	2/22/2022			AREA:	Waipahu
PROJECT NAME:	<b>OASIS AT WAI</b>	PAHU AP	<b>ARTMENT</b>	S		PROJECT TYPE:	Family
ADDRESS:	94-207 Waipahu St.					PHONE: 671-28	00
CITY:	) Waipahu	STATE: HI	ZIP:	96797		<b>FAX</b> : 676-69	45
MANAGER	t: Bethany Combs				Management		OUT-OF-STATE
APPLY TO	D: Site			94-207 Wai Waipahu, H	pahu Street II 96797		APPLICATION ACCEPTED: NO
APPLY ATTN				<b>FAX:</b> 676-6945	EMAIL:	website: oasis-tow	nhomes.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm:	1900	2.5xrent	882	1	5	
Three I	Bdrm:	2200	2.5xrent	998	1	7	YES
324 Units @ Mark 82 Units @ 80% A	AMGI to 60% of the total availa		None	CLUDED:		MINIMUM W ESTIMATE MAXIMI	
AGE CRITERIA:	18 yrs old at time of ap	plication				TO REMAIN ON V	VAITLIST
submission.	ply without verifiable res		PARKING INF	IST FOR PARKING: O: uded. \$100/month	PET INFO	2 pets allowed. \$50	PETS OK: YES
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:		for extra stall	acca. \$100/monut	month.		o pot rent per
ASSET LIMIT INF	O:		LEASE: 6 - 12 month l	ease agreements	*24 hr Fit internet a	nes - Waipahu St. & ness room, busines ccess, pool (8ft), was mmunity w/ courtes undry	s room w/ free ading pool (2ft)
INCOME CRITERIA:  2.5 x rent			FURNISHED:			anagement lyments	
			Full range, refrigerator, blinds, NO RES			SPONSE IN 2021. LAST COMPLETED E OCCURRED ON 5/14/2020.	
1-PERSON MAXIM	IUM MONTHLY INCOM	E:					

	Last Comp	lete Update:	6/13/2023			AREA:	Waianae
PROJECT NAME:	OHANA OLA C	KAHUMAI	NA			PROJECT TYPE:	Emergency/Trans
ADDRESS:	86-704 Lualualei Home	estead Rd.				PHONE: 696-409	95
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-714	14
MANAGER	R: Desiree Robeinson, S	ite Manager		APPLY ADI	DRESS:		OUT-OF-STATE
APPLY TO	: Alternative Structures	International					APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	E: 696-4095			FAX:	EMAIL:	Website: www.kahu	ımana.org
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 6					4	
	Bdrm: 36					6-8	
Three	Bdrm: 6					8-10	
Four	Bdrm:						
Program receives	referrals from the state' system only for transition	s homeless	UTILITIES INC Electric and wa			MINIMUM W ESTIMATE MAXIMU	(Months): 0
AGE CRITERIA:						TO REMAIN ON W	
For families with r	ninor children experienc	ing	WAITLI	ST FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INFo		PET INFO:	F	PETS OK:
	ASSET LIMITS:		guest parking				
	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	O:		LEASE:		Coordinate	Ohana Ola is throued Entry System (Cal housing only.	ugh the ES)
INCOME CRITER	IA:		FURNISHED:		managem	respond to commuent, in a timely man f application.*	
 I-PERSON MAXIN	MUM MONTHLY INCOM	 E:	0		]		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	0				

	Last Comp	olete Update:	2/28/2022			AREA:	Kakaako
PROJECT NAME:	<b>OLA KA'ILIMA</b>	ARTSPA	CE LOFTS			PROJECT TYPE:	Family
ADDRESS:	1025 Waimanu St.					PHONE: (808) 43	9-6402
O.T.	<u> </u>					FAX: (808) 43	9-6402
CITY:	Honolulu	STATE: HI	ZIP:	96814		,	
APPLY TO	: EAH Housing Office Address: 1025 Honolulu HI 96814 : EAH Housing-OLA K	A'ILIMA ARTSF	PACE LOFTS	and submitt https://www s/artspace-	ications can be ted at: v.eahhousing.org	•	OUT-OF-STATE APPLICATION ACCEPTED: YES
1	longer accepted.				EMAIL: A	.L-	
APPLY PHONE	: (808) 439-6402			FAX: N/A			AHHOUSING.ORG
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	0					
One I	3drm:	615	2.5x rent	680-721		3	
Two I	Bdrm:	1268	2.5x rent	851-1016		5	
Three I	3drm:	1452	2.5x rent	1265-1279		7	
Four I	Bdrm:	0					YES
One Bedroom 30' AMI - 34 Units - \$ \$1293/mo Two Bedrooms 56 60% AMI - 6 Units	NT IS 30% OF INCOM %AMI - 9 Units - \$615/i :1067/mo; 60% AMI - 7 0% AMI - 23 Units - \$12 - \$1539/mo	mo; 50% Units - 268/mo;	Water, Sewer,		7	MINIMUM WA ESTIMATE (	M WAIT TIMATE 60 AITLIST
			PARKING INFO		PET INFO:	Р	ETS OK: YES
			Resident parki		Includes a \$	S250 Pet Deposit.	,
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO			GENERAL I		
ASSET LIMIT INF	O:		LEASE: 1 Year		applicants r well as resp		act info current, as ation from housing
					Applications		
1 30%AMI \$25,400 50% AMI \$42,300 60%AMI \$50,760	2 3 0 \$29,000 \$32,650 0 \$48,350 \$54,400	\$60,400	FURNISHED:  Major appliance refrigerator).	es only (stove and	e-lofts/  *On-site wa *Communit *Courtyard gardens	eahhousing.org/a	
1-PERSON MAXIM	IUM MONTHLY INCOM	1E:	0				

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		Last Comp	lete Update:	2/1/2022			AREA:	Mililani
PROJECT NAME:	OLA	LOA RETI	REMENT	COMMUNI	TY		PROJECT TYPE:	Retirement
ADDRESS:	95-1050	) Makaikai St.					PHONE: 626-232	23
CITY:	Mililani		STATE: HI	ZIP:	96789		FAX: 626-280	00
MANAGER APPLY TO		lius Dobber			APPLY ADI Look in Sur realtor		or contact a	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN					<b>FAX:</b> 626-2800	EMA	AIL: olaloa.info@hawaii www.olaloaretireme	
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMU Number of Peop	er Number of	CAREGIVER Allowed:
S	tudio:	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
RENT INFO: RE Additional mainter on size of unit Re Landlord to deterr be purchasd or re  AGE CRITERIA: All residents must	nance fee ental price nine actu nted by c	e \$242 - \$527, des based on ma ual rental price. owner.	depending arket value. Unit may	Water  WAITLI PARKING INFO	ST FOR PARKING: O:	PET IN One di Two ca	MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W CALL EVERY	(Months):  JM WAIT BTIMATE  /AITLIST (Months):  PETS OK: YES
AN OWN RESIDERS ASSET LIMIT INF	DENTIAL	SSET LIMITS: _ PROPERTY:		LEASE:		1) Uni Call a 2) Ola private	RAL INFO:  Its are for sale/rent by in realtor or watch for ad. Iloa DOES NOT handle lely owned units. re are no assisted living	the rental of their
INCOME CRITERIA: Max income - NONE				FURNISHED: Partly furnishe appliances onl		Fitnes emerg hours 4) Each	re are no assisted living is room, restaurant, con gency push button trans to respond (no doctors ch unit has lanai (not ind property does not keep it updates necessary*	nmunity center.1 mitters staffed 24 or nurses) cluded in sq. ft.)

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Com	plete Update:	5/19/2023			AREA:	Downtown
PROJECT NAME:	<b>OLD VINEYA</b>	RD				PROJECT TYPE:	Family
ADDRESS:	265 South Vineyard	St.				PHONE: 524-27	
CITY:	Honolulu	STATE: HI	ZIP:	96813		<b>FAX</b> : 545-52	14
MANAGER	R: Myrna Chun, Reside	ent Mgr.; Sunnie L	ee, COS 524-2731	APPLY ADI	DRESS: ania St. C101		OUT-OF-STATE
APPLY TO	: Urban Real Estate (	Co.		Honolulu, H	I 96813		APPLICATION ACCEPTED:
APPLY ATTN	I: Housing Manageme	ent Department					YES
APPLY PHONE	E: 524-2731 x 3609		FA	<b>X</b> : 545-5214	EMAIL:	slee@urban-hi.con	n
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 14	0	NO			2	YES
	Bdrm: 13	0	NO		2	4	YES
Three		0	NO		3	6	YES
Four	Bdrm:						NO
RENT INFO: RE	ENT IS 30% OF INCO	ME: YES	UTILITIES INCLUI	DED:		MINIMUM W ESTIMATE MAXIMI	(Months): 36  JM WAIT
AGE CRITERIA:			Į.				STIMATE 60
	d must be 18 years or	older	WAITLIST	FOR PARKING:		TO REMAIN ON V CALL EVERY	
			PARKING INFO:	NO	PET INFO	: 1	PETS OK: NO
]	ASSET LIMITS	: NONE	Parking included a parking is available				
	DENTIAL PROPERTY	YES			GENERAL		
ASSET LIMIT INF	·O:		LEASE:			Section 8 100%	
			1 year		Applicatio Send requences envelope	n. Jest with self addres	ssed stamped
INCOME CRITER	IA:						
			FURNISHED:  Partly furnishedrappliances only. N				
I 1-PERSON MAXIN	IUM MONTHLY INCO	ME:	2288		]		
2-PERSONS MAXI	IMUM MONTHLY INC	OME:	2617				

RO IECT NAME:						AREA	: Honolulu
ROOLOT HAME.	One Kalakaua					PROJECT TYPE	
ADDRESS:	(information pending)					PHONE:	r
CITY:		STATE:	ZIP:	0		FAX:	
MANAGER	t:			APPLY AD	DRESS:		OUT-OF-STAT
APPLY TO	<b>)</b> :						APPLICATION ACCEPTED
APPLY ATTN	l:						
APPLY PHONE	<u>:</u>			FAX:	EMAIL:		
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	0	<u> </u>				
	Bdrm:	0					
Three I	Bdrm:	0					
Four I	Bdrm:	0					
RENT INFO: RE	NT IS 30% OF INCOME:	U	TILITIES INC	LUDED:		ТОТ	AL UNITS:
						MINIMUM V	VAIT LIST
							UM WAIT
AGE CRITERIA:		Į.				LIST E	STIMATE (
AGE CITTERIA.			WAITI IS	ST FOR PARKING:		CALL EVERY	
		P	ARKING INFO		PET INFO	:	PETS OK:
	_						
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF		LE	EASE:			0.	
		Г					
NCOME CRITER	IA:		IDNIICHED.				
			JRNISHED:				
-PERSON MAXIM	IUM MONTHLY INCOME:		0		J		
	IMUM MONTHLY INCOME		0				

	Last Comple	ete Update:	12/14/2021			AREA:	Kalaeloa
PROJECT NAME:	ONELAU'ENA -	- Hope for a	a New Be	ginning		PROJECT TYPE:	Emergency/Transi
ADDRESS:	50 Belleau Woods St.			7 7		PHONE: 782-434	12 12
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 682-542	28
MANAGER	t: Tanya Tehotu, Executi	ive Director	APPLY ADDRESS: 87-132 Farrington Hwy Waianae, HI 96792				OUT-OF-STATE
	: Kealahou West Oʻahu			walanae, n	1 90792		APPLICATION ACCEPTED:
APPLY ATTN	I: No action required unle	ess updating conf	tact info	<b>FAX:</b> 682-5428	EMAIL:	t.tehotu@kwohawa	ii.org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	tudio:  Bdrm:  Bdrm:						
Three I	Bdrm:						NO
Male (single occup occupant) dorm; S 3ppl) Couple stud Large family unit (	NT IS 30% OF INCOME pant) dorm; Female (sing studio (1-3 ppl); ADA studio (1-3ppl); Family unit (1 4-6ppl) 30% household total inc	gle dio (1- -4ppl)	UTILITIES INC	CLUDED:		MINIMUM W ESTIMATE MAXIMU	
Application is com Applicants must h	d must be 18 at time of a apleted upon eligibility of ave verifiable residential 6-12ppl) \$150/mo	placement. history.	WAITL PARKING INF 1 assigned pa		PET INFO	TO REMAIN ON W CALL EVERY	/AITLIST
AN OWN RESIDE	ASSET LIMITS:   DENTIAL PROPERTY:   O:		EASE:		Must be h	o through Kealahou	ce to homeless on
INCOME CRITER	IA:	 [	FURNISHED:		Accepts f adult child and single Applicatio Pick up fr		hild, couples with with no children,
1-PERSON MAYIN	1UM MONTHLY INCOME				NO RESP	GNOL IIV ZUZZ	

		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 75 Kapolei, HI			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	Must provide verification of monthly income that confirms the applicant's ability to afford the monthly program fee while meeting basic needs of the amily. No max income limits.				owed after b large, bulky	A homele	dicap Units - studio (1) + 2 bedroom (1) meless verification letter needs to be ded if referral accepts placement.		
				furniture.		ľ	PONSE IN 2022		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	5/8/2023			AREA:	Waianae
PROJECT NAME:	PAI'OLU KAIA	<mark>ULU (Waiar</mark>	nae Civic (	Center)		PROJECT TYPE:	Emergency/Trans
ADDRESS:	85-638 Farrington Hwy	1				PHONE: 664-140	00 696-6775
CITY:	Waianae	STATE: HI	ZIP:	96792		<b>FAX</b> : 696-671	1
MANAGEF	R: Program Manager: C Executive Director: Ta			APPLY ADI	DRESS:		OUT OF STATE
APPLY TO	D: Need to be assessed Info below) if homeles	by Service Provid	ers (see Gener	al			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	N:						NO
APPLY PHONE	E: 688-7631			<b>FAX</b> : 696-6711	EMAIL:	CRobinson2@us.ve	ets.org
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:						
One	Bdrm:						
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						
Small (45) - 8 ftx1 Medium (20) - 10f Large (32) - 12ftx	ENT IS 30% OF INCOME 10 ft (80 sq ft) \$120 - 1 p ftx12ft (120 sq ft) \$150 12ft (144 sq ft) \$150 - 3 Inits. Emergency Shelter	erson - 2 persons persons	JTILITIES INCL Electricity, wate Public telephon	er, and sewer.		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	Į.
	e accompanied by legal	guardians	\//AITLIS	ST FOR PARKING:		CALL EVERY	
		F	PARKING INFO		PET INFO	: F	PETS OK: NO
]	ASSET LIMITS:		Parking for veh safety check, re insurance.				
	DENTIAL PROPERTY:				GENERAL		
None	-O: 		LEASE: None		(p) 696-15	roviders: Coast Comprehensi 559; 696-1586 Community Outreac	
						ealth Center - Care-	" ,
None	KIA:		FURNISHED:  1 bed, addition Shelving/drawe provided. No po operated W/D of	er may be ower outlets. Coin	Administe	red by US Veterans se units. Communit	Initiative

1-PERSON MAXIMUM MONTHLY INCOME:

Last Comp	lete Update: 7/16/202	20		AREA:	Kapolei
PROJECT NAME: PALEHUA TER	RRACE PH. 1		PR	OJECT TYPE:	Family
ADDRESS: 92-1074 Palahia St.			PH	ONE: 672-560	2
CITY: Kapolei	STATE: HI ZIP:	96707		<b>FAX</b> : 672-564	6
MANAGER: Ann Suan		<b>APPLY AI</b> 1330 S. B	DDRESS: eretania St. #200 Ho	on. HI	OUT-OF-STATE
APPLY TO: Management Speciali	sts Co.	96814			APPLICATION ACCEPTED: YES
APPLY ATTN: Affordable Housing D	ept.				YES
<b>APPLY PHONE</b> : 949-7611 x131		<b>FAX:</b> 946-0572	EMAIL: msc	housing@hawa	ii.rr.com
Unit Type: Number of UNITS:	RENT: Minimu INCON Requir	IE CO ET.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:					
One Bdrm:					YES
Two Bdrm: 76  Three Bdrm: 7	1050 236				YES
	1200	1007			120
Four Bdrm:					
RENT INFO: RENT IS 30% OF INCOME	E: NO UTILITIES	INCLUDED:		TOTA	L UNITS: 83
	Water			MINIMUM WA	AIT LIST
				MAXIMU LIST ES	IM WAIT
AGE CRITERIA:				REMAIN ON W	
Head of household must be 18 years or o	lder WA	ITLIST FOR PARKING		CALL EVERY	(Months): 6
	PARKING Parking in		PET INFO:	Р	ETS OK: NO
		ciuded			
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:			GENERAL INF	0.	
ASSET LIMIT INFO:			Funding: RHT	F	
	LEASE:		Accepts Section	on 8	
			Credit checks	through Equifax	(
INCOME ODITEDIA			NO RESPONS	SE IN 2021	
INCOME CRITERIA: 60% of AMI: 1 person \$40,260; 2 persons		ishedmajor			
-PERSON MAXIMUM MONTHLY INCOM					

		Last Comp	lete Update:	7/16/2020				AREA:	Kapolei
PROJECT NAME:	PALE	HUA TER	RACE PH	l. 2			PROJECT	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: . Beretania St. #2	200 Han HI		OUT-OF-STATI
APPLY TO	): Manag	ement Speciali	sts Co.		96814	. Deretarila St. #.	200 1 1011. 1 11		APPLICATION ACCEPTED:
APPLY ATTN	l: Afforda	able Housing D	ept.						YES
APPLY PHONE	<b>:</b> : 949-76	311 x131			<b>FAX:</b> 946-0572		L: mschousino	g@hawa	aii.rr.com
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUN Number of People	Numb	er of	CAREGIVER Allowed:
One I	Bdrm:								
	Bdrm:	57	1030	2.25xRent			-		
Three	Barm:	7	1150	Z.ZOXITCII	940				
, ,									
RENT INFO: RE			: NO	UTILITIES IN	CLUDED:			TOTA	L UNITS: 64
7 units at 30% AM	ni, 57 unii	is at 60% Aivii		vvaler					AIT LIST (Months): 12
							1	MAXIML	JM WAIT STIMATE 36
AGE CRITERIA:							TO REMAI		
Head of househol	d must be	e 18 years or o	lder		IST FOR PARKI				(Months):
				PARKING INF		PET INF	<sup>5</sup> O:	F	PETS OK: NO
	۸٥	SSET LIMITS:	NONE	l and g more	<b></b>				
AN OWN RESI						GENER	AL INFO:		
ASSET LIMIT INF	·O:			LEASE:		Commu	ınity Room, Pi	cnic Are	ea
				1 year		Credit c	s have 2 bathro check through s Section 8		
INCOME CRITER	IA:					Funding	g: RHTF		
60% of AMI: 1 per	rson \$40,	260; 2 persons	\$46,020	FURNISHED: Partly furnish appliances or	edmajor	NO RES	SPONSE IN 2	021	
I-PERSON MAXIN	MUM MON	NTHLY INCOM	E:	3355		_			

		Last Compl	ete Update:	11/24/2021			AREA:	Palolo
PROJECT NAME:	PALO	LO CHIN	ESE HOM	E			PROJECT TYPE:	Retirement
ADDRESS:	2459 10t	h Ave.					PHONE: 737-25	55
CITY	Honolulu		STATE: HI	ZIP:	96816		<b>FAX</b> : 748-49	16
CITT.	Honoiuiu		STATE. HI	ZIF.	90816			
MANAGER			Jury Requilma	n -Admissions	APPLY ADD	DRESS:		OUT-OF-STATE
APPLY TO			office hours (Mo	on-Fri 8:00 - 4:30pm	)			APPLICATION ACCEPTED:
APPLY ATTN	I: Addition	al phone lines	: 564-5227; 564	1-5226				
APPLY PHONE	: 748-491	1		F	AX:	EMAIL:	http://palolohome.o	org
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:							
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Adult Residential of plus Registration Intermediate Care Overnight Respite Adult Day Care: \$ *No action require AGE CRITERIA:	Care Hom Fee 2: \$412 - \$2 3: \$412/pei 88-99/day	e: \$4004 to \$8 500/day r day + registration	fee	UTILITIES INCLU	DED:		MINIMUM W ESTIMATE MAXIM	(Months): 0  UM WAIT STIMATE 0  VAITLIST
Serves primarily fr minimums or limit functional abilities exam & TB cleara	s. Admiss and nursi	sion is based on ng care needs	n	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:		PETS OK: UNKNO
AN OWN RESID	DENTIAL I	SET LIMITS: PROPERTY:				GENERAL		
ASSET LIMIT INF	O:			LEASE:		Res.	- Intermediate/Skil residential care ho care	
INCOME CRITER	IA:			r				
				FURNISHED:				

2-PERSONS MAXIMUM MONTHLY INCOME:

ı		Last Comp	lete Update:	12/15/2021			AREA:	Palolo
PROJECT NAME:	PALC	<mark>DLO VALI</mark>	EY HOME	ES (HPHA-	<mark>hon) - NOT A</mark> (	CCE	PROJECT TYPE:	Family
ADDRESS:	2107 Al	ne St.					<b>PHONE</b> : 733-91	13
CITY:	Honolul	u	STATE: HI	ZIP:	96816		FAX:	
l	,							
MANAGER	: Kelsie	Tilton			APPLY ADD	DRESS:		
					1002 North			OUT-OF-STATE
APPLY TO		CCEPTING AI	PPI ICATIONS		Honolulu, HI NOT ACCEI	PTING APPLIC	ATIONS	APPLICATION ACCEPTED:
APPLY ATTN		applications off						NO
7			PPLICATIONS			EMAIL: h	phaishereforyou.c	ora
APPLY PHONE	: 832-59	61			<b>FAX:</b> 832-3461		,	
Unit	Туре:	Number		Minimum		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	3drm:	8	0		513	1	4	YES
Two I	Bdrm:	34	0		676	2	6	YES
Three I	3drm:	40	0		1045	3	8	YES
Four I	Bdrm:	32	0		1147	4	10	YES
RENT INFO: RE 5 Bedroom Units a Minimum Rent: \$0 *********CLOSED	also avai ) for Fede	lable eral Low Incom		UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMI	(Months): 36
A OF ODITEDIA				Į.				STIMATE 60
AGE CRITERIA: Head of household	d must b	e 18 years or c	lder	\		ı	O REMAIN ON W CALL EVERY	
		·		WALL PARKING INF	O: NO	PET INFO:	F	PETS OK: YES
]				Included	,	With Permit		,
	A	SSET LIMITS:	NONE					
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL I		
ASSET LIMIT INF		ahu		LEASE:			NCES: Domestic \ n transitional shelt	
Carmot own a noa	00 011 00	aria		1 year		displaced.		
						Funding: Fe	ed Low Inc Pub H	sing 100%
INCOME CRITER	IA:						ons must be 3 yrs	
ncome Eligibility = Maximum Annual			250:	FURNISHED:		crystal metr	namphetamine or	sex offender
2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	00; 3 per 00; 5 per 00; 7 per	sons - \$68,500 sons - \$82,200	· ,	Partly furnishe appliances on				
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	IE:	4570		js.		
2-PERSONS MAXI	NALINA NAC		ME·	5220				

	Last Com	plete Update:	5/16/2023			AREA:	Palolo
PROJECT NAME:	PALOLO VAL	LEY HOMI	ES I			PROJECT TYPE:	Family
ADDRESS:	2170 Ahe St.					PHONE: 733-865	50
CITY:	Honolulu	STATE: HI	ZIP:	96816		<b>FAX</b> : 735-52	11
	J						
MANAGER	: Wanda Samson - P	roperty Mgr.		APPLY AD			
APPLY TO	: Mutual Housing Asso Homes, L.P.	ociation of Hawa	iii dba Palolo Valley	2170 Ahe S Honolulu, F			OUT-OF-STATI APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	: 733-8650		F	<b>AX:</b> 735-5211	EMAIL:	wsamson@mutual-	-housing.org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:		Troquirou.		от гоорго	1 00010.	
One I	Bdrm: 9	668		485	1	4	YES
Two I	Bdrm: 64	849		604	2	6	YES
Three I	Bdrm: 9	1068		860	3	8	YES
Four I	Bdrm:						NO
Palolo Homes doe	NT IS 30% OF INCOMes not have a waitlist; per taken from Section 8	otential	UTILITIES INCLU Water	, JDED.		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	
applying.	d must be 18 years or		_	FOR PARKING:	-	CALL EVERY	
Applicants must h	ave verifiable residenti	al history.	PARKING INFO:  Every unit given	only 1 stall	PET INFO	nimals Only - MD N	PETS OK: NO
,	ASSET LIMITS:	YES		,		,	
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	_ INFO:	
	se. Assets limited to t		LEASE: 1 year; then mon	th-to-month	Funding: Funding: Application Available	RHTF	ffice
INCOME CRITER	IA:		•				
2 persons - \$31,35 4 persons - \$39,15 6 persons - \$45,45	Income: 1 person - \$2 50; 3 persons - \$35,28 80; 5 persons - \$42,33 50; 7 persons - \$48,60 20; 9 persons - \$54,85	0; 0; 0;	FURNISHED: Partly furnished-appliances only	-major			
 1-PERSON MAXIN	IUM MONTHLY INCOM	ME:	2287				

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		Last Compl	ete Update:	5/16/2023			AREA:	Palolo	
PROJECT NAME:	PAL	OLO VALL	EY HOME	SII			PROJECT TYPE:	Family	
ADDRESS:	2170 A	he St.					PHONE: 733-865	50	
CITY.			STATE: HI	ZIP:	00040		FAX: 735-5211		
CITT.	Honolu	iu	STATE. HI	ZIF.	96816				
MANAGER	Wanda : Mutua	a Samson, Prop I Housing Assoc s, L.P.	, 0	i dba Palolo Val	APPLY AD 2170 Ahe S Honolulu, H	St.		OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l:								
APPLY PHONE	: 733-86	650			<b>FAX:</b> 735-5211	EMAIL:	wsamson@mutual-	housing.org	
Unit	Туре:	Number		Minimum		MINIMUM Number	MAXIMUM Number of	CAREGIVER	
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:	
S	tudio:	5Bdrm 8	1511		1345	5	12		
One I	Bdrm:	16	668		478	1	4	YES	
Two I	Bdrm:	64	849		647	2	6	YES	
Three I	Bdrm:	76	1068		880	3	8	YES	
Four I	Bdrm:	60	1286		1100	4	10	NO	
Palolo Homes doe pulled from Sectio 16 full handicappe available	es not ha	ave a waitlist; na list	mes are	Water	CLUDED:		MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:							TO REMAIN ON W	/AITLIST	
Head of household applying. Applicants must h		•		PARKING INF	IST FOR PARKING: FO: en only 1 stall	PET INFO	CALL EVERY  : F  nimal ONLY - MD no	PETS OK: NO	
	А	SSET LIMITS:	YES						
AN OWN RESID		PROPERTY:	NO			GENERAL			
Cannot own a hou applicable income limit for continued	se. Asse for adm	ission or three t		LEASE:  1 year; then n	nonth-to-month	Funding: Funding: Application Program		n Section 8	
INCOME CRITER	IA:					NO RESF	PONSE 2021		
Maximum Annual 2 persons - \$31,39 4 persons - \$39,18 6 persons - \$45,49 8 persons - \$51,72	50; 3 pei 80; 5 pei 50; 7 pei	rsons - \$35,280; rsons - \$42,330; rsons - \$48,600;		FURNISHED: Partly furnishe appliances on	edmajor				
1-PERSON MAXIM	IUM MO	NTHLY INCOMI	E:	2287		į.			

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	Last C	omplete Update:	12/15/2021			AREA:	McCully
PROJECT NAME:	PAOAKALA	NI (HPHA-ho	n) - NOT	ACCEPTING	APPLI	PROJECT TYPE:	
	1583 Kalakaua Av	•				PHONE: 973-019	93
						FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96826		10.00.	
MANAGER	: Ioane Ah Sam			APPLY A			
APPLY TO		G APPLICATIONS		Honolulu,	h School St. HI 96817 PEPTING APP	LICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Oahu application	s office NG APPLICATIONS	3				NO
APPLY PHONE		NO / II PEIO/ III ON	,	<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNITS		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 90	0		315	1	2	YES
One I	Bdrm: 60	0		465	1	4	YES
Two	Bdrm:						
Three I	Bdrm: 1						
Four	Bdrm:						
	NT IS 30% OF INC of for Federal Low In 8/2/2016*****		UTILITIES IN Electricity and			MINIMUM W ESTIMATE MAXIMU	(Months): 24  JM WAIT
AGE CRITERIA:			įr.				STIMATE 60
-	d or spouse must b	oe 62 years or	\A/A ITI	LICT FOR BARKING	<b>.</b> .	TO REMAIN ON W	
older, or disabled			PARKING INI	LIST FOR PARKING FO: NO	PET INFO	: F	PETS OK: YES
			Included		Small pet	s under 25 lbs. only	·
	ASSET LIMI	ITS: NONE					
	DENTIAL PROPER	TY: NO			GENERAL		
ASSET LIMIT INF			LEASE:		homeless	ENCES: Domestic \ in transitional shelt	
			1 year		displaced		
						es, under age 62 sp ling: Fed Low Inc Pu	
INCOME CRITER ncome Eligibility =			FURNISHED:			tions must be 3 yrs	
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	3,500; 2,200;	Partly furnish		crystal me	ethamphetamine or	sex offender
1-PERSON MAXIM	IUM MONTHLY INC	COME:	4570		p.		
2-PERSONS MAXI	MUM MONTHLY II	NCOME:	5220				

Last Complete Update:	7/16/2020			AREA:	Chinatown
OJECT NAME: PAUAHI HALE			P	ROJECT TYPE:	Family
ADDRESS: 126 North Pauahi St.			P	HONE: 524-723	33
CITY: Honolulu STATE: H	ZIP:	96817		FAX:	
MANAGER: Bill Hanrahan, Manager		APPLY ADD	RESS: ini Blvd., Suite 3	45	OUT-OF-STA
APPLY TO: Mental Health Kokua					APPLICATIO ACCEPTED
APPLY ATTN: Melby Albano					
<b>APPLY PHONE</b> : 737-2523	FAX:		EMAIL: ma	albano@mhkhaw	<i>r</i> aii.org
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
<b>Studio:</b> 38 760		120	1	1	YES
One Bdrm:					
Two Bdrm:					
Three Bdrm:					
Four Bdrm:					
ENT INFO: RENT IS 30% OF INCOME: YES inimum rent \$300. Maximum rent \$760 in units must be offered to those eligible to pay the 300 minimum rent payment. Security deposit is quivalent of one month rent.  GE CRITERIA:	UTILITIES INCLUDED Electricity and water		TO	MINIMUM W ESTIMATE MAXIMU	(Months):  JM WAIT  STIMATE  1
NGLE ROOM OCCUPANCY (SRO)	WAITLIST FOR	PARKING.		CALL EVERY	
ust be over the age of 18	PARKING INFO:		PET INFO:	F	PETS OK: NO
	Not included. Availab door for \$40/month.	le next			
ASSET LIMITS: NONE					
AN OWN RESIDENTIAL PROPERTY: YES			GENERAL IN	IFO: up. Single room	
SOLT ENVIT IN C.	LEASE: 1 year		Shared men	s and women's b	pathrooms and
	i yeai		Funding: Unl		
COME CRITERIA:	,		Application:		
aximum Annual Income: 1 person - \$40,260 (below	FURNISHED:		Pick up from	Manager's Offic	e
0% area AMI)	Unfurnished.		NO RESPO	NSE IN 2021	
PERSON MAXIMUM MONTHLY INCOME:	3355		J		

	Last Co	omplete Update:	11/24/2021			AREA	. Makiki
PROJECT NAME:	<b>PIIKOI VIST</b>	A				PROJECT TYPE	<u>'</u>
ADDRESS:	1326 Piikoi St.					PHONE: 521-71	11
CITY:	Honolulu	STATE: HI	ZIP:	96814		<b>FAX</b> : 521-68	97
MANAGER	t: Peggy Zayasu, R	esident Manager		APPLY AD P.O. Box 2			OUT-OF-STATE
APPLY TO	): Locations			Honolulu, F	II 96823		APPLICATION ACCEPTED:
APPLY ATTN	I: Property Manage	ment Division					YES
APPLY PHONE	E: 738-3100			<b>FAX:</b> 735-1978		http://www.locatior ble-rentals.aspx	nsrentals.com/afforda
	Type: Number of UNITS	: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 47	1005	0	100			
	Bdrm: 47	1225	2xrent	420			
Three							
	Bdrm:						YES
, ,			,		,		
	NT IS 30% OF INC		UTILITIES INC			TOTA	AL UNITS: 47
	be used to meet mi te holders need not uirement.		Electric, water	r, and sewer		MINIMUM W ESTIMATE	
			ļ				UM WAIT STIMATE 36
AGE CRITERIA:						TO REMAIN ON V	VAITLIST
All residents must Does not require v	be 55 or older. Verifiable residential	history		IST FOR PARKING:		CALL EVERY	
		·	PARKING INF \$40 fee for pa		PET INFO:		PETS OK: NO
1	ASSET LIMI	TS: NONE	φ+ο icc ioi pa	inting			
AN OWN RESI	DENTIAL PROPER				GENERAL	INFO:	
ASSET LIMIT INF			LEASE:		Opened 2/	07	
eligibility.	ssets is counted to	determine			Funding: L	IHTC	
						y garden, Locked y room for activitie	
INCOME CRITER	IA:					indry room on 8th	
50% AMI: 1 perso	n \$45,750; 2 persor	ns \$52,250	FURNISHED: Partly furnishe appliances on		Ask mana Send requ envelope	n: from website gement to mail it est with self-addre om Manager's offic	
1-PERSON MAXIM	IUM MONTHLY INC	COME:	3812		Į.		
2-PERSONS MAXI	IMUM MONTHLY IN	ICOME:	4354				

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021			AREA:	Makiki
PROJECT NAME:	PLAZ	ZA AT PUI	NCHBOWL	-Ret./Ass	isted Living		PROJECT TYPE:	Retirement
ADDRESS:	918 Lur	nalilo St.					<b>PHONE</b> : 792-880	00
CITY:	Honolul	u	STATE: HI	ZIP:	96822		<b>FAX</b> : 538-961	6
MANAGER		Andrade: Adm Nishimura: Bus	inistrator siness Office Mar	nager	APPLY ADD	PRESS:		OUT-OF-STATE
APPLY TO	): www.p	lazaassistedlivi	ng.com					APPLICATION ACCEPTED: YES
APPLY ATTN	I: Linda I	Barnoski: Sales	Manager					120
APPLY PHONE	: 792-88	300			<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:							
Four	Bdrm:							
RENT INFO: RE  68 Independent ur \$5125+. 20 Assis private; \$6975+ pr \$5890+ semi-priva montly rate/30 + 1  AGE CRITERIA:  No minimum age Does not require to	nits: STU sted living rivate. 20 ate; \$755 10% \$2 at Plaza	JDIO: \$3990+; g units: \$5250+ 0 Memory Care i0+ private. Re 50 WL fee Punchbowl	1 BD: semi units: spite Care:	standard cable	nd sewer, electricity,		MINIMUM W. ESTIMATE MAXIMU	(Months):  JM WAIT STIMATE VAITLIST
Does not require	vermable	Tooldontial filot		PARKING INF		PET INFO:	F	PETS OK: YES
AN OWN RESI		SSET LIMITS:	NO	Free parking f living units	or independent	GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:			y, weekly house cl ce, activities. Rout	
				Month-to-mon written 30 day	th rental with termination notice	provided for activities. F Nurses are	or medical appts, she redical appts, she resisted live staffed 24hr/day. It me care insurance	nopping, other ing services.
INCOME CRITER	IA:			=::5::10::1=5		Nurse inter	com system	
None				w/freezer, car	irse call systems,	Call projec	t for more details	

		Last Comple	ete Update:	7/16/2020			AREA:	Kaneohe
PROJECT NAME:	POH	AI NANI G	OOD SAM	ARITAN			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
	Irtancoi		1111		30744			
MANAGER		ia Camero, Exec	utive Director		APPLY ADI	DRESS:		
ADDLY TO		oohainani.org		000	On-Site			OUT-OF-STATE APPLICATION
APPLYTO	7835	Gruhler, Sales M direct	anagei	236	)-			ACCEPTED: YES
APPLY ATTN	:							ILO
APPLY PHONE	: 808-2	36-7835		F	<b>FAX:</b> 236-7828	EMAIL:	jgruhler@good-sam	n.com
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
Si	tudio:	139	3185		305	1	2	
One E	3drm:	35	4463		490	1	2	
Two E	3drm:	10	6924		866	1	2	
Three E	3drm:							
Four E	3drm:							
RENT INFO: RE	NT IS 3	0% OF INCOME	· NO	UTILITIES INCLU	IDED:		ΤΟΤΔ	L UNITS: 184
Unit size range fro				All except phone			MINIMUM W	Į.
Home - \$7,373 Apartments/Cottag							ESTIMATE	
reservation fee \$2 of \$500; waitlist fe			ty deposit					JM WAIT
AGE CRITERIA:							TO REMAIN ON W	
All residents must	be 55 o	r older		WAITLIS1	Γ FOR PARKING:		CALL EVERY	
				PARKING INFO:	-	PET INFO		PETS OK: YES
				\$25/month		Small dog	g allowed in Cottages	s only
		SSET LIMITS:				]		
AN OWN RESID		L PROPERTY:	YES			GENERAL	_ INFO: , transportation and	activities
7.002.1 2	<u> </u>			LEASE:  Month-to-month		programs	available.  ee includes three me	
				Wionar-to monar			eping, weekly linen e	
						NO RESI	PONSE IN 2021	
Since private pay		must have suffici	ent	FURNISHED:				
income and assets			J	TOTATIONED.				
						]		

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 Cor	al St.					PHONE: 744-606	63
CITY:	Honoluli	u	STATE: HI	ZIP:	96813		FAX: 744-658	32
		Auwae, Mana Affordable Pro			<b>APPLY Al</b> 626 Coral Honolulu,	St. Ste. #101		OUT-OF-STATE APPLICATION
APPLY ATTN		7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ACCEPTED: NO
APPLY PHONE		63			<b>FAX:</b> 744-6582	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
					_			
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	128	1350	3375	425	1	2	YES
One I	Bdrm:	135	1450	3625	454	1	2	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE	NT IS 30	% OF INCOM	E: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 263
Deposit=same as	rent; acc	epts section 8		Electricity and			MINIMUM W	Į.
No action required information or in re							ESTIMATE	(Months): 0
								JM WAIT STIMATE 0
AGE CRITERIA:							TO REMAIN ON W	
All household mer application. Careg	giver allov	ved over age 1	8.		IST FOR PARKING	=	CALL EVERY	
Does not require	verifiable	residential hist	ory.	PARKING INF	ro: YES	PET INFO	: F	PETS OK: NO
Į.	AS	SSET LIMITS:	NONE	month; parkin				
AN OWN RESID			YES	prking - 597-1	789)	GENERAL	. INFO:	
ASSET LIMIT INF		root in rooidant	ial property	LEASE:			are allowed in both etter; cannot work o	
in fee simple or le unit within the san	asehold,	usuitable for a		1 year		Emerg. C elevators Services:	all system; Studio h meal site ation to Shopping a	as lanai; 3
INCOME CRITER	IA:					Catholic C	Charities Hawaii	-
Maximum Annual 1 person - \$70,56				FURNISHED:	-1	opened 19		
2 persons - \$80,64				Partly furnishe appliances on			with lap pool, joggir tipurpose room	ıy paırı, garden
Note: Minimum Ir minimum rent	ncome Re	equired is 2.5 x	the					
I 1-PERSON MAXIM	NOM MUN	NTHLY INCOM	IE:	5880		1		
2-PERSONS MAXI	IMUM MC	ONTHLY INCO	ME:	6720				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HOI</b>	MES I (HPI	HA) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	1638 - 1699 Ahiahi Pl.					PHONE: 832-333	36
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	35
	J. 101101010	J.::		333.1			
MANAGER	: Julie Wiggett			APPLY ADI			OUT-OF-STATE
APPLY TO	: NOT ACCEPTING AF	PPLICATIONS		Honolulu, HI 96817  NOT ACCEPTING APPLICATIONS  ACCEP			
APPLY ATTN	I: NOT ACCEPTING AF						NO
APPLY PHONE	(Oahu applications of 832-5961	lice)		<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:
S	tudio:						
One	Bdrm:						
Two	Bdrm:						
Three				1440		10	
Four	Bdrm: 14	0		1116	4	10	YES
RENT INFO: RE	NT IS 30% OF INCOME	E: YES	UTILITIES INCL	LUDED:		TOTA	L UNITS: 28
	. (1202 sqft) ne Bdrm - \$108; Two Bo 2; Four Bdrm - \$180	drm - \$128;	Water and allow and gas	vance for electricity		MINIMUM W. ESTIMATE	
funding source: st							JM WAIT
	∩QED 0/3/3∩1&********	***	Į.				STIMATE 60
AGE CRITERIA: Head of househol	d must be 18 years or o	lder	\A/A/TI-10	T FOR RABIANO		TO REMAIN ON W CALL EVERY	
	•		PARKING INFO	ST FOR PARKING:	PET INFO:	F	PETS OK: NO
]			Included				·
	ASSET LIMITS:	YES			]		
	DENTIAL PROPERTY:	NO			GENERAL		
	use on Oahu. Assets lim		LEASE:		1.)The Elde	USING PREFERE erly 2.) The Displace	ced 3.) Disabled
	ole income for admission continued occupancy.	n or three	1 year		Families of was determ	// service connecte deceased veteran nined to be service rans 6.) Families re	s whose death connected. 5.)
INCOME CRITER						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 furnished appliances only		Funding: S	tate Pub Hsing 100 ons must be 3 yrs	
 1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	3450		]		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	4895				

	Last Comple	ete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HON</b>	MES II (HP	HA) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:						PHONE: 832-333	36
O.T.		07475				FAX: 322-063	
CITY:	Honolulu	STATE: HI	ZIP:	96817		,	
	: Julie Wiggett	PLICATIONS		APPLY AD NOT ACCE 1002 North Honolulu, H	EPTING APPLI	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: NOT ACCEPTING AP (Oahu applications offi				EMAIL:	hphaishereforyou.o	NO
APPLY PHONE	: 832-5961			<b>FAX:</b> 832-3461		, , ,	3
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	3drm: 12 3drm: 8	0		676	2 3	6 8	YES
Minimum Rent: Or Three Bdrm - \$152 funding source: sta	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bdi 2; Four Bdrm - \$180 ate CLOSED 8/2/2016******	rm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA: Head of household	d must be 18 years or old	der	WAITLI	ST FOR PARKING:		TO REMAIN ON W	/AITLIST
			PARKING INF		PET INFO:	: F	PETS OK: NO
AN OWN RESID	ASSET LIMITS:   DENTIAL PROPERTY:				GENERAL	INFO: OUSING PREFERE	TNOTO:
Cannot own a hou times the applicab	se on Oahu. Assets limi le income for admission continued occupancy.		1 year		1.)The Eld Veterans v Families d was deter	derly 2.) The Displace w/ service connected for deceased veterand mined to be service erans 6.) Families records.	ced 3.) Disabled and disabilities 4.) as whose death connected. 5.)
INCOME CRITERI 50% AMI: 1 perso persons \$42,800;	n \$33,300; 2 persons \$3	8,050; 3	FURNISHED: Partly furnishe appliances on		Transition Wait Funding: \$	al Shelters 7.) All of	thers - Indefinate
	IUM MONTHLY INCOME		3450		Į		

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHALA HO</b>	MES III (HI	PHA) NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.					PHONE: 832-333	36
CITY	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	35
9	Tionolaid	0.7.1.2.		30017			
MANAGER	: Julie Wiggett			APPLY ADD			
APPLY TO	: NOT ACCEPTING AF	PPLICATIONS		NOT ACCER 1002 North S Honolulu, HI		CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: NOT ACCEPTING AF						NO
APPLY PHONE				<b>FAX:</b> 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER Allowed:
Si	tudio:	INEIVI:	Required:	OQ11.	of People	People:	Allowed.
One E	<b>3drm:</b> 10	0		504	1	4	YES
Two E	3drm: 14	0		676	2	6	YES
Three E	<b>3drm:</b> 16	0		940	3	8	YES
Four B	3drm:						
Minimum Rent: Or Three Bdrm - \$152 funding source sta	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bo 2; Four Bdrm - \$180 ste LOSED 8/2/2016******	drm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	00
Head of household	d must be 18 years or o	lder	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 12
			PARKING INF	O:	PET INFO	; F	PETS OK: NO
	ASSET LIMITS:	VEC	Included				
AN OWN RESID	DENTIAL PROPERTY:				general	_ INFO:	
ASSET LIMIT INFO			LEASE:			OUSING PREFERE	
times the applicab	se on Oahu. Assets lin le income for admissior continued occupancy.		1 year		Veterans Families o was deter	derly 2.) The Displac w/ service connecte of deceased veteran mined to be service terans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITERI	IA:					nal Shelters 7.) All ot	
50% AMI: 1 person persons \$42,800;	n \$33,300; 2 persons \$: 4 person \$47,550.	38,050; 3	Partly furnishe appliances on		Funding:	State Pub Hsing 100 tions must be 3 yrs	
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3450		]		

	La	ast Comple	ete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	<b>PUAHAL</b>	A HON	MES IV (H	PHA) - NO	T ACCEPTING	S AP	PROJECT TYPE:	Family
ADDRESS:	School St. ar	nd Lanakila	Ave.	<u>,                                    </u>			PHONE: 832-333	36
CITY	Honolulu		STATE: HI	ZIP:	96817		FAX: 322-063	32
OII I.	Honolulu		OTATE: IN		90017			
MANAGER	: Julie Wigge	tt			APPLY ADI			
APPLY TO	: NOT ACCE HPHA	PTING AP	PLICATIONS		NOT ACCE 1002 North Honolulu, H		ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: NOT ACCE Oahu applic	_						NO
APPLY PHONE					<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit		mber JNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Si	tudio:							
One E	3drm:	4	0		519	1	4	YES
Two E	3drm:	32	0		662	2	6	YES
Three E	3drm:	4	0		808	3	8	YES
Four E	3drm:							
RENT INFO: RE Minimum Rent: Or Three Bdrm - \$152	ne Bdrm - \$10 2	8; Two Bdı	m - \$128;	Water and allo and gas	CLUDED: owance for electricity		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of household	d must be 18 y	ears or old	der	WAITL	IST FOR PARKING:		CALL EVERY	
				PARKING INF	0:	PET INFO	): F	PETS OK: NO
Į.	ASSET	· LIMITS:	YES	Included				
AN OWN RESID						GENERAL	_ INFO:	
ASSET LIMIT INFO		A 1 - 1' '		LEASE:		1 -	OUSING PREFERE derly 2.) The Displace	
Cannot own a hou times the applicab times that limit for	le income for	admission		1 year		Veterans Families was deter	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;			8,050; 3	Partly furnishe appliances on		Funding:	State Pub Hsing 100 tions must be 3 yrs	
1-PERSON MAXIM	UM MONTHL			3450		]		

	Last Compl	ete Update:	11/24/2021			AREA:	Palama
PROJECT NAME:	<b>PUALANI MAN</b>	OR				PROJECT TYPE:	Family
ADDRESS:	1216 Pua Ln.					PHONE: 841-56	57
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER APPLY TO	:			APPLY ADE	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	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:	TO REMAIN ON V CALL EVERY	
	ASSET LIMITS:		Parking included				LTO GR. MO
ASSET LIMIT INF	DENTIAL PROPERTY: O:	YES	LEASE:		GENERAL Funding:	Section 8 100%.	
	IA: Income: 50% AMI. to new HUD guidelines		FURNISHED: Partly furnished-appliances only.	major			

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	<b>PUMEHANA (H</b>	IPHA-hon)	- NOT AC	CEPTING	APPLIC	PROJECT TYPE:	
	1212 Kinau St.		110171	JOEI TIMO	711 1 210	PHONE: 586-972	J
						FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96814		170t. [973-013	91
MANAGER	t: Sol Sentous				ADDRESS:		
APPLY TO	): HPHA NOT ACCEPTING AF	PLICATIONS		Honolu	lorth School St. Ilu, HI 96817 CCEPTING AP		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications offin						NO
APPLY PHONE	832-5961			<b>FAX:</b> 832-346		AIL: hphaishereforyou.c	org
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMU Number of Peop	er Number of	CAREGIVER 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	Bdrm:						
Four I	Bdrm:						
	NT IS 30% OF INCOME of for Federal Low Income 8/2/2016******		JTILITIES IN	CLUDED: owance for utilitie	es	MINIMUM W ESTIMATE MAXIMU	(Months): 24
AGE CRITERIA:		,				TO REMAIN ON W	į 00
Head of household	d must be 62 years or ol	der, or	\\/ \ ITI	IST EOD DADKI	NC:	CALL EVERY	
disabled		ı	WAITE PARKING INF	IST FOR PARKI O:	PET IN	NFO: F	PETS OK: YES
			Included		Small	pets under 25 lbs. only	·
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO				RAL INFO:	
Cannot own a hou			LEASE:		homel	ERENCES: Domestic \ less in transitional shelt	
			1 year		displa		
						er dies, under age 62 sp Funding: Fed Low Inc Po	
INCOME CRITER					All cor	nvictions must be 3 yrs	ago, unless it's
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53, 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnish appliances or			I methamphetamine or	
1-PERSON MAXIM	IUM MONTHLY INCOM	E: .	4570		μ		
2-PERSONS MAXI	MUM MONTHLY INCOM	ME:	5220				

	Last Comp	lete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME: P	UNCHBOWL	HOMES (	HPHA-hon	) - NOT ACCE	PTIN	PROJECT TYPE:	
	0 Captain Cook Ave			, 110171002		PHONE: 586-972	24
	•					FAX: 586-972	
CITY: Ho	nolulu	STATE: HI	ZIP:	96813		,	
MANAGER: S	ol Sentous			APPLY ADD			OUT OF STATE
APPLY TO: H	ДНΔ			Honolulu, HI	96817		OUT-OF-STATE APPLICATION
	OT ACCEPTING AF	PPLICATIONS		NOT ACCEF	PTING APPLIC	CATIONS	ACCEPTED: NO
	ahu applications offi						140
APPLY PHONE: 8		LICATIONS		<b>FAX</b> : 832-3461	EMAIL:	hphaishereforyou.o	rg
AFFET FHONE.	32 330 i			FAX. 032 3401			
Unit Typ			Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
Stud	io:						
One Bdr	<b>m</b> : 97	0		548	1	4	YES
Two Bdr	<b>m</b> : 58	0		711	2	6	YES
Three Bdr	<b>m</b> : 1	0					
Four Bdr	m:						
RENT INFO: RENT Minimum Rent: \$0 for *******CLOSED 8/2/	Federal Low Incom		UTILITIES INC	CLUDED: owance for utilities		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:						TO REMAIN ON W	P .
Head of household or older, or disabled	spouse must be 62	years or	WAITL	IST FOR PARKING:		CALL EVERY	(Months): 12
older, or disabled			PARKING INF	O: NO	PET INFO:		PETS OK: YES
<u> </u>			Included		Small pets	under 25 lbs. only	
	ASSET LIMITS:				05115011		
AN OWN RESIDEN ASSET LIMIT INFO:	ITIAL PROPERTY:	NO			GENERAL PREFERE	INFO: INCES: Domestic \	/iolence victims:
Cannot own a house	on Oahu		LEASE:			in transitional shelt	
			, ,		1 '	es, under age 62 sp	ouse may rent
<u> </u>						ing: Fed Low Inc Pu	
INCOME CRITERIA:	% of AMI		FURNISHED:			ions must be 3 yrs	
Maximum Annual Inco 2 persons - \$60,900; 4 persons - \$76,100; 6 persons - \$88,300; 8 persons - \$100,450	ome: 1 person - \$53 3 persons - \$68,500 5 persons - \$82,200 7 persons - \$94,350	· ; ·	Partly furnishe appliances on		Transporta	thamphetamine or ation to Shopping a harities Hawaii	
1-PERSON MAXIMUM	I MONTHLY INCOM	E:	4570				

	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 ziorarono		<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 Complete	e Update:	9/30/2021			AREA:	Downtown
OJECT NAME: QUEEN EMMA A	PARTMEN	ITS			PROJECT TYPE:	Family
ADDRESS: 1270 Queen Emma St.					PHONE: 900-714	49
CITY: Honolulu	STATE: HI	ZIP:	96813		FAX:	
MANAGER:			APPLY ADI	DRESS:		OUT-OF-STA
APPLY TO: Cambridge Management	t, Inc.					APPLICATION ACCEPTE
APPLY ATTN:						
APPLY PHONE: 900-7149		F	AX:		Website: www.queenemmaa ==================================	
Unit Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	0					
One Bdrm:	0					
Two Bdrm:	0					
Three Bdrm:	0					
Four Bdrm:	0					J
NT INFO: RENT IS 30% OF INCOME: ITC; Income restrictions apply. ction 8 vouchers accepted.	01	TILITIES INCLU	JDED:		MINIMUM W ESTIMATE MAXIMU	
E CRITERIA:					TO REMAIN ON W	
	PA	WAITLIST :RKING INFO	FOR PARKING:	PET INFO:	F	PETS OK: NO
ASSET LIMITS:	av	mited, on-site p vailable, howev arking is unkno	er, a waitlist for	Pets not al	lowed.	· ·
N OWN RESIDENTIAL PROPERTY:				GENERAL	INFO:	
SET LIMIT INFO:		ASE:		ceiling win	social spaces, new dows, 9 ft. ceilings flooring, some uni	, large closets,
COME CRITERIA:						
	FL	JRNISHED:				
ERSON MAXIMUM MONTHLY INCOME:		0				

	Last Comple	ete Undate:	11/24/2021					
							AREA:	Chinatown
	RHF PAUAHI K	UPUNA HA	LE				PROJECT TYPE:	Elderly
ADDRESS:	167 North Pauahi St.						PHONE: 524-584	
CITY:	Honolulu	STATE: HI	ZIP:		96817		<b>FAX</b> : 949-255	4
	,	,	,					
MANAGER	R: Sue Stacey				APPLY AI	DDRESS:		
APPLY TO	<b>D:</b> Retirement Housing Fo	oundation				udebaker Rd. ch, CA. 90815-49 -5100	00	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	<b>l</b> :							YES
						EMAIL: w	ww.rhf.org	
APPLY PHONE	<u>:</u> 524-5844			FAX:				
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio: 12	0		1	539	1	1	YES
One	Bdrm: 36	0		ĪΪ	579	1	2	YES
Two	Bdrm:		<u> </u>	Ī				
Three	Bdrm:							
Four	Bdrm:							YES
	ENT IS 30% OF INCOME action required unless up on		TILITIES INC		):		TOTA MINIMUM W/ ESTIMATE ( MAXIMU LIST ES	Months): 72 M WAIT
AGE CRITERIA:						Т	O REMAIN ON W	
Head of household disabled (mobility	d must be 62 years or old	der, or	WAITL	IST FOR	R PARKING	):	CALL EVERY	Months):
disabled (mobility	impaireu)		ARKING INF			PET INFO:	Р	ETS OK: YES
]			Parking not av	vailable				
AN 014/N DE015	ASSET LIMITS:					OENEDAL I	NEO	
AN OWN RESIL	DENTIAL PROPERTY:   O:		EACE.			GENERAL I Caregivers		D letter; can work
			EASE: year				ne. If elderly tenar may rent the unit.	it dies, under age
							neal site next door	
INCOME CRITER	14.					Funding: Se	ection 202	
Maximum Annual	Income: 1 person - \$34,7	750; 2 F	URNISHED:				call applicant to ke	ep application on
persons - \$39,700	).		Partly furnishe			waitlist.  Application: Ask manag		
1-PERSON MAXIM	MUM MONTHLY INCOME	<u>:</u> : 2	895					
2-PERSONS MAXI	IMUM MONTHLY INCOM	1E: 3	308					

	Last Comple	ete Update:	11/24/2021				AREA:	McCully
PROJECT NAME:	RHF PHILIP ST	DEET AD	<u>ADTMENI</u>	TC			PROJECT TYPE:	Elderly
	1605 Philip St.	NLL I AF	ANTIVILIN	13				<u> </u>
ADDITEOU.	1003 Fillip 3t.						PHONE: 949-255 FAX: 949-255	
CITY:	Honolulu	STATE: HI	ZIP:	90	6826		1 AX.  949-233	
MANAGER	: Sue Stacey, Manager	- Suite 200			PPLY ADDRE			
APPLY TO	: Retirement Housing Fo	oundation		Lo	1 N. Studeba ong Beach, C. 62) 257-5100	A. 90815-49	00	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 949-2555			<b>FAX:</b> 949	9-2554	EMAIL: w	ww.rhf.org	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	sq	ЕТ.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 10	0	NO	5	50	1	1	YES
One I	Bdrm: 24	0	NO	5	75	1	2	YES
Two I	Bdrm:		<u> </u>		— i			
Three I	3drm:							
Four I	Bdrm:							NO
2021 Update: No a	NT IS 30% OF INCOME action required unless up n or in response to comn	odating	UTILITIES IN				MINIMUM WA ESTIMATE ( MAXIMU	Months): 96 M WAIT
AGE CRITERIA:						Т	LIST ES O REMAIN ON W	120
	e household must be age		WAITL	JIST FOR PA	ARKING:		CALL EVERY (	
household may be	ust be 18+. Other member 18+.	ers of the	PARKING INF	=O: <b>[</b>	YES	PET INFO:	Р	ETS OK: YES
]			Available			One small p	et only	
AN OWN DECI	ASSET LIMITS:					 GENERAL II	NEO.	
ASSET LIMIT INF	DENTIAL PROPERTY:   O:	INO	LEASE.				are allowed with M	D letter; can work
			LEASE:  1 year, then r	month to mo	nth		ne. If elderly tenar may rent unit.	t dies, under age
						Opened 199	93	
INCOME CRITER						Funding: Se	ection 202 100%	
Maximum Annual 2 persons - \$38,38	Income: 1 person - \$33,5	550;	FURNISHED: Partly furnish appliances or	edmajor		Send reque envelope	ement to mail it st with self-addres n manager's office	·
	IUM MONTHLY INCOME		3404			,		

		Last Comp	lete Update:	5/4/2023			AREA	Chinatown
PROJECT NAME:	RIVE	R PAUAH	I (Not tak	ing applica	tions)		PROJECT TYPE	Family
ADDRESS:	1155 Ri	iver St.					PHONE: 808-89	2-1812
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: None	
MANAGER	R: Luis; S	Ste. 111			APPLY AD	DDRESS: tly taking applica	ations	OUT-OF-STATE
APPLY TO	: River F	Pauahi Apt. c/o	United Horizon	Realty, LLC				APPLICATION ACCEPTED:
APPLY ATTN	: Certifie	ed Occupancy S	Specialist ( Lv n	nessage)				YES
APPLY PHONE	<b>:</b> 892-18	312			<b>FAX:</b> 892-1801	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:	41	0	NO		1	3	YES
Two	Bdrm:	7	0	NO		3	5	YES
Three	Bdrm:							
Four	Bdrm:							
				Electricity and	water		MINIMUM V ESTIMATE MAXIM	
AGE CRITERIA:							TO REMAIN ON \	
Head of househol	d must b	e 18 years or o	lder	WAITLI	ST FOR PARKING	:	CALL EVERY	(Months): 6
				PARKING INFO	O:	PET INFO:		PETS OK: NO
				No parking.				
		SSET LIMITS:				05115011		
AN OWN RESII ASSET LIMIT INF		PROPERTY:	INO	15405		GENERAL Funding: S	Section 8 100%	
				LEASE: 1 year		.   `	units 2 - 1 bdrm	& 1 - 2 bdrms
INCOME CRITER	IA:			•				
Maximum Annual 2 persons - \$38,0 4 persons - \$47,5	00; 3 per	sons - \$42,750	;	FURNISHED: Partly furnishe appliances onl				
-PERSON MAXIN	иим моі	NTHLY INCOM	E:	2771		1		
P-PERSONS MAXI	IMUM MO	ONTHLY INCO	ME:	3167				

	Last Comn	lete Update:	6/29/2023					
							AREA:	Makiki
	ROYAL KINAU	APARTME	NTS				PROJECT TYPE:	Elderly
ADDRESS:	728 Kinau St.						<b>PHONE</b> : 521-367	
CITY:	Honolulu	STATE: HI	ZIP:		96813		<b>FAX</b> : 521-293	11
	2: Natasha James, Com 2: Royal Kinau Apartme				728 Kinau	<b>DRESS:</b> Street, Honolulu	, HI 96813	OUT-OF-STATE APPLICATION
		ito						ACCEPTED: YES
APPLY ATTN	ı:					EMAIL: r	ovalkinaumanager	@royalkinauapts.co
APPLY PHONE	E: 521-3678			FAX:	521-2931		n	,
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 60	1032	1.5 x rent	<u> </u> 	541	1	2	YES
	Bdrm: 24	1468	1.5 x rent		741	1	4	YES
Three	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE	NT IS 30% OF INCOME	E: NO L	ITILITIES IN	CLUDED	):		TOTA	L UNITS: 83
	red unless updating con ger wait for two-bedrooor		Electric, wate	r, and se	wer		MINIMUM W.	
Section 8 certifica	te holders need not mee	et the min					MAXIMU LIST ES	IM WAIT
AGE CRITERIA:						-	TO REMAIN ON W	
All residents must	be 62 or older		WAITL	IST FOR	R PARKING:		CALL EVERY	
			ARKING INF		YES	PET INFO:	P	ETS OK: NO
	A COST LIMITO		Parking includes some covered		paces			
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:					GENERAL	NFO:	
ASSET LIMIT INF	O:		EASE:			opened 199		
		[	I year; then r	month-to-	month		HTC, Section 8	
						8 handicap	ped access	
	IA: n \$45,250; 2 persons \$5 4 persons \$60,250	[i	URNISHED: Partly furnish appliances or	edmajo	r	envelope Pick up fro Email requ	est with self addres m manager's office	
1-PERSON MAXIM	IUM MONTHLY INCOM	E: 3	3771			Į.		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:	1354					

	Last Comple	te Update:	11/24/2021			AREA:	Downtown	
PROJECT NAME:	SAFE HAVEN/N	IENTAL H	IEALTH KO	KUA		PROJECT TYPE:	Emergency/Transi	
ADDRESS:	126 N. Pauahi St.					PHONE: 524-723	33	
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 524-035	53	
om. J	Horiolala	OTATE: I		90017				
MANAGER:	Bill Hanrahan			APPLY AD				
APPLY TO:	Mental Health Kokua Intake Monday - Friday	from 1pm 4p	m	126 N Pau; Honolulu, F			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN:		nom ipm - 4p	111				NO	
APPLY PHONE:	524-7233			<b>FAX:</b> 524-0353	EMAIL:			
Unit <sup>-</sup>	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Sto	udio: 25			80	1	1		
One B								
Two B								
Four B								
			·			·		
Rooms with shared	NT IS 30% OF INCOME:  I bath and communal din		All utilities	.UDED:		TOTA MINIMUM W.	L UNITS: 25	
	ill. (bi-polar, Schizophre	nia,				ESTIMATE		
depression). 18 yrs	or older.					***************************************	JM WAIT STIMATE	
AGE CRITERIA:						TO REMAIN ON W		
Head of household	must be 18 years or old	er	WAITLIS PARKING INFO	T FOR PARKING:	PET INFO	CALL EVERY	PETS OK: NO	
			No parking	.	TETTING	', '	LTO OK. INO	
	ASSET LIMITS:							
AN OWN RESID	ENTIAL PROPERTY:	NO			GENERAL		d annamah.	
ASSET LIMIT INFO	<i>)</i> .		LEASE:		_ mentally			
			INIONIII-IO-MONII	l	AUW, C	HUD Continuum of ( & C Esg; State HPH, residential, Case M;	A; other services	
INCOME ODITED!	۸.				Plcmt Se			
Max income limits -			FURNISHED:		rehab,	med/psych svcs, ch	nemical	
			Bed, dresser		integratio	dependency treatment, community integration services.		
						F 1 - 4pm		
					NO RESI	PONSE IN 2021		

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Co	mplete U	pdate:	12/15/20	21					AREA:	Salt Lake
PROJECT NAME:	SALT	LAKE	(HPH	A-hon)	- NOT	ACC	CEPT	ING /	APPS	P	ROJECT TYPE:	Family
ADDRESS:										P	HONE: 483-25	550
			_		_						FAX: 483-25	
CITY:	Honolulu		ST	ATE: HI	ZIP	): <u> </u>		96818			,	
MANAGER	R: Marcus A	Asami							ADDRESS:	='		OUT-OF-STATE
APPLY TO		CEPTING	APPLIC	ATIONS				Honolul	u, HI 96817 CCEPTING		TIONS	APPLICATION ACCEPTED:
APPLY ATTN		plications CEPTING		ATIONS								NO
APPLY PHONE	: 832-596 <sup>-</sup>	1					FAX: 8	332-346′		MAIL: hp	haishereforyou.	org
Unit		Number of UNITS:	F	RENT:	Minim INCOI Requii	ME	:	SQ FT:	MINII Num of Pe	nber	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:											
	Bdrm:	28		0	<u> </u>	_		642		1	4	YES
Three I	Bdrm:											
	Bdrm:											
					,		,		,		,	
RENT INFO: RE					UTILITIES Water and				oity		ТОТ	AL UNITS: 28
********* CLOSED			ome proj	ecis	vvaler and	u allow	wance n	or electri	City		MINIMUM W ESTIMATE	
												UM WAIT STIMATE 60
AGE CRITERIA:										TC	REMAIN ON V	
Head of household	d must be	18 years o	or older		WA	AITLIS	ST FOR	PARKIN	NG:		CALL EVERY	
					PARKING	INFO	): 		_	INFO:		PETS OK: YES
1	ASS	SET LIMIT	S: NON	ΙE	Included				the	categorie	ials ok, but only s listed below: ler 25 lbs) or ca	one from each of
AN OWN RESID		ROPERT	Y: NO							IERAL IN		
Cannot own a hou		u			LEASE:				hon	neless in		Violence victims; ters; involuntary
					1 year					olaced.	d Low Inc Pub H	sing 100%
INCOME OBITED									_	_		ago, unless it's
ncome Eligibility = Maximum Annual 2 persons - \$60,904 persons - \$88,308 persons - \$100,4	= 80% of Al Income: 1 00; 3 perso 00; 5 perso 00; 7 perso	person - \$ ins - \$68,5 ins - \$82,2	500; 200;		FURNISH Partly furn appliance	nished					amphetamine or	
1-PERSON MAXIM	MUM MONT	HLY INC	OME:		4570				Į.			
2-PERSONS MAXI	IMUM MON	ITHLY IN	COME:		5220							

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	3/17/2020			AREA:	Waianae
PROJECT NAME:	SEA	WINDS AF	PARTMEN	NTS, H & J \	<b>Neinberg</b>		PROJECT TYPE:	Emergency/Transi
ADDRESS:	85-295	Kauiokalani Pl.		·			PHONE: 696-006	61
CITY	     Waiana	-	STATE: HI	ZIP:	00700		FAX:	
GIII.	waiana	le	STATE. HI	ZIF.	96792			
MANAGER	: Jesse	Smith, General	Manager		APPLY AD		-l-	OUT-OF-STATE
APPLY TO				I0a.m. to 2pm, mo vailable by email	Apartments	anager, Sea Win s, 85-295 Kauiok anae, Hawaii 967	alani Pl.	APPLICATION ACCEPTED:
APPLY ATTN	: Jesse	Smith						NO
APPLY PHONE	: 696-00	061			FAX:	EMAIL: je	esse@hsiservices.	net
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio:	20	975	1600	400	1	4	
	Bdrm:	30**	1295	2000	770	4	7	
Three I		30	1295	2000	770	4	7	
Four I	Bdrm:							NO
RENT INFO: RE	NT IC 20	00/ OF INCOME	. NO	LITH ITIES INICH	LIDED.		TOTA	L LINITO, FO
20 Transtional stu	dio units	with 36 month r		Water, sewer, to			MINIMUM W	L UNITS: 50
stay. Rents range							ESTIMATE	-
**30 permanent 2 have sliding scale			s on site					JM WAIT STIMATE 30
AGE CRITERIA:						7	O REMAIN ON W	/AITLIST
18 and older				WAITLIS	ST FOR PARKING:		CALL EVERY	,
				PARKING INFO	): NO	PET INFO:		PETS OK: YES
1	Δ.	COET LIMITO		\$25 MONU			al household pets e pet agreement fo	
AN OWN RESID		SSET LIMITS: PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF				LEASE:			of Housing Solution	
HUD Urban Honol	ulu Low	Income Limit		1 year		in a homele		
						handicappe	d; 2 units (include hearing disabled.	s 1 studio)
INCOME CRITER	IA:					Application	ŭ	
\$2000 minimum g food stamps) for 2			nt including minimum	FURNISHED:  Drapes, tiled flo	oors and major	Pick up fror	n manager's office est to Jesse@hsis	
gross monthly inco	ome for s	studio		appliances (refi			NSE IN 2021	5 (1655)
1-PERSON MAXIM	IUM MO	NTHLY INCOME	≣:	3665		ı		

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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 Compl	lete Update:	11/24/2021			AREA	: Hawaii
PROJECT NAME:	SECTION 8 (S	ΓΑΤΕ) - CL	OSED			PROJECT TYPE	: N/A
ADDRESS:	1002 N. School St. P.	O. Box 17907				PHONE: 832-60	40
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 832-34	61
MANAGER:	<u> </u>			APPLY AD	DRESS:		OUT-OF-STAT
APPLY TO:	:						APPLICATION ACCEPTED:
APPLY ATTN:	:						
APPLY PHONE:	: 832-6040			<b>FAX</b> : 832-3461	EMAIL: h	nphas8office@hav	vaii.gov
Unit <sup>1</sup>	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	udio:	1386					
One B	Bdrm:	1511					
Two B	Bdrm:	1991					
Three B	Bdrm:	2934					
Four B	Bdrm:	3367					
Provides Section 8 rentals); tenant pay 40% at entry.) LON	NT IS 30% OF INCOME Vouchers (for private lays 30% of income (up to NG wailists spond to communication	andlord o a max of	UTILITIES INC	CLUDED: e on per case basis		MINIMUM W ESTIMATE MAXIM	(Months):
			Įt.				STIMATE
AGE CRITERIA:  18 and older			10/01=			TO REMAIN ON V CALL EVERY	
*Max allowable ren	nt for 5bdrm: \$3872; 6bd	drm:\$4453	PARKING INF	O: PARKING:	PET INFO:		PETS OK:
	ASSET LIMITS:						
	ENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INFO	J:		LEASE:  1 year initially		8/16/16 and homeless, violence. E households	cher choice applod closed 8/18/16 will displaced or victing Elderly and disable applying more that ard rent are also to	with preference for n of domestic ed persons or n 50% of their
INCOME CRITERIA					program. F	Rents listed are thowed for that apar	e maximum
	is based on 30%AMI ar for Honolulu county is I		FURNISHED:				
I 1-PERSON MAXIMI	UM MONTHLY INCOM	E:	2116		]		
2-PERSONS MAXIN	MUM MONTHLY INCOI	ME:	2416				

	Last Comple	ete Update:	7/6/2023			AREA:	Iwilei	
PROJECT NAME:	SENIOR RESID	ENCE AT	IWILEI			PROJECT TYPE:	Elderly	
ADDRESS:	888 Iwilei Rd.					PHONE: 888-087	76	
CITY:	Honolulu	STATE: HI	ZIP:	96817		<b>FAX</b> : 521-119	92	
	: Indigo Real Estate  : Senior Residence at Iv	vilei	APPLY ADDRESS: Manager's Office 888 Iwilei Road, Honol			Hi 96817	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Manager's Office			FAX:	EMAIL:	AIL:		
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:							
	Bdrm: 146  Bdrm: 13	1317	2x rent					
Three		1990	2x rent					
Four	Bdrm:							
RENT INFO: RE  AGE CRITERIA:	NT IS 30% OF INCOME		Water and sew  WAITLIS PARKING INFO	er ST FOR PARKING:	PET INFO	MINIMUM W ESTIMATE MAXIMU LIST ES TO REMAIN ON W CALL EVERY	(Months): 2  JM WAIT STIMATE 6  VAITLIST	
AN OWN RESIDERS ASSET LIMIT INF	ASSET LIMITS:   DENTIAL PROPERTY:   O:		LEASE:		Pick up fro		9	
NCOME CRITER	ΙΔ.							
50% AMI \$45,850	1 person; \$52,400 2 ppl 1 person; \$62,880 2 ppl		FURNISHED:  Partly furnished appliances only					

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	olete Update:	6/6/2023				AREA:	Kaneohe
PROJECT NAME:	SENI	OR RESI	DENCE AT	<b>KANEOH</b>	E		PROJECT	T TYPE:	Elderly
ADDRESS:	45-705	Kamehameha	Hwy.				PHONE:	235-289	98
CITY:	Kaneoh	e	STATE: HI	ZIP:	96744		FAX:	235-089	97
MANAGER	R: Joshua	a Monton, Res	ident Manager		APPLY AD Mail to proj				OUT-OF-STATE
APPLY TO	): Bob Ta	anaka, Inc.							APPLICATION ACCEPTED:
APPLY ATTN	۱:								YES
APPLY PHONE	<u>:</u> : 235-28	398			<b>FAX:</b> 235-0897	EMAIL:			
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXI Numb Ped	-	CAREGIVER Allowed:
	tudio:								VEO
	Bdrm:	74	1025	2x rent	428				YES
	Bdrm:								
Three									
Four	Bdrm:			ļ		J	]		NO
RENT INFO: RE  *44 (HUD) Rents *30 (LIHTC) units Deposit same as Section 8 certifica gross income requ	are 30% are \$102 rent. Mu ate holder	of income; wa 25; waitlist 1-3 st be below 60 s need not me	itlist 1-3 yrs yrs. 9% AMI	Water & Sewe			ES <sup>-</sup>	IMUM W. TIMATE MAXIMU	AIT LIST (Months): 12  JM WAIT STIMATE 36
AGE CRITERIA:							TO REMA		00
All residents must	t be 62 o	r older		WAITLI	ST FOR PARKING:				(Months): 6
				PARKING INF		PET INFO		F	PETS OK:
<u> </u>	A	SSET LIMITS:	NONE	parking stalls	DO NOT include 48 First	HUD - PE			
AN OWN RESI		PROPERTY:	YES	Come First Se	erved	GENERAL	. INFO:		
ASSET LIMIT INF	·O:			LEASE:		Opened 2		•	
				6 months		floor near Units have onsite soo	laundry roc e lanais cial worker	om	available on first
INCOME CRITER 50% AMI: 1 perso persons \$58,800 60% AMI: 1 perso 2 persons - \$62,7	on \$45,75 on - \$54,9	900		FURNISHED:  Partly furnishe appliances on	,	Funding: (24 units) Transport	RHTF, Sec	ction 202 opping a	ection 8 (30 units), (44 units), Home vailable through
I 1-PERSON MAXIN	иим мог	NTHLY INCOM	ΛE:	4575		J.			
2-PERSONS MAX	IMUM MO	ONTHLY INCC	DME:	5040					

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	5/11/2023			AREA:	Kapolei
PROJECT NAME:	SENIOR RESID	ENCE AT	KAPOLEI	1 & 2		PROJECT TYPE:	Elderly
ADDRESS:	91-1034 Namahoe St.					PHONE: 674-293	37
CITY:	Kapolei	STATE: HI	ZIP:	96707		<b>FAX</b> : 674-293	38
MANAGER	: Cat Suan, Resident M	anager		APPLY ADI			
APPLY TO	: Bob Tanaka Inc.			1055 Kalo F 96826	Place Ste 103 H	onolulu, HI	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Ext 24						YES
APPLY PHONE	: 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:						
Four I	Bdrm:						NO
60 unit @ 30% AM Namahoe St. 20 g 91-1098 Namahoe Gross maximum r income (if qualified	NT IS 30% OF INCOME  MGI at Kapolei 1 - 91-10: units @ 50% AMGI at Kapolei 50% AMGI at Kapolei 60% AMGI AMGI AMGI AMGI AMGI AMGI AMGI AMGI	24 apolei 2 - 30% of ubject to		\$88/ utility allowance \$87/utility allowance	e	MINIMUM W ESTIMATE MAXIMU	(Months): 12  JM WAIT STIMATE
All residents 62+.	Caregiver allowed with	MD letter.	WAITLIS	T FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO:	F	PETS OK: YES
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:	NONE			GENERAL I	NFO:	
ASSET LIMIT INF			LEASE:		Opened 6/2	2009 202 RHTF	
Must not wholly over real estate.	wn a majority interest in	residential	One-year		Ammenities property, or	s include: screen con bus route, laundies to the recreation	ry room, ceiling
INCOME CRITER	IA:					; about a 10 minut	
	rson \$25,400; 2 persons rson \$45,750; 2 persons	+ -,	FURNISHED:		Any crimina	al conviction = inel	igible
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3812				

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	Last Comp	lete Update:	5/10/2023			AREA:	Wahiawa
PROJECT NAME:	SILVERCRES1	Γ				PROJECT TYPE:	Elderly
ADDRESS:	520 Pine St.					PHONE: 622-278	35
CITY:	   Wahiawa	STATE: HI	ZIP:	96786		<b>FAX</b> : 621-778	31
	,						
MANAGER APPLY TO	: Miata Lewis-Harris - F	Property Admini	strator	APPLY ADD On-Site #110			OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN				<b>FAX</b> : 621-7781	EMAIL:		
			Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	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, T utility allowance	rash Removal, \$56		MINIMUM WARE STIMATE	(Months): 12
AGE CRITERIA:						TO REMAIN ON W	Į 2-T
(companion) 18+,	d must be 62+. Spouse minor children allowed ult children not allowed.	if HOH has	WAITLIS	T FOR PARKING: YES	PET INFO	CALL EVERY	(Months): 6 PETS OK: YES
over 18 allowed.	an ormaron not anowed.	Caregiver	Parking include			<u>.                                      </u>	1120
	ASSET LIMITS:	NONE			1 animal		
AN OWN RESID	DENTIAL PROPERTY:	YES			GENERAL	_ INFO:	
ASSET LIMIT INF	O:		LEASE:			iction in the last 7 ye	
			1 year		Violent, d	lent, drug, and sex offenses will result in omatic denial - regardless of time.	
INCOME CRITER	IA:				Opened 1	995 Section 202 PRAC	
Maximum Annual	Income: changes per H	UD	FURNISHED:  Refrigerator, stove, carpet, blinds  Library, carpet, blinds  Laundry Applicati Ask man Send recenvelope			anagement to mail it request with self addressed stamped	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	5/17/2023			AREA:	Chinatown
ROJECT NAME: SMI	TH BERET	ANIA				PROJECT TYPE:	Family
ADDRESS: 1170 N	luuanu Ave.					PHONE: 521-648	86
CITY: Honolu	ılu	STATE: HI	ZIP:	96817		<b>FAX</b> : 531-660	05
MANAGER: Ko No	orasing-Yun			APPLY ADI			OUT-OF-STA
APPLY TO: Indigo	Real Estate Se	ervices, Inc.					APPLICATIO ACCEPTED
APPLY ATTN:	***WAITLIST	CLOSED SINCE	2018***				
APPLY PHONE: 521-6	486			<b>FAX:</b> 531-6605	EMAIL:		
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	82	0	NO	548	1	2	YES
Two Bdrm:	82	0	NO	719	2	4	YES
Three Bdrm:							NO
No action required unless timely response to commi			Water				(Months): 2
AGE CRITERIA:			Įl.			LIST ES	STIMATE
Head of household must be	oe 18 years or o	lder.	WAITI I	ST FOR PARKING:		CALL EVERY	
			PARKING INFO	D:	PET INFO	: F	PETS OK: NO
A	ASSET LIMITS:	NONE	arking include	Su			
AN OWN RESIDENTIA					GENERAL		
ASSET LIMIT INFO:			LEASE:		Two week	ew applicants only s after announcement	ent, applications
			1 year			uted and accepted sperformed to select	
NCOME CRITERIA:			ļ		the waitlis	t.	
Maximum Annual Income: 1 person - \$36,650; 2 persons - \$41,850; 3 persons - \$47,100;			FURNISHED:		Funding: \$	Section 8 100%	
4 persons - \$52,300; 5 pe 6 persons - \$60,700; 7 pe 8 persons - \$69,050	rsons - \$56,500	,	Partly furnishe appliances only				
-PERSON MAXIMUM MC	ONTHLY INCOM	E:	3517		]		
PERSONS MAXIMUM M			4017				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	12/15/2021			AREA:	Makiki	
PROJECT NAME:	<b>SPENCER HO</b>	USE (HPHA	<mark>A-hon) - N</mark>	OT ACCEPT	ING A	PROJECT TYPE:	Family	
ADDRESS:	1035 Spencer St.	•				PHONE: 586-972	24	
CITY	[Harriston	STATE: HI	ZIP:	00000		FAX: 586-972	28	
CITT	Honolulu	STATE: HI	ZIP:	96822				
MANAGER	: Sol Sentous			APPLY AI			OUT-OF-STATE	
APPLY TO	: HPHA NOT ACCEPTING AF	PPLICATIONS		1002 North School St.  Honolulu, HI 96817  NOT ACCEPTING APPLICATIONS  ACCEPTING APPLICATIONS				
APPLY ATTN	: Oahu applications off NOT ACCEPTING AF						NO	
APPLY PHONE	: 832-5961			<b>FAX</b> : 832-3461	EMAIL	: hphaishereforyou.o	rg	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME	SQ FT:	MINIMUM Number	MAXIMUM Number of	CAREGIVER Allowed:	
S	tudio:		Required:		of People	People:	7 tillowed.	
One I	Bdrm:							
Two I	Bdrm: 1	0					YES	
Three I		0		798	3	8	YES	
	NT IS 30% OF INCOME for Federal Low Incom 8/2/2016******		UTILITIES INC Water and gas electricity	LUDED: + allowance for		MINIMUM WA ESTIMATE MAXIML		
AGE CRITERIA:						TO REMAIN ON W	AITLIST	
Head of household	d must be 18 years or o			ST FOR PARKING	=	CALL EVERY		
			PARKING INFO	D: NO		nimals ok, but only o	PETS OK: YES	
	ASSET LIMITS:					ories listed below: 'under 25 lbs) or cat		
AN OWN RESIDE	DENTIAL PROPERTY: O:	NO			GENERA PREFER		iolence victims:	
Cannot own a hou	se on Oahu		1 year di			PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced.  Funding: Fed Low Inc Pub Hsing 100%		
INCOME CRITERI	IA:		,			ctions must be 3 yrs		
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53 00; 3 persons - \$68,500 00; 5 persons - \$82,200 00; 7 persons - \$94,350	,250; ; ;	FURNISHED:  Partly furnishedmajor appliances only, carpets			ethamphetamine or s	sex offender	
1-PERSON MAXIM	IUM MONTHLY INCOM	IE:	4570		Į.			

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		Last Comp	lete Update:	6/7/2023			AREA:	Mililani
PROJECT NAME:	THE	COURTY	ARDS AT N	IILILANI MA	AUKA	F	PROJECT TYPE:	Family
ADDRESS:	95-1015	Koolani Dr.				-	PHONE: 626-94	55
CITY:	Mililani		STATE: HI	ZIP:	96789		<b>FAX</b> : 626-94	56
MANAGER	t: Tiffany	Gates, Reside	ent Manager		APPLY ADD	DRESS: agement Office,	95-1015	OUT-OF-STATE
APPLY TO	): The Co	ourtyards at Mi	liani Mauka			Mililani, HI 9678		APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	<b>:</b> 626-94	155		F	AX: 626-9456		tp://www.location e-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:	12	979	2.25xRent	636			
	Bdrm:	24	1147	2.25xRent	841			
Three		12	1319	2.25xRent	1068			
	Bdrm:	12	1010					YES
				Water				
AGE CRITERIA:						Т	O REMAIN ON V	
Head of househol	d must b	e 18 years or o	lder	WAITLIST	FOR PARKING:		CALL EVERY	
				PARKING INFO: 1 stall included;	NO May 2 stalls, but	PET INFO:		PETS OK: NO
	۸۰	SSET LIMITS:	NONE	not guaranteed to guest parking av	o have 2nd stall,			
AN OWN RESI				guoot parking av	allabio	" GENERAL II	NFO:	
ASSET LIMIT INF	O:			LEASE:		LIHTC		
Cannot own a maproperties.	jority inte	rest in resident	iai	1 year		Accepts Sec	ction 8 & Rent Su	ipplement
						Application: Download fr		
INCOME CRITER			***************************************	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Pick up fron	n manager's office	е
60% of AMI: 1 per persons \$70,740;			s \$62,880; 3	FURNISHED:  Partly furnished- appliances only	-major			
-PERSON MAXIN	IUM MOI	NTHLY INCOM	IE:	4585		]		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	5240				

		Last Comp	lete Update:	3/3/2020			AREA:	Kalihi
PROJECT NAME:	THE	<b>TOWERS</b>	AT KUHIO	PARK			PROJECT TYPE:	Family
ADDRESS:	1475 Li	napuni St.					PHONE: 888-28	16
CITY:	Honolul	u	STATE: HI	ZIP:	96819		<b>FAX</b> : 888-063	31
MANAGER			anager -Tower A- ager -Tower B- F		APPLY AD on-site	DRESS:		OUT-OF-STATE
APPLY TO	: The M	ichaels Organiz	zation					APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 888-28	316			<b>FAX</b> : 888-0631	EMAIL:	towers@tmo.com	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:		1356	3280	579			
Two I	Bdrm:		1627	3937	792			
Three I	Bdrm:		1880	4268	944			
Four I	Bdrm:							
Rent listed is for T The Towers at Ku Subsidized units - Authority	hio Park	for market unit	S.	Water, electrici	ty and gas			
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of household	d must b	e 18 years or o	lder		ST FOR PARKING:		CALL EVERY	
	Δ	SSET LIMITS:			D: NO ed. Each unit has stalls. Parking is	PET INFO:	<u> </u>	PETS OK: NO
AN OWN RESID	DENTIAL		UNKNOW			GENERAL Newly ren		
If asset generates income		then it is coun	ted toward	LEASE: One-year		Fitness ce Social Ser	enter vices program for a unty Section 8 okay	
INCOME CRITER	IA:			•		24-hour m	aintenance and sec	curity
2x rent				FURNISHED:		NO RESP	ONSE IN 2021	
 1-PERSON MAXIM 2-PERSONS MAXI				4220 4820				

Last Complete Update:	12/16/2021	AREA: Downtown
ROJECT NAME: THOMAS BUILDING		PROJECT TYPE: Family
ADDRESS: Unknown		PHONE:
CITY: Honolulu STATE:	HI ZIP: 0	FAX:
MANAGER:	APPLY A	ADDRESS:
APPLY TO: Housing Solutions, Inc.		APPLICATIO ACCEPTED
APPLY ATTN: BUILDING IS NOT OPEN OR IN C	PERATION	
APPLY PHONE:	FAX:	EMAIL: Website: https://www.hsiservices.net/ Email: Unknown
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	MINIMUM Number of People  MAXIMUM Number of People:  CAREGIVER Allowed:
Studio: 0		
One Bdrm: 0		
Two Bdrm:		
Three Bdrm: 0		
Four Bdrm: 0		
ENT INFO: RENT IS 30% OF INCOME:	UTILITIES INCLUDED:	TOTAL UNITS: 25
		MINIMUM WAIT LIST
		ESTIMATE (Months):
		MAXIMUM WAIT LIST ESTIMATE
SE CRITERIA:		TO REMAIN ON WAITLIST
	WAITLIST FOR PARKING	
	PARKING INFO:	PET INFO: PETS OK:
ACCET LINUTO	-	
ASSET LIMITS: ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:	1	GENERAL INFO:
SSET LIMIT INFO:	LEASE:	Three-story, century-old structure in downtown
	-57.65.	Honolulu. Residential floors of 25 units with shared bathrooms, opening 2021.
COME CRITERIA:	,	
	FURNISHED:	_
PERSON MAXIMUM MONTHLY INCOME:	0	,
ERSONS MAXIMUM MONTHLY INCOME:	0	

	Last Comp	lete Update:	5/18/2023			AREA:	Manoa
PROJECT NAME:	VANCOUVER	HOUSE			F	PROJECT TYPE:	Permanent
ADDRESS:	2019 Vancouver Dr.					PHONE: 947-718	11
CITY:	Honolulu	STATE: HI	ZIP:	96822		<b>FAX</b> : 944-397	6
APPLY TO	t: Chris Gerson  D: Housing Solutions, In	c.		APPLY ADD Referred by homeless sh	outreach agend	ey or	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY PHONE				<b>FAX:</b> 944-3976	EMAIL: cl	hris@hsiservices.r	net
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 25	1100		460	2	4	
Two I	Bdrm: 8	1400		580	5	7	
	INT IS 30% OF INCOMI ; \$1400 for 2-bdrm	E: NO	UTILITIES INCI Electricity, wated disposal	LUDED: er, sewer, and refuse		MINIMUM WA ESTIMATE ( MAXIMU	(Months): 6
	least 1 minor child (18 a	and under)	WAITLIS	ST FOR PARKING:	Т	LIST ES O REMAIN ON W CALL EVERY	
or at least 6 montl	ns pregnant  ASSET LIMITS:		PARKING INFO Limited parking month, approx no guest parkin	D: YES g at \$50 per 6-12 mon waitlist; ng on site. Street	PET INFO:	Р	ETS OK: NO
AN OWN RESID	DENTIAL PROPERTY: O:		parking for resi available on first LEASE:		Homeless of Homeless faunder 18 ye	or at risk amilies with at leas	st one minor child
INCOME CRITER	IA:				hours a wee	usehold must be w ek currently unsheltei	-
Less than 50% AMI			FURNISHED:		emergency	shelter or at risk o	f being homeless

2-PERSONS MAXIMUM MONTHLY INCOME:

1-PERSON MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	11/24/2021			4054	Ewa Beach
PROJECT NAME:	VII I /	ACES OF	MONE KI	I DUACE	<u> </u>		AREA: PROJECT TYPE:	
			MOA E NO	- PHASE	: I			]
ADDRESS:	91-1655	Panika St.					PHONE: 681-300	
CITY:	Ewa Bea	ach	STATE: HI	ZIP:	96706	6	<b>FAX</b> : 681-300	J4
						V 455550		
MANAGER		vasaki, Mgr; Ja do, Admin Asst		easing Agent; Betty  APPLY ADDRESS:  91-1655 Pahika St.  Ewa Beach HI 96706				OUT-OF-STATE APPLICATION
APPLY TO	): EAH - \	Villages of Moa	a'e Ku		Lwa L	seach in 90700		ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	:: 681-30	00			<b>FAX:</b> 681-30		L: www.eahhousing.o	rg
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	Number of	CAREGIVER Allowed:
	tudio:							
	Bdrm:	6	1279	2.5x rent	674	1	3	
	Bdrm:	32	1524	2.5x rent	797	3	7	
Three		25	1750	2.5% Territ	1119		,	
Four	Bdrm:			ļ.	J	J		
RENT INFO: RE	NT IS 30	% OF INCOM	E: NO	UTILITIES IN	CLUDED:		TOTA	L UNITS: 64
Based on 2019 M to Change AMI % - 30/50/60	TSP/VLI	Income Limits	Subject	Water/sewer/	trash		MINIMUM W ESTIMATE	
7.1111 70 00700700								JM WAIT STIMATE
AGE CRITERIA:							TO REMAIN ON W	
18+ Multi-Family F	Property			WAITL	IST FOR PARK	(ING:	CALL EVERY	(Months):
				PARKING INF		PET INF		PETS OK: NO
]				basis. Currer	an "As needed" nt drivers license	Notify m Assistar	anagement if have a nce animal	Service or
AN OWN RESI		PROPERTY:	YES	insurance, sa registration re		GENERA	AL INFO:	
ASSET LIMIT INF	O:			LEASE:			noking property - smo	
Depends on input	ed incom	е		1 year			re on the property, inc	
						Laundry	und/Totlot, Communit Room, Picnic Area, eed internet	
INCOME CRITER	IA:					"	: RHTF, LIHTC, CDE	RG NSP HOME
Maximum monthly annually	/ income	limits subject t	o change	Refrigerator, blinds	stove, rangehoo	d, HMMF	SPONSE IN 2021	ou, ivoi , flowie,
I 1-PERSON MAXIM	10M MUI	NTHLY INCOM	E:	4220				
2-PERSONS MAXI	MUM MC	ONTHLY INCO	ME:	4820				

		Last Comp	lete Update:	11/24/2021				4054	Ewa Beach
DDO IECT NAME.	VIII 1	ACEC OF	MOAIT IZI	I DILACI	<b>-</b>			AREA: PROJECT TYPE:	
PROJECT NAME:			WOA'E KU	J - PHASI					],
ADDRESS:	91-1655	Pahika St.						PHONE: 681-300	
CITY:	Ewa Bea	ach	STATE: HI	ZIP:		96706		<b>FAX</b> : 681-300	4
	,		,						
MANAGER		vasaki, Mgr; Ja lo, Admin Asst	anna Kekoa, Lea i.	sing Agent; Be	etty	APPLY AD			OUT-OF-STATE APPLICATION
APPLY TO	): EAH - \	Villages of Moa	a'e Ku			Lwa Deaci	1111 90700		ACCEPTED: YES
APPLY ATTN	l:								120
APPLY PHONE	: 681-30	00			FAX:	681-3004	EMAIL:	www.eahhousing.or	g
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:								
One I	Bdrm:	9	1222	2.5xrent			1	3	
Two	Bdrm:	37	1457	2.5xrent			2	5	
Three I	Bdrm:	29	1671	2.5xrent			3	7	
Four I	Bdrm:								YES
,									,
RENT INFO: RE			E: NO	UTILITIES IN		):		TOTA	L UNITS: 75
Max rent is around AMI % - 30/50/55	d 55% of i	income.		Water/sewer	/trash			MINIMUM W	
Based on 2020 M	TSP/VLI i	income limits						ESTIMATE	
2021 Update: Wai				<u> </u>				MAXIMU LIST ES	
AGE CRITERIA:								TO REMAIN ON W	AITLIST
18+				\Λ/ΔΙΤ	LIST FOI	R PARKING:		CALL EVERY	
				PARKING IN		CT ARRIVO.	PET INFO	: P	ETS OK: NO
				Assigned on					
	AS	SSET LIMITS:		basis. Curre insurance, sa	afety che				
AN OWN RESID	DENTIAL	PROPERTY:		registration r	equired		GENERAL	. INFO:	
ASSET LIMIT INF				LEASE:			Playgroun	nd/Totlot, Community Room, Picnic Area, C	/ Meeting Room,
Depends on inpute	ed incom	е		1 year				d internet	computer with
							No Smoki	ng on Property	
INCOME ODITED	1.4						Funding:	RHTF, LIHTC, CDB	G. HOME. HMME
INCOME CRITER		limits subject t	o change	FURNISHED	):			, ,	_, <u>_</u> ,
annually		,		Refrigerator, blinds		ngehood,			
1-PERSON MAXIM	IUM MON	THLY INCOM	IE:	4042			-		
2-PERSONS MAXI	мим мс	NTHLY INCO	ME:	4620					

	Last Com	plete Update:	3/5/2020				Ewa Beach
DDO IECT NAME.	VILLAGES OF		рилсе			AREA: PROJECT TYPE:	
		- WOA'E KU	- PHASE	: 111			j,
ADDRESS:	91-1655 Pahika St.					PHONE: 681-300	0
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		FAX:	
	,	,	,				
MANAGER	: Gary Iwasaki, Mgr; J		sing Agent; Be	etty APPLY AD	DRESS:		
	Mercado, Admin Ass	sistant			ahika Street n. HI 96706		OUT-OF-STATE APPLICATION
APPLY TO	: EAH - Villages of Mo	oa'e Ku		Lwa beach	1,111 90700		ACCEPTED:
APPLY ATTN	l:						YES
					EMAIL:	www.eahhousing.or	g
APPLY PHONE	:: 681-3000			<b>FAX</b> : 681-3004		· ·	
, I	T		Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
	tudio:	0	rtequireu.		or r copie	теоріе.	
	Bdrm: 4	1279	2.5x rent	674	1	3	
Two	Bdrm: 28	1524	2.5x rent	797	2	5	
Three I	<b>Bdrm:</b> 20	1750	2.5x rent	1119	3	7	
Four I	Bdrm:	0				<u> </u>	YES
DENT INFO	NIT IO COOK OF INICON	45 <b>[</b> 100					
	NT IS 30% OF INCOM		UTILITIES INC Water/Sewer/				L UNITS: 52
change AMI % - 30/50/60	TOT / VET INCOME ENTIRE	s. Gubjeet to	vvator cower	114311		MINIMUM WA ESTIMATE	_
AIVII % - 30/50/60						MAXIMU	
]		Į.					TIMATE 0
AGE CRITERIA:						TO REMAIN ON W	
18+ Multi-Family F	Property		WAITL	IST FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INF		PET INFO:		ETS OK: NO
			basis. Curren	an "As needed" t drivers license,	Notify mar Assistance	nagement if have a se e animal	Service or
	ASSET LIMITS:		insurance, sa registered red		]		
AN OWN RESIDE	DENTIAL PROPERTY:			1	GENERAL		
Depends on inpute			LEASE:			king property - smok on the property, inc	
						d/Tot lot, Communit	
					Laundry R	toom, Picnic Area, C d internet	Computer with
INCOME CRITER	IA:					HTF, LIHTC, CDBG	S HOME HMME
Maximum monthly annually	income limits subject		FURNISHED:		,		o, i iOivie, i liviivii
armaany			Refrigerator, solinds	stove, rangehood,	Application Download	n: from website	
					NO RESP	ONSE IN 2021	
						-	
]					J		
1-PERSON MAXIM	IUM MONTHLY INCOM	ME:	4220				
O DEDCONO MAVI	INALINA MAONITLILVA INICA	OME.	4000				

	Last Co	mplete Update:	6/1/2023			AREA:	Kapolei
PROJECT NAME:	VILLAS AT A	\'ELOA				PROJECT TYPE:	Family
ADDRESS:	91-1118 Namahoe	St. (Mailing addres	ss: 91-1130 Nam	ahoe St.)		PHONE: 674-42	45
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 674-42	46
	: Amanda Mercado			APPLY AD 91-1130 Na Kapolei, HI	amahoe St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Affordable Housin	g Dept.					
APPLY PHONE	: 674-4245			<b>FAX:</b> 674-4246	EMAIL:	locationsrentals.co	m/affordable-
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
	<b>3drm:</b> 19	1100	2.25x rent	637			
	32	1200	2.25x rent	841			
Three I		1500	2.25x rent	1068			YES
	% & 60% AMI Requirements: •\$2322.50		Water and Ser			MINIMUM W ESTIMATE MAXIM	
AGE CRITERIA:						TO REMAIN ON V	
Head of household	d must be 18 years o	or older	WAITL	IST FOR PARKING:		CALL EVERY	
			PARKING INF 1 assigned pa	O: NO rking stall included	PET INFO	:	PETS OK: NO
	ASSET LIMIT	S: NONE					
AN OWN RESID	DENTIAL PROPERT O	Y: NO			GENERAL LIHTC Fu		
	<u> </u>		LEASE:	nonth to month	Accepts S	•	
			, your, morri	ionar to monar	71 units fo	or 60%AMI	
INCOME CRITER	IA:		,			r 50% AMI	
persons \$58,800, 60% AMI: 1 perso	n \$45,750, 2 person 4 persons \$65,300, n \$54,900, 2 person 4 persons \$78,360,	s \$62,700, 3	FURNISHED: Partly furnishe appliances on		AMI Applicatio	·	elow based on 60%
\$84,660, 6 person					Pick up fro	om manager's offic	е
1-PERSON MAXIM	IUM MONTHLY INC	OME:	4220		ı		

	Last Comp	olete Update:	6/7/2023			AREA	Kapolei
PROJECT NAME:	VILLAS AT MA	ALU'OHAI				PROJECT TYPE	Family
ADDRESS:	91-1025 Kaiau Ave.					PHONE: 808-88	38-2377
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX:	
MANAGER	₹:			<b>APPLY AD</b> 91-1025 Ka	iau Ave		OUT-OF-STATE
APPLY TO	D: Villas at Malu'Ohai			Kapolei, HI	96707		APPLICATION ACCEPTED:
APPLY ATTN	N: Resident Manager						YES
APPLY PHONE	E: 943-9314			<b>FAX:</b> 946-0572	EMAIL:	https://www.locati able-rentals	onsrentals.com/afford
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:						
	Bdrm: 55	1112	2.25xrent	713			
Three	<b>Bdrm:</b> 16	1329	2.25xrent	940			
Four	Bdrm:						NO
voucher. Credit ev tenants. Tenants	requirements waived w valuation will be done fo must have good landlon meet minimum criminal	or all d	water, sewer				VAIT LIST E (Months): 12
]							STIMATE
AGE CRITERIA: Head of Househo	old 18+		\^/^ TI	IST FOR PARKING:		TO REMAIN ON CALL EVERY	
			PARKING INF		PET INFO	:	PETS OK: NO
]			2 designated unit	parking stalls per			
AN OWN RESII	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O: own a majority interest i	in residential	LEASE:			toom, air condition schools and recre	
properties	own a majority interest i	iii residentiai	1 year		Applicatio		
INCOME CRITER	RIA:						
3 persons \$58,80 60% AMI: 1 perso 3 persons: \$70,56 5 persons: \$84,66	on \$45,750; 2 persons \$60; 4 persons \$65,300 on: \$54,900; 2 persons: \$00; 4 persons: \$78,360 60; 6 persons: \$90,900 00; 8 persons: \$103,440	\$62,700	FURNISHED: Partly furnishe appliances on				
I-PERSON MAXIN	MUM MONTHLY INCOM	ΛE:	4575		Į.		
2-PERSONS MAX	IMUM MONTHLY INCC	ME:	5225				

		Last Comp	lete Update:	7/16/2020			AREA:	Liliha
ROJECT NAME:	WAE	NA APAR	TMENTS				PROJECT TYPE:	Family
ADDRESS:	1320 Aa	ala St.					PHONE: 550-044	40
CITY:	Honolul	lu	STATE: HI	ZIP:	96817		<b>FAX</b> : 525-68	11
MANAGER	t: Sheryl	Oschin, on-site	e manager		APPLY AD	St.		OUT-OF-STATI
APPLY TO	):				Honolulu, I	HI 96817		APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	:: 550-0 <sup>4</sup>	140		FA	<b>XX</b> : 525-6811	EMAIL:		
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:		1000		540			
	Bdrm:	196	1680	2.5x rent	543			
Three I		157	2040	2.5x rent	745 823			
	Bdrm:	55	2320	2.5x rent	1046			
RENT INFO: RE Rent subject to ch market value. The 2/13/15	ange on	a daily basis d	ue to	UTILITIES INCLU	DED:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	
Head of Househol	ld 18+				FOR PARKING	_	CALL EVERY	
				PARKING INFO:  1 stall included		PET INFO	: H	PETS OK: NO
	A	SSET LIMITS:						
AN OWN RESID						GENERAL	. INFO:	
ASSET LIMIT INF	O:			LEASE:		NO RESF	ONSE IN 2021	
				6 or 12 month lea	se			
NCOME CRITER	IA:			-		·		
Max income limits	- 140%	АМІ		FURNISHED:				
-PERSON MAXIM				7828 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 dailto iiti	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,					
J							
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 Comple	ete Update:	7/16/2020				AREA:	Waimanalo
PROJECT NAME:	WAIMANALO A	PARTME	NTS				PROJECT TYPE:	Family
ADDRESS:	41-545 Hihimanu St.						PHONE: 259-564	9
CITY	Waimanalo	STATE: HI	ZIP:		96795		FAX: 259-970	5
<b>5</b>	Waimanaio	017.12.1			90793			
MANAGER	: Terri Washam, Reside	ent Manager			APPLY ADI	DRESS: manu Street, W	/aimanalo	OUT-OF-STATE
APPLY TO	: Waimanalo Apartment	s			Hawaii 9679		aa.a.o,	APPLICATION ACCEPTED:
APPLY ATTN	<b>:</b>							YES
APPLY PHONE	: 259-5649			FAX:	259-9705		vaimanalo2@hawa vaimanaloapartme	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One E	37	1177	2.5xrent		576		3	YES
Two E	<b>Bdrm:</b> 28	1413	2.5xrent	[ [	720		5	YES
Three E	Bdrm: 8	1632	2.5xrent		864		7	YES
Four B	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	: NO	UTILITIES INC		):		MINIMUM W. ESTIMATE MAXIMU	(Months):
AGE CRITERIA:	d must be 18 years or ok	dor				7	TO REMAIN ON W	
nead of nousehold	a must be 16 years of oil	uei	WAITL PARKING INF	_	R PARKING:	PET INFO:		ETS OK: NO
			Parking include			FET INFO.	· · · · · · · · · · · · · · · · · · ·	E13 OK. INO
	ASSET LIMITS:	NONE						
AN OWN RESID	DENTIAL PROPERTY:					GENERAL I	NFO:	
ASSET LIMIT INFO	O:		LEASE:				es not maintain a w	
			6 months				area, on bus line	
						http://www.	waimanaloapartme	ents.com/
INCOME CRITERI	IA:					onsite mgm	nt by Cambridge M	gmt. Inc.
2 persons - \$55,98 4 persons - \$69,96	Income: 1 person - \$49,60; 3 persons - \$63,000;60; 5 person - \$75,600;7 persons - \$86,760;	6 8	FURNISHED: Partly furnishe appliances on		or	Send reque envelope Pick up fror	: lement to mail it est with self-addres m manager's office rough waimanaloa	
	IUM MONTHLY INCOME		4085			-		

	Last Comple	ete Update:	11/24/2021			AREA:	Waimanalo
ROJECT NAME:	Waimanalo Em	ergency	Shelter; pre	eviously Wei	nber	PROJECT TYPE:	Emergency
ADDRESS:	41-490 Saddle City Rd.					PHONE: 204-098	32
CITY.	DAY :	STATE: HI		00705		<b>FAX</b> : 744-061	6
CIIT:	Waimanalo	STATE: HI	ZIP:	96795			
MANAGER	R: Zabrina Spencer: Site	Manager		APPLY AD	DRESS:		0117.05.07475
APPLY TO	<b>)</b> :						OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	l:				EMAII.	www.kahumana ara	
APPLY PHONE	E: 204-0982			<b>FAX</b> : 744-0616	EWAIL	www.kahumana.org	}
Unit	Type: Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
l	Bdrm: 8			180 420	3	4	
	Bdrm: 7			550	3	6	
Three	Bdrm: 7			950	5	10	
Four	Bdrm:						NO
RENT INFO: RE	NT IS 30% OF INCOME	: YES	UTILITIES INCL	LUDED:		ТОТА	L UNITS: 30
Emergency Shelte	er		All utilities			MINIMUM W.	
						MAXIMU LIST ES	IM WAIT
AGE CRITERIA:						TO REMAIN ON W	į O
			WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INFO	):	PET INFO	: P	PETS OK: NO
	ASSET LIMITS:						
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	·O:		LEASE:		casework		as determined by
			90 Days		Must follo	nd on site. w Program Rules. villing to work if not c	disabled.
INCOME CRITER	IA:		1			3	
			FURNISHED:		.		
			Stove, refrigera inflatable mattre				
-PERSON MAXIM	NUM MONTHLY INCOME	<u>:</u> :					

2-PERSONS MAXIMUM MONTHLY INCOME:

	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	HI 96817 EPTING APPLIC	CATIONS	APPLICATION ACCEPTED: NO
APPLY ATTN	: Oahu applications office NOT ACCEPTING APP				EMAIL:	nphaishereforyou.o	
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				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	1/5/2022				AREA:	Waipahu
PROJECT NAME:	<b>WAIPAHU HAL</b>	L ELDERL	<u> </u>				PROJECT TYPE:	Elderly
ADDRESS:	94-1060 Waipahu St.						<b>PHONE</b> : 671-380	)1
CITY:	Waipahu	STATE: HI	ZIP:		96797		<b>FAX</b> : 680-045	56
	R: Collette Sanchez, Ser Kelsey Chalmers, Ass D: Cambridge Manageme	istant Community			APPLY AD Waipahu H 94-1060 W Waipahu, H	lall ′aipahu St., Offic	ce	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	<b>l</b> :							YES
APPLY PHONE	E: 671-3801			FAX:	680-0456	EMAIL:	waipahu@cmiweb.i	net
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 72	0		]	636	1	3	YES
Three	Bdrm:							NO
RENT INFO: RE Max rent is \$1465	ENT IS 30% OF INCOME		TILITIES ING		D:		MINIMUM W ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
disabled. Other m	d must be 62 years or ol nembers of the househol ildren, siblings, or friends	d may be s 18 years P	WAITL ARKING INF Parking include	-O:	R PARKING: YES	PET INFO:		(Months): YES
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:					GENERAL	INFO:	
ASSET LIMIT INF  INCOME CRITER  Maximum annual	·O:	260; F	EASE:  year, then r  URNISHED:  Partly furnish- appliances or	edmaj	or	Pavilion ce Bbq Area & Recreation A gated co On-site ma Guest inter Recycling Transporta Catholic C Application Request by Ask Manag	enter & social activi & lush landscaping a room with tv ammunity on busling anagement rcom system program ation to Shopping av harities Hawai'l	e vailable through cmiweb.net
1-PERSON MAXIM	MUM MONTHLY INCOM	E: 3	355			]		

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		Last Comp	elete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIF	PAHU I (H	PHA-lee) -	NOT ACC	EPTING APPS	3	PROJECT TYPE:	Family
ADDRESS:	,						PHONE: 483-255	50
CITY	J		CTATE: III	71D. F	00707		FAX: 483-255	52
CITY:	Waipah	u	STATE: HI	ZIP:	96797		•	
MANAGER	: Marcus	s Asami			APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, HI		NATIONIC	<b>APPLICATION</b>
1 11 11		CCEPTING A	PPLICATIONS		NOT ACCE	TING APPLIC	CATIONS	ACCEPTED: NO
APPLY ATTN			ice PPLICATIONS					140
APPLY PHONE			T LICATIONS		<b>FAX:</b> 832-3461	EMAIL:	nphaishereforyou.o	rg
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
St	tudio:							
One E	3drm:							
Two E	3drm:	13	0		650	2	6	YES
Three E	3drm:	6	0		817	3	8	YES
Four E	3drm:							
RENT INFO: RE Minimum Rent: \$0  ***********************************	for Fede	eral Low Incom		Water and ele			MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA:							TO REMAIN ON W	į 00
Head of household	d must be	e 18 years or o	older	\/\	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: YES
]	AS	SSET LIMITS:	NONE	Included		the categor	imals ok, but only o ries listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO		ahu		LEASE:			NCES: Domestic V n transitional shelte	
Carmot own a noa	30 011 00	and		1 year		displaced.		,
						Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI	IA:			,			ons must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	80% of Income: 00; 3 pers 00; 5 pers 00; 7 pers	1 person - \$53 sons - \$68,500 sons - \$82,200	); );	FURNISHED: Partly furnishe appliances on		crystal met	hamphetamine or	sex offender
1-PERSON MAXIM				4570		r		

		Last Comp	lete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIP	ΔΗΙΙΙΙ (Ε	ΙΡΗΔ-Ιρο)	NOT ACC	CEPTING APP	S	PROJECT TYPE:	Family
ADDRESS:			ii TIA-ICC)	THOI ACC	JEI TINO ALT		PHONE: 483-255	
	1021	арарат Оп					FAX: 483-255	
CITY:	Waipahı	u	STATE: HI	ZIP:	96797		11 21   100 200	_
MANAGER	: Marcus	s Asami			APPLY ADD			OUT-OF-STATE
APPLY TO		CCEPTING AF	PPLICATIONS		Honolulu, HI		CATIONS	APPLICATION ACCEPTED:
APPLY ATTN		applications off CCEPTING AF				EMAII.	hahaiaharafanyay a	
APPLY PHONE	: 832-59	61			<b>FAX:</b> 832-3461	EWIAIL.	hphaishereforyou.o	g
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	16	0		635	2	6	YES
Three E	Bdrm:	4	0		822	3	8	YES
Four E	Bdrm:							
RENT INFO: RE Minimum Rent: \$0  ***********************************	) for Fede	eral Low Incom		UTILITIES INC			TOTA MINIMUM WA ESTIMATE ( MAXIMU LIST ES	Months): 36
AGE CRITERIA:	d must be	e 18 vears or o	lder				TO REMAIN ON W	
Tricad of flodocriois	a maor be	o to yours or o	idoi	WAITL PARKING INF	IST FOR PARKING:	PET INFO:		ETS OK: YES
	AS	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only o ries listed below: ınder 25 lbs) or cat	ne from each of
AN OWN RESID		PROPERTY:	NO			GENERAL		
Cannot own a hou		ahu		LEASE: 1 year			ENCES: Domestic V in transitional shelte	
						Funding: F	Fed Low Inc Pub Hs	ing 100%
INCOME CRITERI							ions must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 pers 00; 5 pers 00; 7 pers	1 person - \$53 sons - \$68,500 sons - \$82,200	· , . , . , . , . , . , . , . , . , . ,	FURNISHED: Partly furnishe appliances on			·	
1-PERSON MAXIM				4570		•		

	Last Co	mplete Update:	7/16/2020			AREA	Waipahu
ROJECT NAME:	WAIPAHU T	OWERS				PROJECT TYPE	Family
ADDRESS:	94-337 Pupumomi S	St.				<b>PHONE</b> : 753-94	40
CITY:	Waipahu	STATE: HI	ZIP:	96797		FAX:	
MANAGER	R: Sonja Tupua			APPLY AD	DRESS: lae Avenue, Sui	to 200	OUT-OF-STA
APPLY TO	D: Mark Developmen	t, Inc.		Honolulu, F		le 200	APPLICATIO ACCEPTED
APPLY ATTN	l:						YES
APPLY PHONE	<b>≣:</b> 735-9099			<b>FAX:</b> (781)295-34		nttps://www.mdiha er	waii.com/waipahut
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 2	0		482	1	4	
Two	Bdrm: 62	0		684	2	5	YES
	Bdrm:						YES
ection 8 bldg			Electricity and v	vater			(Months): 1
GE CRITERIA:			Į.			LIST E TO REMAIN ON \	STIMATE 3
	d must be 18 years o	or older	WAITLIS	T FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO:		PETS OK: NO
AN 0MM DE011	ASSET LIMIT		stalls.	go for additional	)	W.IEO	
SSET LIMIT INF	DENTIAL PROPERT <sup>:</sup> O:	Y: NO	LEASE:		GENERAL Amenities:	Recreation Area,	Playground,
			1 year		Laundry Ro	oom roject based Sec	8
						riminal checks	
NCOME CRITER Maximum Annual		36,050;	FURNISHED:			updates via websi	
Maximum Annual Income: 1 person - \$36,050; 2 persons - \$41,200; 3 persons - \$46,350; 4 persons - \$51,500; 5 persons - \$55,650			Partly furnished appliances only		https://www.mdihawaii.com/waipahutower  Application: Download from website affordablehousingonline.com/ applications/waipahu-tower.pdf Pick up from manager's office		
PERSON MAXIM	MUM MONTHLY INC	OME:	3004		Įt.		
DEDCONG MAVI	IMI IM MONTHI Y ING	COME:	3/133				

		Last Comp	lete Update:	12/16/20	21				AREA:	Moilili
PROJECT NAME:	WEIN	NBERG H	ALE					PROJEC	T TYPE:	Singles or Couple
ADDRESS:	2734 S.	King St.						PHONE:	946-695	53
CITY:	Honolul	u	STATE: HI	ZIP	:	96826		FAX:	973-060	05
MANAGER	R: Chris (	Gerson				APPLY AD Referral fro	DRESS: m case mana	ger		OUT-OF-STATE
APPLY TO	): Housir	ng Solutions, In	c.							APPLICATION ACCEPTED:
APPLY ATTN	l: Chris (	Gerson								NO
APPLY PHONE	E: 946-69	953			FAX	973-0605	EMAIL:	chris@hsi	services.	net
Unit	t Type:	Number of UNITS:	RENT:	Minim INCO Requi	ME	SQ FT:	MINIMUM Number of People	Numl	IMUM ber of ople:	CAREGIVER Allowed:
S	itudio:	60	1250			266	1		2	
One	Bdrm:									
	Bdrm:									
Three										
Four	Bdrm:			<u> </u>						
RENT INFO: RE Security Deposit 9 Section 8 accepte Shelter + Care pro or other housing v	\$1250 ed ogram	9% OF INCOME	E: NO		S INCLUDE s included	:U:			IMUM W TIMATE MAXIMU	AL UNITS: 60  AIT LIST (Months): 1
AGE CRITERIA:				ĮŁ.				TO DEMA		STIMATE 6
Head of househol	d must b	e 18 years or o	lder	W.	ΔITLIST FO	OR PARKING:		TO REMA CALL		(Months): 1
				PARKING		YES	PET INFO	):	F	PETS OK: YES
]	A	SSET LIMITS:		pre appro	ved by ma king is ava		Under 25	pounds; lin	nit 1 per u	unit
AN OWN RESI		PROPERTY:	NO	between	7am to10pi	m.	GENERAL	_ INFO:		
ASSET LIMIT INF	·O:			LEASE: Month to	month		Funding:	RHTF	am and S	Section 8 100%
INCOME CRITER	IA:						Send req	agement to uest with se	mail it elf-addres	ssed stamped
				microway		efrigerator, nter top		om manag		e iservices.net
 1-PERSON MAXIN	иим моі	NTHLY INCOM	E:	4230			]			
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	4835						

	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	32
CITY	Honolulu	STATE: HI	ZIP:	96817		FAX: 843-01	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:						
Three I	Bdrm:						
Four I	Bdrm:						
RENT INFO: RE	NT IS 30% OF INCOME	: YES	UTILITIES INC	CLUDED:		TOTA	AL UNITS: 39
frail (needing help living eg: eating, d	onger given to applicants with at least 3 activities liressing, shopping, etc.)	of daily Minimum	Water, \$81 ut	ility allowance		MINIMUM W ESTIMATE	
(whichever is high	sit equal to 1 months rer er)	11 01 250					JM WAIT STIMATE 36
AGE CRITERIA:						TO REMAIN ON W	
	d and co-tenants must be application. Caregiver m			IST FOR PARKING:	-		
			PARKING INF	O: YES	PET INFO	: F	PETS OK: NO
1	ASSET LIMITS:	NONE	arking includ	dea but iiimtea			
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	_ INFO:	
ASSET LIMIT INF	O: wn a majority interest in ı	residential	LEASE:			hower and closet, we, community cente	
real estate.	mra majorty interest in i	Coldential	1 year		shoot and lanai area allowed w	I laundry room on ea is, storage lockers. vith MD letter; can w is there's other care	ach floor. Covered Caregivers are ork outside home
INCOME CRITER						ger, interior landsc Activity Coordinator	
(Project follows HI	FHAN 50% AMI to new HUD guidelines UD income limits.) vided are based on 2021	HUD		erator, garbage y furnishedexcept pet and vinyl	Funding: HUD PRAC 202 Transportation to Shopping available through Catholic Charities Hawaii NO RESPONSE 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			AREA:	Ewa	
PROJECT NAME:	WES	T LOCH F	LDERLY	VILLAGE			PROJECT TYPE:	Elderly	
ADDRESS:				VILL/ (OL			PHONE: 681-056	<u> </u>	
1		Tromon ru.					FAX: 681-414	•	
CITY:	Ewa Bea	ach	STATE: H	ZIP:	96706		17511   001 411		
MANAGER APPLY TO	Sharon : Locatio	Reynon-Myer	ident Manager s - Project Adn		APPLY AD 91-1472 Re Ewa Beach			OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY PHONE		-	оранитотк		<b>FAX:</b> 681-4140	EMAIL:	locationsrentals.cor rentals.aspx (click o		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
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	
RENT INFO: RE Studio: \$865 (full r Limited number of check with manag Deposit=\$865 stud Weitlist purged ov	rent). On subsidie ement co dio / \$940	e Bdrm: \$940 s available (ma impany. ) One bdrm	ax of \$170)	UTILITIES INC Gas (for stove water	CLUDED: and water heater) a	nd	MINIMUM W ESTIMATE MAXIMU		
AGE CRITERIA:							TO REMAIN ON W		
All residents must be 55+. Handicap age requirement.	be 62 ye or disab	ars or older, s <sub>i</sub> led persons ne	pouse must eed to meet	WAITL	IST FOR PARKING: O: YES	PET INFO	CALL EVERY	(Months): 4 PETS OK: YES	
	۸۵	SSET LIMITS:	VEC		There parking stalls.		ls, fish, or 1 dog und ngmt & vets "clean b		
AN OWN RESID				first serve and		GENERAL	INFO:		
ASSET LIMIT INFO				I EASE:		Caregiver	s are allowed with M		
income.	only if income from assets puts applicant over income. Rental unit must be primary residence.			1 year Funding: Asst Prg			eparate bedroom, with sliding door.  g: Participating in the City Housing Rntl gm and Sec. 8 and Rent Supplmnt Prgm ion hall with tv, 24/7 Security; Resident s Coordinator; Transportation to		
INCOME CRITERI							available through C pened 1993; no elev		
Maximum Annual 1 person - \$50,640 2 persons - \$57,84 *60% AMI	0;			FURNISHED: walk-up,					
1-PERSON MAXIM	IUM MON	ITHLY INCOM	IE:	4220					

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	Last Comple	ete Update:	7/16/2020			AREA:	Salt Lake
PROJECT NAME:	WESTLAKE AP	ARTMENT	S			PROJECT TYPE:	Family
	3139 Ala Ilima St. Honolulu	STATE: HI	ZIP:	96818		PHONE: 839-202 FAX: 834-710	
	2: Dana Montero, Resider 2: Hawaiian Properties Lt	-		APPLY ADD 1165 Bethel Honolulu, HI	St., 2nd Fl.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	E: 839-2027			<b>FAX</b> : 521-2714	EMAIL:	: None	
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 96						
Three I		0		872	3	6	
RENT INFO: RE section 8 (project	TNT IS 30% OF INCOME: based)		JTILITIES INCI Water	LUDED:		MINIMUM W. ESTIMATE MAXIMU	
AGE CRITERIA: Head of household	d must be 18 years or old	E	WAITLIS PARKING INFO \$40 per stall; m		PET INFO	TO REMAIN ON W CALL EVERY	AITLIST
AN OWN RESIDE	ASSET LIMITS:   DENTIAL PROPERTY:   O:		EASE:	idX 2 StallS	Funding:	g pool, picnic area, l Section 8 100%	aundry area
INCOME CRITER 50% AMI 5 persons - \$63,00 6 persons - \$67,69	00	l	FURNISHED:		NO RESI	PONSE IN 2021	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	7/16/2020				AREA:	Wahiawa
PROJECT NAME:	WHITMORE CI	RCLE APAR	TMFNT	S			PROJECT TYPE:	
	111 N Circle Makai St.	NOLL AI AI	C I IVILIA I					8474, C: 753-3973
			_					23-648-8212
CITY:	Wahiawa	STATE: HI	ZIP:		96786			
	2: Laura Lynn Daniels - F				APPLY AE 3165 Waia Hawaii 968	alae Ave. #200,	Honolulu,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Mark Development - 7	35-9099						YES
APPLY PHONE	E: 753-8474			FAX:	(781)295-34		http://www.mdihawa laurad.mdihawaiic	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 40	0	<u> </u>		516	1	2	YES
Two I	Bdrm: 4	0	_	- <u>'</u>	645	1	3	YES
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE deposit \$1,155 - 1 bedroot \$1,355 - 2 bedroot		V	TILITIES IN later and ga esidents are	s includ		etric	MINIMUM W ESTIMATE MAXIMU	(Months): 12
AGE CRITERIA:		k					TO REMAIN ON W	AITUST
Head of household	d must be 62 years or ol		WAITL	JST FO	R PARKING		CALL EVERY	
any age, including	nembers of the househol g children if head of hous	ehold is P.	ARKING INF	=O:	N/A	PET INFO:		PETS OK: YES
legal guardian.		F	arking inclu	ded		Pets are a	llowed with restriction	ons
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:	YES				GENERAL	INFO:	
ASSET LIMIT INF	O:	LI	EASE:				s are allowed with M	
		1	year			eligibility. 3 handicar Pictures a	oped accessable ur vailable on shiconsulting.com/v	its. Built in 1990
INCOME CRITER	IA:					Smoke Fre	ee; Coin Operated nal Room equipped	laundry facility
50% of Honolulu N	Median Income	F	Partly furnishedmajor appliances only Copen Applic Downl			television Education Open gaze Application Download	and computers with al and social activiti abo and outside lou	printer es nge area n
1-PERSON MAXIM	MUM MONTHLY INCOM	E: 3	004					
2-PERSONS MAXI	IMUM MONTHLY INCOM	ME: 3	433					

		Last Comp	lete Update:	11/24/2021			AREA	Makiki
PROJECT NAME:	WILE	DER VISTA	4				PROJECT TYPE	Family
ADDRESS:	1618 P	unahou St.					PHONE: 947-48	346
CITY:	Honolu	lu	STATE: HI	ZIP:	96822		<b>FAX</b> : 956-14	146
MANAGER	R: Mark `	Yacubovich, Re	sident Manager		APPLY AD	22420		OUT-OF-STATE
APPLY TO	): Locati	ons			Honolulu, I	HI 96823		APPLICATION ACCEPTED:
APPLY ATTN	l: Prope	rty Managemen	t Division					YES
APPLY PHONE	<b>:</b> : 738-3⁴	100			<b>FAX:</b> 735-1978	EMAIL:	http://www.location ble-rentals.aspx	nsrentals.com/afforda
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:		0.45		505			
	Bdrm:	48	1190	2.5x rent	525			
Three		40	1190	2.5x rent	600			
	Bdrm:							YES
				,		,	,	120
RENT INFO: RE LIHTC property Section 8 certificate gross income req	ite holde	rs need not mee		Water & Sewe			MINIMUM V ESTIMATE MAXIM	(Months): 24
AGE CRITERIA:				,			TO REMAIN ON \	STIMATE 60
Head of househol	d must b	e 18 years or o	lder	\\/ \ I.T.I	IST FOR PARKING		CALL EVERY	
				PARKING INF		PET INFO	):	PETS OK: NO
				61 parking sta	alls			
		SSET LIMITS:				]		
AN OWN RESII		PROPERTY:	YES			GENERAL	_ INFO: uary 2004	
ASSET LIMIT INFO:  All income from assets is verified to determine eligibility.			mine	6 months; then month-to-month bathroor units			has linen closet ar	
I INCOME CRITER	IA:							
Food stamps according and according according a cording according a cording according a cording according a cording according a cordinary accordinary according a cordinary accordinary ac	epted to	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 INCO	ME:	4017				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Com	plete Update:	7/16/2020			AREA:	Wahiawa	
ROJECT NAME:	WILIKINA PAI	RK				PROJECT TYPE:	Elderly	
ADDRESS:	298 Wilikina Dr.					PHONE: 622-612	25	
CITY:	) Wahiawa	STATE: HI	ZIP:	96786		<b>FAX</b> : 622-612	27	
MANAGER	t: Debra Fong			APPLY AD	DRESS:		OUT-OF-STAT	
APPLY TO	: Wilikina Park Apartm	nents					APPLICATION ACCEPTED: YES	
APPLY ATTN	l:							
APPLY PHONE	E: 622-6125			<b>FAX:</b> 622-6127	EMAIL:	wilikinapark@sand	alwoodmgt.com	
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 45	800	2xrent	479	1	2	YES	
One I	<b>Bdrm:</b> 19	875	2xrent	627	1	2	YES	
Two	Bdrm:							
Three I	Bdrm:							
Four	Bdrm:						NO	
Longer waits for o At move in: must pequivalent deposit AGE CRITERIA:	pay ONE full month's r t . Not prorate 1st mon	ent plus oth rent.		and sewer, gas			(Months):  JM WAIT  STIMATE 1	
18+, roommate ca	st be 55 or disabled; sp an be 55 or disabled. C	Caregiver		IST FOR PARKING:				
allowed over 18yr	s old. Children under 1	18 allowed.	PARKING INF	O: YES arking, but parking	PET INFO	and small dogs Ol	PETS OK: YES w/	
	ASSET LIMITS:	NONE	is included	3, 222   23	note.	,		
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:		
SSET LIMIT INF			LEASE:		Opened 1		DDO	
			1 year		clubhouse maintenar	CCH shopping var e, trash chute on ev- nce person lives on pped units (3 for mo	ery floor, site.	
NCOME CRITER	IA:				Funding: I	_ow Income Housin	g Tax Credit &	
MAXIMUM incomo 1 person - \$43,98 2 people - \$50,220	0		FURNISHED:			Rental Assistance Program  NO RESPONSE IN 2021		
-PERSON MAXIN	IUM MONTHLY INCOM	ME:	3665					

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		Last Comp	lete Update:	5/8/2023				AREA:	Chinatown
PROJECT NAME:	WINS	STON HAI	_E				PROJECT	Г ТҮРЕ:	Family
ADDRESS:	1055 R	iver St.					PHONE:	744-130	)7
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX:	744-130	08
MANAGER	t: Justin	Gonsalves, Site	e Manager		APPLY ADD				OUT-OF-STATE
APPLY TO	): Hawai	i Affordable Pro	perties Ltd.		Honolulu, HI	96817			APPLICATION ACCEPTED:
APPLY ATTN	I: Manaç	ger							
APPLY PHONE	: 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
Timely reponses t required	o comm	unication by pro	oject is	Gas, electricity	and water		ES <sup>-</sup>	TIMATE MAXIMU	AIT LIST (Months):
ACE COITEDIA.									STIMATE
AGE CRITERIA: Head of househole	d must b	e 18 years or o	lder	\^/^  <del>T</del>			TO REMA CALL		(Months): 6
				PARKING INFO	ST FOR PARKING: D: NO	PET INFO:		F	PETS OK: NO
	Δ	SSET LIMITS:	NONE	Parking not av		Per reason managem	nable accoi ent.	modation	ı from
AN OWN RESI						GENERAL	INFO:		
ASSET LIMIT INF	O:			LEASE:		Funding: ι	ınknown		
				1 year					
NCOME CRITER	IA:			<u> </u>					
Maximum Annual 1 person - \$54,90 2 persons - \$62,70	0;			FURNISHED: Partly furnishe allpiances only					
 1-PERSON MAXIM	IUM MO	NTHLY INCOM	IE:	4220		]			
2-PERSONS MAXI	IMUM M	ONTHLY INCO	ME:	4820					

L	ast Complete Update:	3/2/2020			AREA:	Ala Moana
ROJECT NAME: WISTER	RIA VISTA				PROJECT TYPE:	Elderly
ADDRESS: 1239 South I	King St.				PHONE: 808-597	7-8963
CITY: Honolulu	STATE: H	ZIP:	96814		FAX: 589-289	97
MANAGER: Kayla Kedro	o, Resident Manager		APPLY AD 1239 S Kin			OUT-OF-STA
APPLY TO: Wisteria Vis	sta		Honolulu, F			APPLICATIO ACCEPTED
APPLY ATTN: Resident M	anager					YES
<b>APPLY PHONE</b> : 597-8963		F	FAX: 589-2897		http://www.location ble-rentals.aspx	srentals.com/affor
of L	ımber JNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:	91 750	2xrent	384			YES
Two Bdrm:						
Four Bdrm:						YES
RENT INFO: RENT IS 30% O Section 8 certificate holders nee gross income requirement.		UTILITIES INCLI Water & Sewer	UDED:		MINIMUM W ESTIMATE MAXIMU	(Months): 2
GE CRITERIA:		Į.			LIST ES TO REMAIN ON W	STIMATE 3
All residents must be 62 or olde	er	WAITLIS'	T FOR PARKING:		CALL EVERY	
		PARKING INFO: \$40/ month; 32 s		PET INFO:	F	PETS OK: NO
ASSET	Γ LIMITS: NONE					
AN OWN RESIDENTIAL PRO SSET LIMIT INFO:	OPERTY: YES			GENERAL	INFO: ble and phone sep	oroto Air
OCC I CHAIT HAI O.		LEASE: 1 Year		conditioned Multi-purpo worker ava line.	d units. Washer/dr ose room. Library. ilable on site 1x pe	yer available. CCH social
NCOME CRITERIA:		,		opened 200		
Maximum annual income 50% A person - \$45,750 persons - \$52,250	FURNISHED:  Partly furnished- appliances only	major	Transporta	Funding: LIHTC - 50% AMI, RHTF  Transportation to Shopping available through Catholic Charities Hawai'I		
-PERSON MAXIMUM MONTHL	LY INCOME:	3812				