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

		ete Update:	4/12/2024			AREA:	,
ROJECT NAME: 1727		ERETANIA	STREET			PROJECT TYPE:	
ADDRESS: 1727 S.	Beretania St.					PHONE: 808-944	
CITY: Honolulu	J	STATE: HI	ZIP:	96826		FAX : 955-591	5
MANAGER: Joseph	ine Michael			APPLY ADI	DRESS:		OUT-OF-STA
APPLY TO: Housing	g Solutions, Inc						APPLICATIO ACCEPTED
APPLY ATTN:							
APPLY PHONE: 808-94	4-5020			FAX: 955-5915		/ebsite: https://ww mail: josephine@l	w.hsiservices.net/ hsiservices.net
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio: One Bdrm:	18	942		600	2	4	
Two Bdrm:	5	1131		700	5	7	
Three Bdrm:	0						
Four Bdrm:	0						
ENT INFO: RENT IS 30°	% OF INCOME	: Γ	JTILITIES INC	CLUDED:		TOTA	L UNITS: 23
oplicants must be homele omeless and have at least odates are required every e waitlist.	t one child unde	er age 18.	Vater/sewer			MINIMUM W ESTIMATE MAXIMUM W	(Months):
		Į.				ESTIMATE	(Months):
GE CRITERIA: or older.			\A/A ITI	ICT FOD DADIVING.	Т	O REMAIN ON W CALL EVERY	
		<u>F</u>	PARKING INF	IST FOR PARKING: O: YES	PET INFO:	F	PETS OK:
AS	SSET LIMITS:						
AN OWN RESIDENTIAL					GENERAL II	NFO:	
SSET LIMIT INFO:		_	EASE:		one-and two	permanent housi b-bedroom apartm	ents for family
			Month-to-mon	th	risk of being child under	Applicants must by homeless and had 18. Laundry facilit	ave at least one
COME CRITERIA:					fee.		
ax \$25,260 1 bdrm ax \$33,930 2 bdrm		F	URNISHED:				
PERSON MAXIMUM MON	NTHLY INCOME	 ::	0		<u> </u>		

Last C	omplete Update:	4/11/2024			AREA:	Wahiawa
PROJECT NAME: 220 Califori	nia				PROJECT TYPE:	Elderly
ADDRESS: 220 California Ave) .				PHONE: 808-220	D-7671
CITY: Wahiawa	STATE: HI	ZIP:	96786		FAX: 808-484	1-4051
MANAGER: Darlene Higa				ha Street #26		OUT-OF-STATE
APPLY TO: Property Profiles Attn: Darlene Hig			Aiea, Hawaii	96701		APPLICATION ACCEPTED: YES
APPLY ATTN: Property Manage	ement Division					165
APPLY PHONE : 808-220-7671		F#	AX : 808-484-4051		darlene@pro808.co	om
Unit Type: Number of UNITS		Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:						
One Bdrm: 41	925	1470	403	1	2	
Two Bdrm:						
Three Bdrm:						
Four Bdrm:						NO
RENT INFO: RENT IS 30% OF INC Fixed rent of \$925; 50% AMI ertificate holders need not meet the r income requirement. *Confirmation letter is sent after appli received. Inform management if con	minimum gross	All utilities include phone (\$25 per month)			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 1 AIT LIST (Months): 3
AGE CRITERIA: All residents must be 55 or older					TO REMAIN ON V CALL EVERY	
		PARKING INFO:		PET INFO:	F	PETS OK: NO
ASSET LIM	ITS: NONE	1 stall for each un	iit			
AN OWN RESIDENTIAL PROPER	TY: YES			GENERAL		
ASSET LIMIT INFO:		LEASE:		meeting ro	007. Picnic Area, 0 om, elevator, priva	te park with BBQ
		1 year		manager. 2 handicap	ry garden, visitor p ped accessible un ited laundry on eac	its.
INCOME CRITERIA:				*Failure to	respond to communication at timely man	unication from
50% AMI: 1 person \$45,850; 2 persor Food stamps accepted to help meet criteria.				oved from the waitl		
	COME:	3820]		

Last Complete Update:	4/12/2024	AREA: Waikiki
ROJECT NAME: 436 ENA ROAD - CLOSE	E D	PROJECT TYPE: Family
ADDRESS: 436 Ena Rd.		PHONE:
CITY: Honolulu STATE: HI	ZIP: 96815	FAX:
MANAGER: UNDER CONSTRUCTION	APPLY ADDR	only OUT-OF-STATE
APPLY TO:		APPLICATION ACCEPTED:
APPLY ATTN:		
APPLY PHONE:	FAX:	EMAIL:
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required: SQ FT:	MINIMUM Number of of People People: CAREGIVER Allowed:
Studio:		1 2
One Bdrm:		
Two Bdrm:		
Three Bdrm:		
Four Bdrm:		
RENT INFO: RENT IS 30% OF INCOME: AGE CRITERIA:	UTILITIES INCLUDED: Electric and water	TOTAL UNITS: 32 MINIMUM WAIT LIST ESTIMATE (Months): 0 MAXIMUM WAIT LIST ESTIMATE (Months): 0 TO REMAIN ON WAITLIST
	WAITLIST FOR PARKING:	CALL EVERY (Months): 6
	PARKING INFO:	PET INFO: PETS OK: NO
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:		GENERAL INFO:
ASSET LIMIT INFO:	LEASE:	
NCOME CRITERIA:		
	FURNISHED:	
-PERSON MAXIMUM MONTHLY INCOME:	0	

		Last Comp	lete Update:	2/6/2025			AREA	Waikiki
PROJECT NAME:	AINA	HAU VIST	ГА				PROJECT TYPE	Elderly
ADDRESS:	2428 Tu	ısitala St.					PHONE: 808-92	6-6700
CITY:	Honolul	u	STATE: HI	ZIP:	96815		FAX:	
MANAGER	R: Bernad	dette Tai			APPLY AD	ıla St		OUT-OF-STATE
APPLY TO): Ainaha	u Vista			Honolulu, H	11 90815		APPLICATION ACCEPTED: YES
APPLY ATTN	I: Reside	ent Manager's C	Office					123
APPLY PHONE	: : 808-73	8-3100			FAX: 735-1978	EMAIL:	https://www.eahho/ainahau-vista-1/	using.org/apartments
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	99	1225	2xrent	403			
Two	Bdrm:	7	1470	2xrent	607			
Three	Bdrm: Bdrm:							YES
RENT INFO: RE 30%AMI studio - \$ 50% AMI 1 Bedro 50%AMI 2 Bedroc Section 8 certifica	\$735 NO om - \$12 om - \$14 te holder	VACANCIES A 25 70	VAIL.	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA: All residents must	he 62 or	older					TO REMAIN ON V	
All residents must	. De 02 01	oldei		WAITLI PARKING INFO	ST FOR PARKING: O: YES	PET INFO		PETS OK: NO
AN OWN RESIDERS ASSET LIMIT INF	DENTIAL	SSET LIMITS: PROPERTY:		own a vehicle.	all stalls upancy to be nants who do not	time. 6 h	2007. Has Social Wandicapped units.	Community room
INCOME CRITER 30% of AMI: 1 per 50% of AMI: 1 per Food stamps acce criteria. Sect 8 ce min. income requi	rson \$29, rson \$48, epted to h ertificate h	750; 2 persons nelp meet min.	\$55,700 income	park/Vi 6 visito			en; picnic area, trar ory Garden arking stalls, coin landing: Low Income	aundry on ground
1-PERSON MAXIN	10M MUI	NTHLY INCOM	E:	4062]		

Printed: 4/25/2025 Page:

4641

	Last Comp	olete Update:	2/6/2025			AREA	.: Waikiki
ROJECT NAME: AINA	HAU VIS	TA II				PROJECT TYPE	Elderly
ADDRESS: 2426 T	usitala St.					PHONE: 808-92	26-6700
CITY: Honolu	lu	STATE: HI	ZIP:	96815		FAX:	
MANAGER: Berna	dette Tai			APPLY AD	ala St		OUT-OF-STAT
APPLY TO: Ainah	au Vista II			Honolulu, I	∃I 96815		APPLICATIOI ACCEPTED:
APPLY ATTN: Resid	ent Manager's (Office					
APPLY PHONE: 808-7	38-3100		F	AX:		/ainahau-vista-2/	ousing.org/apartmen
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	15	1140	2x rent	377			
One Bdrm:	47	1470	2x rent	420			
Two Bdrm:							
Three Bdrm:							
Four Bdrm:							YES
80% AMI studio - \$685/mo AVAIL 50% AMI studio - \$1140/n 50% AMI 1 bedrroom - \$7 60% AMI 1 bedroom - \$14	nonth 1225/month	VOICE	Electricity, Water	, cowci			VAIT LIST (Months):
AGE CRITERIA: 55+						TO REMAIN ON Y	
			WAITLIST PARKING INFO: \$40 per month	FOR PARKING:	PET INFO	:	PETS OK: NO
Α	SSET LIMITS:						
AN OWN RESIDENTIA	L PROPERTY:				GENERAL	INFO:	
SSET LIMIT INFO:			LEASE:		Locked er Communi	ty room for recreat al activities	ional and
NCOME CRITERIA:			,				
Maximum Income 1 Pers 30% AMI \$29,250/y 50% AMI \$48,750/y 50% AMI \$58,500/y	r \$33,420/y r \$55,700/y	yr yr	FURNISHED: Range/Oven, Ga Refrigerator/Free floor covering, W Coverings, walking	zer, Resilient indow			
PERSON MAXIMUM MO	NTHLY INCOM	1E:	4062				
PERSONS MAXIMUM M	ONTHLY INCO	ME:	4641				

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

		Last Comp	lete Update:	8/27/2024			AREA:	Palama	
PROJECT NAME:	BANY	'AN STRE	ET MAN	OR			PROJECT TYPE:	Family	
ADDRESS:	1122 Ba	nyan St.					PHONE: 808-843-0021		
CITY:	Honolulu		STATE: HI	ZIP:	96817		FAX : 376-00 ²	12	
MANAGER	R: Shante	d Rivera			APPLY ADD			OUT-OF-STATE	
APPLY TO): Banyan	Street Manor			Honolulu ĤI	96817		APPLICATION ACCEPTED:	
APPLY ATTN	: Shante	d Rivera						YES	
APPLY PHONE	E: 808-840	3-0021			FAX: 376-0042	EMAIL:	manager@banyans	streetmanor.com	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	itudio: Bdrm:	12			438	1	4		
Two	Bdrm:	42			651	1	6		
Three	Bdrm:								
Four	Bdrm:					J		NO	
RENT INFO: RE 30% of adjusted n Must respond to c in a timely manne	nonthly gr	oss income. ation from mar	nagement	Hot and cold w	CLUDED: vater, Trash, Sewer		MINIMUM W ESTIMATE MAXIMUM W	(Months): 24 AIT LIST	
AGE CRITERIA:				r			ESTIMATE TO REMAIN ON W		
Head of household time of application		18 years or o	der at the	WAITLI	IST FOR PARKING:		CALL EVERY		
				PARKING INFO	O: NO	PET INFO:	F	PETS OK: NO	
1	AS	SET LIMITS:	NONE						
AN OWN RESIDE		PROPERTY:				GENERAL Application			
				LEASE: 1 Year		Ask mana Send requ envelope	gement to mail it or lest with self-addres om manager's office	ssed stamped	
INCOME CRITER						NO RESP	ONSE IN 2023.		
Maximum Annual 1 person: \$48,744 2 ppl: \$55,700 3 ppl: \$62,650 4 ppl: \$69,600				FURNISHED: Partly furnishe appliances onl			d 8/24/2024. ent has changed fro Rivera	om Jodie Sakai to	
1-PERSON MAXIN	MUM MON	ITHLY INCOM	E:	4062		p.			
2-PERSONS MAXI	ІМИМ МО	NTHLY INCO	ME:	4642					

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

		Last Compl	ete Update:	8/27/2024			AREA:	Chinatown		
PROJECT NAME:	CHIN	IATOWN C	ATEWAY	PLAZA			PROJECT TYPE:	Family		
ADDRESS:	1031 No	uuanu Ave.				PHONE: 808-524-3737				
CITY:	Honolul	u	STATE: HI	ZIP: 96817			FAX : 528-5299			
	Sheng Rande Hawaii	an Affordable P	nt manager roperty Manager	APPLY ADDRESS: Chinatown Gateway Pl 1031 Nuuanu Avenue Honolulu, Hawaii 9681			a	OUT-OF-STATE APPLICATION ACCEPTED: YES		
APPLY PHONE	:: 808-52	24-3737		F	AX:	EMAIL:	shenh@hawaiiaffor https://www.chinato	dable.com wngatewayplaza.co		
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 I	Bdrm:	199	1200	2160	555	1	3	YES		
Two I	Bdrm:									
Three I	Bdrm:									
Four I	Bdrm:							YES		
RENT INFO: RE Rent posted is the 1 Bedroom - 60% AMI - \$1200; \$1400; 140% AMI accept section 8 Con apply over if AGE CRITERIA: Head of household time of application AN OWN RESIDANCE ASSET LIMIT INFO	e low rent 80% AM - (Marke resident d must be be ADENTIAL O:	of a range. II - \$1300; 1209 II) \$1500. III biotony is not E 18 years or old SSET LIMITS: PROPERTY:	6 AMI -	WAITLIST PARKING INFO: Parking starts at (maybe depends amount.) LEASE: 1 year	FOR PARKING: NO \$150 mo.	Service a request GENERAL Participat Rental As	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY D: F nimals need reasona	(Months): 6 AIT LIST (Months): 36 /AITLIST (Months): 12 PETS OK: NO able accomidation		
60% AMI \$5 80% AMI 7 120% AMI 1		2 person 3 per \$60,480 \$68, 80,600 90,6 120,900 136 141,050 158	040 650 6,000	FURNISHED: Partly furnished-appliances only. Washer/dryer in	Carpet or tile.					

1-PERSON MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	4/12/2024			AREA:	Chinatown
ROJECT NAME: CH	INATOWN I	MANOR				PROJECT TYPE:	Family
ADDRESS: 175 N	lorth Hotel St.					PHONE: 808-54	5-1996
CITY: Hono	lulu	STATE: HI	ZIP:	96817		FAX : 536-680	08
MANAGER: Susa	an Chen			APPLY AD On-Site	DRESS:		OUT-OF-STAT
APPLY TO: Chir	natown Manor			on one			APPLICATIO ACCEPTED
APPLY ATTN: Win	nie Louie						YES
APPLY PHONE: 808-	545-1996		F	AX : 536-6808	EMAIL:	winniel@hawaiiaffc	ordable.com
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:		612	2.5x rent	310	1	2	YES
One Bdrm:							
Two Bdrm:							
Three Bdrm:							
Four Bdrm:				J		J	NO
RENT INFO: RENT IS 310 sq ft \$612 330 sq ft \$636 450 sq ft \$646 Must respond to commu in a timely manner to rer	nication from ma	nagement	Water	JDEU.		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
AGE CRITERIA:						TO REMAIN ON V	
Head of household must ime of application.	t be 18 years or o	lder at the	_	FOR PARKING:	_	CALL EVERY	
			PARKING INFO: Parking not avail	able	PET INFO:	· · · · · · · · · · · · · · · · · · ·	PETS OK: NO
	ASSET LIMITS:	NONE	arking not avail	abic			
AN OWN RESIDENTI					GENERAL	INFO:	
ASSET LIMIT INFO:			LEASE:			open until decision	to close.
			1 year		On-site la	undry facility and co	ommunity room
					Limited to	2 adults only	
NCOME CRITERIA:			,				
Maximum Annual Incom 2 persons - \$66,840.	e: 1 person - 58,	500	FURNISHED: Partly furnished- appliances only,				
-PERSON MAXIMUM M	ONTHLY INCOM	IE:	4875				
PERSONS MAXIMUM	MONTHLY INCO	ME:	5570				

Last	Complete Update:	7/27/2023				Fue
			WILACE ELD	CDI	AREA: PROJECT TYPE:	
PROJECT NAME: D.E. THON		GE (EWA V	ILLAGE ELD	EKL],
ADDRESS: 91-1295 Renton	Rd.				PHONE: 808-681	
CITY: Ewa Beach	STATE: HI	ZIP:	96706		FAX : 681-496	50
,	,	,				
MANAGER: Susan Lee, EA	.H		APPLY ADI	DRESS:		
						OUT-OF-STATE APPLICATION
APPLY TO: D.E. THOMPS	ON VILLAGE (EWA \	/ILLAGE ELDERL	Y)			ACCEPTED:
APPLY ATTN: Resident Mana	ger's Office					YES
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	go. o oco			EMAIL:		
APPLY PHONE : 808-681-4960			FAX:			
		Minimum		MINIMUM	MAXIMUM	
Unit Type: Numb		INCOME Required:	SQ FT:	Number	Number of	CAREGIVER Allowed:
		Requirea:		of People	People:	
Studio:	_					YES
One Bdrm: 84	0		600	1	3	TES
Two Bdrm:						
Three Bdrm:						
Four Bdrm:						NO
DENT INFO DENT IO 000/ OF IN	IOOME VED					
RENT INFO: RENT IS 30% OF IN rent is 30% to a maximum of \$1165		UTILITIES INC		_		L UNITS: 84
allowance = \$1001 Deposit is based on income. **App	,		e is subject to chang	70	MINIMUM W ESTIMATE	
responsible for updating any chang	e in information	Othity Alloward	e is subject to charge	y c	MAXIMUM W	
such as phone number and addres	S.	ļ.			ESTIMATE	(Months):
AGE CRITERIA:					TO REMAIN ON W	
Head, co-head, or spouse, must be older, or disabled (section 515). If		WAITLIS	ST FOR PARKING:			
provide a doctor's note (disability de be disclosed) or copy of SSI/SSDI		PARKING INFO		PET INFO:		PETS OK: YES
		Parking include	ea	Service an	nimal only, with MD	letter, max 30 lbs.
	MITS: YES			J		
AN OWN RESIDENTIAL PROPE ASSET LIMIT INFO:	RIY: YES			GENERAL	INFO: d in 2023. Acc units	· 7 total 5 for
income from assets cannot put app	olicant over income	LEASE: 1 year		wheelchai	r w/ 1 for sight impart repairment. Priority g	airment, 2 for
		l year		Caregivers	s are allowed with N	MD letter; can work
				62 spouse	ome. If elderly tenar may rent unit, mus	st be income
INCOME CRITERIA:				Administra	unding: Farmers Ho ation. CCH Shoppin	g van available,
Minimum income: Tenant must have resources after rent to afford own be		FURNISHED: Partly furnished	dmaior	opened 19	992. Must respond agement in a timely	to communication
expenses (food, electric, etc.)		appliances only		on waitlist		
				Called 10/	17/24 now acceptin	g applications
1-PERSON MAXIMUM MONTHLY I	NCOME:	4575		Įt.		
2 DEDSONS MAXIMUM MONTHLY		4070				

	Last Co	mplete Update:	4/12/2024			AREA:	Ewa
PROJECT NAME:	FRANCISCA	N VISTAS E	WA			PROJECT TYPE:	Elderly
ADDRESS:	91-1471 Miula St.					PHONE: 808-681	-4000
CITY	J	STATE: HI	710.			FAX: 681-400	
CIIT:	Ewa Beach	STATE: HI	ZIP:	96706			
MANAGER	: Community Directo	or - Geraldine Bare	eng		DDRESS: fiula St, 7000 h, HI 96706		OUT-OF-STATE APPLICATION
	: Franciscan Vistas			Ewa Boac	11, 111 307 00		ACCEPTED:
APPLY PHONE	: Attn: Leasing Offic	е	EMAIL FAX: 681-4001			assistant@Francisc www.Franciscanvis	
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: 126	1290	2Xrent	530	1	n/a	
Two	Bdrm: 23	1512	2Xrent	750	1	n/a	
Three I	Bdrm:						
Four	Bdrm:						YES
6 - 1 bedroom unit w/\$664 rent with n \$1176 - \$1380; Mi	NT IS 30% OF INCC is w/\$571 rent and 2 ninimum income requ n. income not neede n income may include dy.	- 2 bedroom uirement of d for Sec 8	UTILITIES INC Water, Sewer			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 6 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	, , 12
	the time of application	on and for all		IST FOR PARKING	_	CALL EVERY	(Months):
			PARKING INF	O: YES on availability,	PET INFO		PETS OK: NO
AN OWN PESI	ASSET LIMIT DENTIAL PROPERT		102 stalls tota		GENERAL		
ASSET LIMIT INF		11. 1120	LEASE:		Amenities	: Community cente	r that includes
Assets are taken i income eligibility.	Assets are taken into consideration in determining				room, fitn laundry in	gathering room, kitchen, activity & learning room, fitness room, salon and lap pool. On-site laundry in each building.	
INCOME CRITER	IA:		,			30% AMGI, 1 unit @ 60% AMGI	2 50% AMGI
30% AMI - 1 perso	on - max - \$27,510, 2	? person max -	FURNISHED:		Application		
\$31,440 60% AMI - 1 perso max - \$55,020	on - max - \$52,880, 2	? person -	refrigerator, di	electric range, sposal, air nd walk in shower.	Ask mana	nciscanvistasewa.co agement to mail it om manager's office	
I 1-PERSON MAXIM	IUM MONTHLY INC	OME:	4410				

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OJECT NAME:	<u> ШАТ А</u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N				AREA: PROJECT TYPE:	
ADDRESS:			· V					1
ADDICESS.	. 99-009 r	kalalua St.					PHONE: 808-488	
CITY:	Aiea		STATE: HI	ZIP:	96701		400-013	50
MANAGER	R: Tammy	K. Lopez			APPLY AD			OUT-OF-ST
APPLY TO	0 : Halawa	View Apts.			Aiea HI 96			APPLICATI ACCEPTE
APPLY ATT	N: Manage	ement Office						NO
APPLY PHONE	E: 808-488	3-3613		F	AX : 486-6150	EMAIL:	tammy@pacificdg.	com
Uni	it Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
5	Studio:							
One	Bdrm:							
Two	Bdrm:	52	0		630	1	5	YES
Three	Bdrm:	56	0		840	3	7	YES
Four	Bdrm:	12	0		1080	4	9	YES
mited number ovo bdrm: \$948 - uree bdrm: \$105 ur bdrm: \$1147 odates not requested information BE CRITERIA:	- \$1500 m: 53 - \$1850 7- \$2000- i ired to ren	aximum. maximum. maximum nain on waitlis		Electricity, gas ar	na water		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V CALL EVERY	(Months): /AIT LIST (Months): VAITLIST
ead of househol	ola must be	18 years or c	older		FOR PARKING:			
				PARKING INFO: Parking included	NO waitlist only	PET INFO	: <u>'</u>	PETS OK: NO
	۸۵	SET LIMITS:	NONE	when asking for 2				
AN OWN RESI						GENERAL	. INFO:	
SSET LIMIT INF				LEASE:			FOR APPLICATIONS	
				1 year; then mon	th-to-month	- mdihaw - pick up	from manager's offi	ice
						Called 8/2	27/2024, no respons	se
				,				
COME CRITER	RIA:							
ax Income for S	Sec. 8 units		\$24,750; 3	FURNISHED:		.		
COME CRITER ax Income for S ersons: \$27,850	Sec. 8 units); 4 person	s: \$30,900		FURNISHED: Partly furnished-appliances only.	-major			
ax Income for S	Sec. 8 units); 4 person	s: \$30,900		Partly furnished	-major			

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_		Last Comp	lete Update:	5/7/2024				AREA:	Kalaeloa
PROJECT NAME:	IALE	HA'I KA	OPUA (Bu	uilding 37	')			PROJECT TYPE:	Family
ADDRESS: BI	uilding 3	37, 91-1039 S	hangrila					PHONE: 808-68	2-1949
CITY: K	apolei		STATE: HI	ZIP:		96707		FAX : 682-19	70
	Rtaylor@	@Cantwell-An		-	apolei	APPLY AD 91-1078 Yo Kapolei HI	orktown St.		OUT-OF-STATE APPLICATION
	HI 96707	7			ωρ σ.σ.				ACCEPTED: YES
APPLY PHONE: 8	308-682	-1949			FAX:	682-1970	EMAIL:	CloudbreakCommic CloudbreakHawaii	
Unit Ty		Number of UNITS:	RENT:	Minimum INCOME Required	:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud	dio:	38	825	1.5 x ren	t	221	1	1	
One Bd	rm:				I J				
Two Bd	rm:								
Three Bd	rm:				<u> </u>				
Four Bd	lrm:								YES
\$825 deposit and firs units are single room for independent single	st month	's rent with a ancy. Affordal	oproval. All ole housing	Water, election				MINIMUM W ESTIMATE MAXIMUM W	(Months): 0
LOS ODITEDIA				ļ.				ESTIMATE	, ,
AGE CRITERIA: Single, adult and/or v	veterans	<u> </u>						TO REMAIN ON V CALL EVERY	
				WAII PARKING IN		NO NO	PET INFO	:	PETS OK: NO
				1 stall per ur	nit	,			r
	ASS	SET LIMITS:							
AN OWN RESIDE	NTIAL F	PROPERTY:					GENERAL		
ASSET LIMIT INFO:				LEASE: 12 month lea	ase, mor	nth to month	, Communi	ty Kitchen, Commu ty coin-laundry area , walk-up stairway.	
				lilerealter				n: by email to: akHawaii@Cantwel	I-Anderson com
INCOME CRITERIA: Applicant must make to sustain rental amo	e 1.5 tim	es the rent a	nd be able	FURNISHED Fully furnish shower and available	ed, AC,			gement to email ov	
I 1-PERSON MAXIMUN	M MON	THLY INCOM	E:	0			1		
2-PERSONS MAXIMU	OM MU	NTHLY INCO	ME:	0					

	Las	st Comple	te Update:	6/30/2023			AREA:	Ala Moana
PROJECT NAME:	HALE KE	WALO	APARTI	MENTS (CI	osed for app	licati	PROJECT TYPE:	Family
ADDRESS:	450 Piikoi St.						PHONE: 808-589	9-1845 ext 15
CITY:	Honolulu		STATE: HI	ZIP:	96914		FAX : 589-184	11
	rionolala		···· · ···		30314			
MANAGER	: Hawaii Afford	lable Prope	erties, Inc.		APPLY AD			OUT OF STATE
APPLY TO	:					lo Apartments St. Suite 101 H 114	lonolulu,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: 808-589-184	5 x15			FAX:	EMAIL:	https://www.haleke	walo.com/
Unit	Type: Num of UN	nber NITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:		0					
		7	1116		530	1	2	
Three E		9	1841		1071	5	7	
Four I			0					YES
RENT INFO: RE 30% AMI 1 Bdrm \$656 (7 ap 50%AMI 1 Bdrm \$ 1,116 (2 60% AMI 2 Bdrm \$ 1,612 (2) AGE CRITERIA:	ots); 2 Bdrm \$70 0 apts); 2 Bdrm	87 (6 apts) n \$1318 (4	5 apts)	UTILITIES INC Solar Hot Wate Trash Collection	er Heating, Sewer,		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W	(Months): 0 AIT LIST (Months): 0 /AITLIST
One person in the older	household mus	st be 18 ye	ars or	WAITLI PARKING INFO	ST FOR PARKING:	PET INFO	CALL EVERY	(Months): 0 PETS OK: YES
AN OWN RESID	ASSET I			PARRING INIT	<i>5.</i>	Choice of weighing	one: (1)small to me no more than 25 lbs ical water fish in tan	dium sized dog ; (2) small cat; (3)
ASSET LIMIT INFO				LEASE:		5/7/19 - C Standford	closed for application Carr Development Donolulu 96813 808-	- 1100 Alakea
INCOME CRITERI	IA:						nus pay for utilities s , cable, and internet	
Income Limit AMI 30% 1 person \$27,45 2 persons \$31,35 3 persons \$35,28 4 persons \$39,18	50 \$52,250 30 \$58,800	60% N/A \$62,700 \$70,560 \$78,360		FURNISHED:		Applicatio	d Income are subject on fee of \$15 27/24,10/21/24, no re	Ü
I 1-PERSON MAXIM	IUM MONTHLY	'INCOME:		0		Į.		

		Last Comple	ete Update:	1/21/2022			AREA:	Waipahu
PROJECT NAME:	HALE	KUHA'O	Weinber	g			PROJECT TYPE:	Family
ADDRESS:	94-909 K	(au'olu Pl.		-			PHONE: 808-678	3-0892
OITY			OTATE III				FAX: 678-088	37
CITY:	Waipahu		STATE: HI	ZIP:	96797		•	
MANAGER	t: Marisa	Olmeda-Macias	s, Res. Mgr.		APPLY ADD			
APPLY TO		66-7722 - Trish 702-259-1903	na Bauman, CC	OS; or Marisa Olme	St Paul MN	ity Ave. West 55114	, #330	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 808-678	3-0892		F	FAX: 651-209-6623	EMAIL: h	nousing@accessib	lespace.org
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	18			520		2	YES
Two I	Bdrm:	6			773		4	YES
Three I	Bdrm:							
Four	Bdrm:							
RENT INFO: RE	NT IS 309	% OF INCOME	YES	UTILITIES INCLU Water	JDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12
AGE CRITERIA:							TO REMAIN ON W	P.
Head of household have a qualifying of		18 years or old	der and		FOR PARKING:		CALL EVERY	
				PARKING INFO: Minimum parking	NO NO	PET INFO:	F	PETS OK: YES
1				William parking	g available			
AN OWN RESID		SET LIMITS:	NO			GENERAL	INEO:	
ASSET LIMIT INFO		FROFERIT.	NO	LEASE:		covered la	nai w/ bbq, roll in s	howers, drapes,
				LEASE.		units, height opened in a	ent center, ceiling nt-adjustable work 2000 IUD Section 811/P	stations
INCOME CRITERI	IA:			-			Res Manager are o	
1 person \$36,650;	Maximum annual income: person \$36,650; 2 persons \$41,850; 3 persons \$47,100; 4 persons \$52,300				FURNISHED:			site liasison
						Called 8/27	7/2024, 10/21/2024	No response.
1				1		Į.		

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Com	plete Updat	۵.	1/21/2022					
				,					AREA:	
PROJECT NAME:			//A (HPH	A-lee	e) - NOT	ACCI	EPTING	APP	PROJECT TYPE:	Family
ADDRESS:	99-132 k	kohomua St							PHONE: 808-483	
CITY:	Aiea		STATE:	HI	ZIP:		96701		FAX : 483-255	52
	,			,	,					
MANAGER	R: Marissa	a Chai					APPLY A	DDRESS:		
								n School St.		OUT-OF-STATE
APPLY TO		CCEPTING A		NC			Honolulu, NOT ACC	HI 96817 EPTING APPLI	CATIONS	APPLICATION ACCEPTED:
APPLY ATTN				INO						NO
AFFEI AITIN		CCEPTING A		NS				EMAII :	hphaishereforyou.o	ra
APPLY PHONE	: 808-83	2-5961				FAX:	832-3461	LWAIL.	ripriaisriereioryou.o	ig
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:		i –			- F				
Two I	Bdrm:	20	Ĭ.		_	- F	771	2	6	YES
Three	Bdrm:	16					893	3	8	YES
	Bdrm:	10			_					
Tour	builli.									
RENT INFO: RE	NT IS 30	% OF INCOM	ME: YES	U	TILITIES IN	ICLUDED	:		ТОТА	L UNITS: 36
Minimum Rent: \$0				V	ater and all	lowance f	or electricity	у	MINIMUM W	
the waitlist are to go change or check to	heir statu	ıs. A usernar	ne and						ESTIMATE	(Months): 36
password is neede			ount.						MAXIMUM W	(14 (1)
AGE CRITERIA:	0/つ/つの1に*	*****							ESTIMATE	
Head of household	d must be	e 18 years or	older	_					TO REMAIN ON W	
		•		Р	WAITI ARKING INI		R PARKING	: PET INFO	. F	PETS OK: YES
					ncluded	. •		multiple a	nimals ok, but only o	
	AS	SSET LIMITS	: NONE	- I					ories listed below: under 25 lbs) or cat	
AN OWN RESI				-				GENERAL	_ INFO:	
ASSET LIMIT INF				_ [EASE:				ENCES: Domestic V	
Cannot own a hou	ise on Oa	ahu		1	year			displaced	in transitional shelto	ers; involuntary
								Funding:	Fed Low Inc Pub Hs	sing 100%
INCOME CRITER	14.							All convic	tions must be 3 yrs	ago, unless it's
ncome Eligibility =		AMI		F	JRNISHED:	:			ethamphetamine or	
Maximum Annual 2 persons - \$60,90					artly furnish			1		
4 persons - \$76,10 6 persons - \$88,30	00; 5 pers	sons - \$82,20	0;	la	ppliances or	niy, no ca	irpet			
8 persons - \$100,4		- στισ - φ υτ ,συ	~ ,							
1-PERSON MAXIM	NOM MUI	NTHLY INCO	ME:	4	570			1		
2-PERSONS MAXI	ІМИМ МС	ONTHLY INCO	OME:	5	220					

		Last Comp	lete Update:	8/28/2024				Moiliili
PROJECT NAME:	LIAL		NO MOLLI	11 1			AREA: PROJECT TYPE:	
			A O MOILI	ILI				1
ADDRESS:	2139 AI	garoba St.					PHONE: (808) 20)1-9921
CITY:	Honolul	u	STATE: HI	ZIP:	96826		FAX.	
MANAGER	l: Harvey	y Mendosa, Pro	perty Manager		APPLY ADD 3165 Waiala Honolulu, HI	ie Avenue, Su	ite 200,	OUT-OF-STATE APPLICATION
	https://	Algaroba St. /mdihawaii.com	/rentals/hale-ma	akana-o-moiliili/	Honolala, Hi	90010		ACCEPTED: YES
APPLY ATTN	l:							
APPLY PHONE	: 808-73	35-9099			FAX: 781-292-3427		https://mdihawaii.co makana-o-moiliili/	om/rentals/hale-
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:	80	962		262	1	2	
One	Bdrm:	25	1024		452	1	3	
Two	Bdrm:		0					
Three	Bdrm:		0					
Four	Bdrm:		0					YES
RENT INFO: RE 30%AMI Studio (4 50% AMI Studio (6 60% AMI Studio (6 30%AMI One bdrr 50%AMI One bdrr	units) \$ 72 units) 4 units) \$ m (2 units m (20 units	553; \$962; \$1166 s) \$587; its) \$1024;		water, sewer,			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 12 AIT LIST
AGE CRITERIA:	Lrocidont	to					TO REMAIN ON W	
Age 55 plus for all	resideni	15.		WAITL PARKING INF	O: YES	PET INFO:		PETS OK: NO
	A	SSET LIMITS:		Parking currer	ntly full. 10 ppl on enough parking for		nimals are allowed w	
AN OWN RESI			YES			GENERAL	INFO:	
ASSET LIMIT INF			the sector to	LEASE:		Laundry ro	oom and community	resource center
As long as earning	ys does i	not go over max	tinresnoid	1 year			pace for residents.	
						Apply dire manager.	ctly online, goes to	the property
INCOME CRITER	IA:						ed for all community	rooms
				partly Furnish appliances on shower.		1 00 110000	oo to, an oominamy	
1-PERSON MAXIM	1UM MOI	NTHLY INCOM	E:	4575]		

	Last Comple	te Update:	2/7/2022				AREA:	Nanakuli
PROJECT NAME:	HALE MAKANA	O'NANAKI	JLI				PROJECT TYPE:	Family
ADDRESS:	89-201 Lepeka Ave.						PHONE: 808-620	-9037, 808-754-75
CITY	 Wai'anae	STATE: HI	ZIP:		00700		FAX: 620-903	8
CII I.	vvaranae	STATE. HI	ZIF. _		96792			
APPLY TO	: Annie Au Hoon, Reside : Hale Makana O'Nanaku	-	x Developmer	nt, Inc.	APPLY ADDR Main Office 89-201 Lepek Wai'anae HI	a Ave., E101		OUT-OF-STATE APPLICATION ACCEPTED: YES
	: 808-735-9099, then 1			FAX:	781-295-3427	;	www.mdihawaii.con anniea@mdihawaii.	com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:	0					3	
	Bdrm: 8	0	<u> </u>			2	5	
Three I		0				3	7	
Four I								YES
	NT IS 30% OF INCOME: mately 30% of income. Ba are done.		TILITIES INC /ater; utility a				MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	. ,
Head of household	d must be of adult age at ti-family Complex include es.	S	WAITLI ARKING INF		PARKING:	PET INFO:	CALL EVERY	
	ASSET LIMITS:	w	dequate park ho can show cense, currer afety check a	valid dri nt car reg	ver's jistration,	Accomada animal	tion considered for	verifiable service
AN OWN RESIDE	DENTIAL PROPERTY:	NO	arcty criccit a	and moun	arioc.	GENERAL		A DD mark assist
AGGET ENVIT IN	<u>. </u>	1	year ecertification	n annuall _!	,	Resident n Gated com	loor handicaped uni	
INCOME CRITERI	IA:					Application	n available at www.r	
Income Limit 30' 1 person \$2' 2 persons \$24' 3 persons \$27' 4 persons \$30' 5 persons \$32'		FURNISHED: Stove, Refrigerator			4-3 bdrm units are ADA for hearing/vision impaired and these are on the 2nd floor. NO RESPONSE in 2021. Last completed update 5/27/20.			
1-PERSON MAXIM	IUM MONTHLY INCOME	: 2	346			JI.		

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		Last Compl	ete Update:	8/28/2024			AREA:	Kapolei	
PROJECT NAME:	HALE	MOENA	KUPUNA				PROJECT TYPE:	Elderly	
ADDRESS:	1020 W	akea St.					PHONE: 808-466	6-0801	
							FAX: 466-080		
CITY:	Kapolei		STATE: HI	ZIP:	96707		,		
APPLY TO	The Mio	cheals Organiza	ommunity Mangation	er	APPLY AD 1020 Wake Kapolei, HI	a Street, Suite	110,	OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY ATTN		6-0801			FAX : 466-0802		Nebsite: www.oahเ Email: HMK@tmo.d		
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	28	1258	2.5x rent	350	1	2		
One I	Bdrm:	109	1417		540	1	3		
	Bdrm:	21	1701		765	1	5		
Three F								NO	
RENT INFO: RE Section 8 accepted Non-refundable appropriate (no composition of the control of t	d. oplication cash). rity Depos	fee of \$30 in chest in check or neds).	neck or	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST	
Applicants must be	e 55 or ol	lder.		WAITLI	ST FOR PARKING:		CALL EVERY	(Months): 4	
				PARKING INF	1.14	PET INFO:		PETS OK: YES	
AN OWN RESID		SSET LIMITS:	YES	is ample stree	ved basis. There		veight limit of 30lbs	\$350 one-time pet	
ASSET LIMIT INFO				LEASE:			wers and grab bars		
Assests will be verified.				6 month for tal section 8 voud	x credit, 1 year for her	Undercabir Lobby, Tra Covered Page	Huge windows that open; Breathtaking views; Undercabinet lighting; Lobby, Trash Chute,TV Lounge Covered Parking (no assigned stalls), 9,166 Sq. Ft. Recreation Deck, No smoking allowed on		
INCOME CRITERI						the propert	y d elevators, walkab	le neighborhood:	
Maximums: 30% AMI 55% AMI 60% AMI 1 persons \$29,250 \$53,625 \$58,500 2 persons 33,420 61,270 66,840 3 persons 37,590 n/a 75,180 4 persons 41,760 n/a 83,520 5 persons 45,120 n/				AC though out building, window blinds, garbage disposal, high ceilings on-si build Secu laund Trasl			on-site mgmt, community garden, controlled building access Security cameras in common areas; on-site laundry;24-hour emergency maintenance Trash rooms on every floor 8.28.2024		
1-PERSON MAXIM	IUM MON	NTHLY INCOME	:	0		0.20.2024			

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0

	Last Compl	ete Update:				AREA:	Kapolei
PROJECT NAME:	HALE MOENA	OHANA				PROJECT TYPE:	Family
ADDRESS:	1055 Alohikea St.					PHONE: (808) 46	66-0801
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 808-466	i-0802
	R: Erica King-Schreur, Co The Micheals Organiza D: Hale Moena Ohana		er	APPLY ADD Hale Moena 1055 Alohike Kapolei HI 9	Ohana ea Street #110		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	N:						YES
APPLY PHONE	E: (808) 466-0801			FAX: 808-466-0802		nmo@tmo.com nttps://halemoena.c	com/
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:	1370					
One	Bdrm:	1470					
Two	Bdrm:	1769					
Three		2045					
Four	Bdrm:		<u> </u>				NO
\$30 per adult applicertified bank che \$99-\$1000 Securi	ENT IS 30% OF INCOME licant (money order or ick, no cash). Ity Deposit due at Move-idue is based on background and its based on background ASSET LIMITS:	n und/credit	WAITL ARKING INF	IST FOR PARKING:	PET INFO:	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): AIT LIST (Months): AITLIST (Months): PETS OK: YES g weight limit of
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF			EASE:		controlled community	arking garage, laun access, elevator, tr center, lobby, reci garden and bike r	ash chute, eational deck,
INCOME CRITER	IA:						
Max Income: 60% 1 person \$55, 2 persons 62,8 3 persons 70,7 4 persons 78,6 5 persons 84,9 6 persons 91.2	020 880 740 600 900	F	URNISHED:				
1-PERSON MAXIM	MUM MONTHLY INCOME	≣: 4	585				
2-PERSONS MAXI	IMUM MONTHLY INCOM	ИЕ : 5	5573				

Last Complete Update:	8/28/2024	AREA:	Pearl City
PROJECT NAME: HALE MOHALU II Famil	У	PROJECT TYPE:	Family
ADDRESS: 781 + 779 Kamehameha Hwy	•	PHONE: 808-456	6-9420
CITY: Pearl City STATE: H	ZIP: 96782	FAX: 808-456	6-9406
Pean City STATE.	ZIP : 96782		
MANAGER: Lisa Esteron, Resident manager CBM Group APPLY TO: 785 Kamehameha Hwy., Pearl City,	Hawaii 96	ehameha Hwy., Pearl City,	OUT-OF-STATE APPLICATION
APPLY ATTN:	Hawaii 90702		ACCEPTED: YES
APPLY PHONE: 808-456-9420	FAX : 456-9406	EMAIL: http://www.locationsble-rentals.aspx	srentals.com/afforda
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	MINIMUM Number of People MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm:			
Two Bdrm: 126 1250	2.5x rent 595	1 7	
Three Bdrm: 42 1775	2.5x rent 751	2 7	
Four Bdrm:			YES
RENT INFO: RENT IS 30% OF INCOME: NO	UTILITIES INCLUDED:	TOTA	AL UNITS: 168
10 2-Bdrm Units at 30% AMGI 116 2-Bdrm Units at 50% AMGI 42 3-Bdrm Units at 60% AMGI	Water & sewer	MINIMUM W ESTIMATE	
		MAXIMUM W ESTIMATE	-
AGE CRITERIA: No requirements		TO REMAIN ON W CALL EVERY	
· .	WAITLIST FOR PARKING PARKING INFO:		PETS OK: NO
ASSET LIMITS.	One free parking, 2nd parking for 2-3 bedrms and no chanrge	Emotional Support/ serivice a documentation	nimal with proper
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY:		GENERAL INFO:	
ASSET LIMIT INFO:	LEASE:	Funding: LIHTC, RHTF, HON	ME, HMMF Bond;
	1 year, and recertification every year	4 handicapped units; On-site manager Landscaped community areas 2 parking stalls with 3 bdrm u Visitor parking	
INCOME CRITERIA:		Applications: locationsrentals.com	
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	walk in (application box outsi office entrance) 2020 Update - Info from Web NO RESPONSE IN 2023. Las update 3/17/2019	site
1-PERSON MAXIMUM MONTHLY INCOME:	J 3517		

	Last Comp	lete Update:	8/28/2024			AREA:	Pearl City
PROJECT NAME:	HALE MOHAL	U II SENIO	R			PROJECT TYPE:	Elderly
ADDRESS: 7	785 Kamehameha Hwy	/				PHONE: 808-456	6-9420
CITY:	Pearl City	STATE: HI	ZIP:	96782		FAX : 456-940	06
	Lisa Esteron, Residen CBM Group	nt manager			lanagement Divi Ave., Suite 102,		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN:							YES
APPLY PHONE:	808-456-9420			FAX: 456-9406	V		66c4/files/uploaded/
Unit T	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bo	drm:	1470	2 x rent	432	1	2	
Four Bo	drm:						YES
9 Units - 30%AM 130 Units - 60% AM	// S925 ousing subsidy (Sect 8)		UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
	pe 55 and older at occu		WAITLI	IST FOR PARKING		TO REMAIN ON W CALL EVERY	VAITLIST
applications accepted applicant reaching a			PARKING INFO	O: ble on a first come	PET INFO:	F	PETS OK: NO
AN OWN RESIDE	ASSET LIMITS: ENTIAL PROPERTY:				GENERAL		
AGGET ENVIT IN C	·		LEASE: 6 months - mo year - some ur		purpose bu services; lo laundry; tw convenient	uilding with activitie bocked entry doors; to elevators at both to bus and shopp	coin-operated buildings; ing; on site
INCOME CRITERIA	\ :				HHFDC, LI	anager. Financed IHTC, RHTF, HMM	
Maximum Income 1 Persoi 30% AMI \$26,460 60% AMI \$52,920)/yr \$30,340/yr		refrigerator/fre	garbage disposal, ezer, vinyl flooring, ngs,air conditioner	(application 2021 Upda	es: locationsrentals in box outside of rel ite - Information fro DNSE IN 2023. La	ntal office) om Website
	JM MONTHLY INCOM		4410]		

		Last Com	plete Update:	8/28/2024			AREA:	Pearl City
PROJECT NAME:	HALE	MOHAL	U SENIOF	APARTM	IENTS		PROJECT TYPE:	Elderly
ADDRESS:							PHONE: 808-456	i-0368
	<u> </u>						FAX: 456-088	
CITY:	Pearl Cit	у	STATE: HI	ZIP:	96782		1.00 000	
APPLY TO	CBM G		esident manage	г	APPLY ADD 800 Third St Pearl City H	t.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN		6-0368			FAX : 456-0885	EMAIL:	halemohalu@cbmg	roup.net
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:	43	878	2x rent	420	1	2	YES
One I	Bdrm:	135	898	2x rent	516	1	2	YES
	Bdrm:							
Three F								YES
RENT INFO: RE 132 efficiency one people, \$898mon 32 regular one bed Must respond in a from management	bedroom droom apt	apts, 436 so ts \$973/mon anner to com	ft, max 2	UTILITIES IN			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 12
AGE CRITERIA:				,-			TO REMAIN ON W	, , ,
One member mus be any age	t be 55+;	The other me	ember can	WAITI	LIST FOR PARKING:		CALL EVERY	(Months): 0
				PARKING INF	FO: NO ded; First come first	PET INFO:	: F s under 40 lbs, neut	PETS OK: YES ered or spayed w/
	AS	SET LIMITS	: NONE	serve - NOt g parking stalls	guaranteed.120	shots and	license. \$100 pet de	eposit.
AN OWN RESID		PROPERTY:	YES			GENERAL		
If residential prope mortgage owed) is Income from asse .06% whichever is	erty owned added to ts is inclu	the annual i	ncome.	LEASE: 1 year, then r	month to month	outside ho Must have	s are allowed with Mome. The Syears landlord hite eferences	·
INCOME CRITERI	IA:					II '	ty room, laundry, bb	q area
Min. income = 2x i Maximum Annual \$48,750 2 persons (efficiency/1bdrm) \$66,840;	Income: 5 s- \$55,700	50% AMI- 1 p) (studio)		FURNISHED: Partly furnish appliances or		18 handic	ap accessible units criminal record HOME subsidies	
1-PERSON MAXIM	IUM MON	ITHLY INCOI	ME:	3798		J.		

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

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	5/28/2024			AREA	Chinatown
ROJECT NAME:	HAL	E PAUAHI	TOWERS	3			PROJECT TYPE	: Family
ADDRESS:	155 No	rth Beretania St					PHONE: 808-53	32-3535
CITY:	Honolu	lu	STATE: HI	ZIP:	96817		FAX: 532-35	36
MANAGER		el Johnson, Buil la, Ocuupancy S			APPLY ADI	DRESS:		OUT-OF-STA
APPLY TO):							APPLICATIO ACCEPTED
APPLY ATTN	l:							NO
APPLY PHONE	: 808-5	32-3535			FAX : 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 I	Bdrm:	110	1277	2.5xrent	560	1	3	YES
Two	Bdrm:	214	1532	2.5x rent	729 - 745	2	5	YES
Three I	Bdrm:	72	1771	2.5xrent	937 - 959	3	7	YES
Four	Bdrm:							NO
Must have verifiab Must respond to c in a timely mannel AGE CRITERIA: Head of household	ommuni r to rema	cation from man ain on the waitlis	it.	Water Sewer Trash pick up	ST FOR PARKING:		MAXIMUM V	(Months): 2 VAIT LIST (Months): 6 WAITLIST
time of application	1.			PARKING INFO	D: NO	PET INFO	: Fish, and any othe	PETS OK: YES
	А	SSET LIMITS:	NONE	\$90/month - 2 below market r	cars ent for 1st space	document	ation.	
AN OWN RESID				\$40/mo check	with pro park	GENERAL	. INFO:	
ASSET LIMIT INF	O:			LEASE:		Applicatio	n: agement to mail it	
				1 year, month t	to month	Send requences Send requences Fick up from	uest with self addre uest by fax om manger's office	· •
INCOME CRITER		(Dalam Marila	to die	FUDNIOUED		Meeting re	pped Laundry Roo ooms, sprinkler/sm	m oke/audio alarm
Maximum Annual person - \$77,950 2 \$100250; 4 persor \$120,300; 6 perso \$138,100; 8 perso	2 person ns - \$11 ons - \$12	ns - \$89,100; 3 p 1350; 5 persons 2,200; 7 person	ersons -	FURNISHED: Partly furnished appliances only drapes, garbage	y. Tub, carpet,	Spacious	garden area	
-PERSON MAXIM	IUM MO	NTHLY INCOMI	E:	5642]		

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		Last Comp	lete Update:	8/29/2024			AREA	Lanakila
PROJECT NAME:	HALE	E PO'AI - I	NOT ACCE	PTING A	PPLICATION	IS	PROJECT TYPE	Elderly
		orth School St.					PHONE: 808-83	32-3445
				=			FAX: 832-17	
CITY:	Honolul	u	STATE: HI	ZIP:	96817		,	
	·	n Baxa, Reside	3		APPLY A Apply On	DDRESS: -Site		OUT-OF-STATE APPLICATION
			periles inc.					ACCEPTED: YES
APPLY ATTN	I: Joanna	a Li				F14.4		-bl/idti-l
APPLY PHONE	:: 808-83	2-3445			FAX: 832-1795	EIVIA	AIL: http://hawaiiafford properties/	able.com/residential-
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMU Numbe of Peop	er Number of	CAREGIVER Allowed:
S	tudio:	80	170	NO	390	1	2	YES
One I	Bdrm:	126	195	NO	544	2	2	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							NO
RENT INFO: RE Rent is 30% of inc 1bdrm \$195. All h floor Security Deposit e *********WL CLOS	come with andicappequal to 1	n studio minimu ped units are or month's rent.	ım of \$170,	UTILITIES INC			MINIMUM V ESTIMATE MAXIMUM V	(Months): 60
J	0,_,_			ĮL.			ESTIMATE	(Months):
AGE CRITERIA: One member mus	t be 62+	spouse must l	ne 55+.				TO REMAIN ON ' CALL EVER	
(Caregivers must l		, 0,0000		WAITL PARKING INF	LIST FOR PARKING	G: PET IN	IFO:	PETS OK: NO
				Parking include parking in back	ded Guest	_	e animal with proper d	- P
	AS	SSET LIMITS:	YES	parking in bac	CK			
AN OWN RESID		PROPERTY:	NO			GENER	RAL INFO:	
ASSET LIMIT INFO				LEASE:			ivers are allowed with dies, spouse may ren	
2 people: \$44,100				1 year; renew following rece		move t the 1st Yearly Has la	to a studio unit. 18 ha t floor. income recertification rge multi-purpose roo	andicap units all on n m w/kitchen
INCOME CRITERI							portation to Shopping a lic Charities Hawai'l	available through
Maximum Annual 2 persons - \$52,40		1 person - \$45	.850	Partly furnish appliances or	edmajor	manag waitlist	espond to communica gement iin a timely ma t. nunity laundry room	
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	E:	2858		J.		
2-PERSONS MAXI	мим мс	ONTHLY INCO	ME:	3266				

		Last Compl	ete Update:	8/28/2024			AREA:	Barbers Point	
PROJECT NAME:	HAL	E UHIWAI	NALU (Bu	ı <mark>ildings 34</mark>	and 35)		PROJECT TYPE:	Single Veterans	
ADDRESS:	91-1078	8 Yorktown St.	•	-			PHONE: 808-682	2-1949	
CITY	 Kapolei		STATE: HI	ZIP:	96707		FAX : 682-197	70	
3	Napolei		01A12. 111		90101				
APPLY TO	RTaylo : 91-107 Kapolo	le Taylor, Direct or@Cantwell-An 78 Yorktown St. ei HI 96707 break Hawaii LL	derson.com	-	APPLY ADI 91-1078 Yo Kapolei HI S On-site drop	rktown St. 96707		OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY PHONE			o / Leasing Tea	3111	FAX: 682-1970		CloudbreakCommu CloudbreakHawaii@		
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio:	80 / 50	1375	1.5 x rent	208-374	1	1		
	3drm:								
	3drm:								
Three F									
RENT INFO: RE A clean + sober er \$1200 - \$1350 Bldg 34 - 80 units; Accept HUD VASI subsidies. All unit	nvironme Bldg.35	ent for veterans. 5 - 50 units. er and other ren	t	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W	(Months): 0	
Accords spetion 9			апсу.	ĮL			ESTIMATE		
AGE CRITERIA: SINGLE ADULT V 18+ and live indep					IST FOR PARKING:	DET INFO	TO REMAIN ON W	(Months): 6	
	A	SSET LIMITS:		PARKING INF 1 stall per unit serve	t, first come first	PET INFO:	Г	PETS OK: NO	
AN OWN RESID		PROPERTY:	YES			GENERAL		N/sts	
\$50,000	J			LEASE: 1 year, month	to month	Opened in 5 handicar Case Man	RHTF, Formerly US August 2001 o units agement Services, nachines, Elevator		
INCOME CRITERI Affordable housing \$250 - \$84,600 pe]	Depending on su	bsidy type)			Anderson.	udbreakHawaii@C	antwell-	
\$250 - \$84,600 per year (Depending on subsidy type) State guideline for 30 50 60 AMI				comes with microwave, stovetop burner, icebox, Building 35 full stovetop w/ oven and icebox			Updated 8/28/2024 Applications are fgood for 90 days		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	6/19/2024			AREA:	Waianae
PROJECT NAME:	HALE WAI VIST	ΓΑΙ				PROJECT TYPE:	Family
ADDRESS:	86-084 Farrington Hwy.					PHONE : 808-696	i-8258
CITY:	Waianae	STATE: HI	ZIP : 96792			FAX: 696-825	8
	t: Marisela Mora D: Hale Wai Vista			APPLY ADI 86-084 Farr Waianae, H	ington Hwy		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	: Resident Manager's Of	ffice		FAX: 696-8259	EMAIL:	http://www.locationsble-rentals.aspx	srentals.com/afforda
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 63	1250	1.5 x rent	595 751			YES
5 Two Bdrm (30% 51 Two Bdrm (50' handicap accessib 7 Two Bdrm, end	% AMÍ*) = \$1177 (3 two ble) unit (50% AMI*) = \$1202 AMI*) = \$1374 (1 three b	bdrms are	UTILITIES INC Water and sew own electricity.	ver included; Must pa	ay	TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 1
AGE CRITERIA: Head of household	d must be 18 years or old		PARKING INF		PET INFO	TO REMAIN ON W CALL EVERY	
	ASSET LIMITS:			ation & insurance additional stalls	GENERAL		
ASSET LIMIT INFO	O:		LEASE: 12 months		Funding: I RHTF Applicatio pick up fro	lawai'i Housing Devolument Housing n: locationsrental.com manager's office oplicants are contact	g Tax Credits;
\$37,590; 4person 50% of AMI: 1pers 3persons \$62,650 60% of AMI: 1pers	; 2persons \$33,420; 3per is\$41,760 son \$48,750; 2persons \$	sons 655,700;			renewing Locked lo parking, c	binterest is needed. bby doors, security on oin-op laundry facility anager's office.	cameras, visitor

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	10/18/2021			ARE	A: Waianae
PROJECT NAME:	HALE	E WAI VIS	TA II				PROJECT TYP	E: Family
ADDRESS:	86-086	Farrington Hwy					PHONE: 808-6	696-8258
CITY:	Waiana	е	STATE: HI	ZIP:	96792		FAX: 696-8	3259
MANAGER	t: Barbar	ra Ramos				ADDRESS: Farrington Highwa	V	OUT-OF-STATI
APPLY TO	: Location	ons LLC				e, HI 96792	y	APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 808-69	96-8258			FAX: 696-8259		http://www.locati ble-rentals.aspx	onsrentals.com/afforda
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	99	1250	2.5 x rent	595		ļ	
Three	Bdrm:	33	1425	2.5 x rent	751			
Four	Bdrm:							YES
RENT INFO: RE	NT IS 30	0% OF INCOME	: NO	UTILITIES INC	CLUDED:		ТО	TAL UNITS: 132
(7)Two Bdrm (30° (83)Two Bdrm (50°	% AMI*)	= \$677		Water, sewer,			MINIMUM	WAIT LIST
(60% AMI) end un 33 3 Bdrm (60% A	nits -= \$1: AMI*) = \$	202; 33; 1374						TE (Months): 1 WAIT LIST
* AMI- see income	e eligibilit	y below					_	TE (Months): 1
AGE CRITERIA: Head of househole	d must b	e 18 years or o	der			_	TO REMAIN ON CALL EVER	I WAITLIST RY (Months): 0
		•		WAITL PARKING INF	IST FOR PARKIN O: NO	IG: PET INFO:	:	PETS OK: NO
				1st stall free, a \$50/month	additional stalls	fish ok		
AN OWN RESI		SSET LIMITS: PROPERTY:				GENERAL	INFO.	
ASSET LIMIT INF				LEASE:				evelopment Corp.
				12 months		RHTF	Low Income Hous	- Five 2 bdrm & 3 3
INCOME CRITER	IA:			•		Applicatio		
30% of AMI: 1 per 50% of AMI: 1 per 60% AMI: 1 perso	son \$44,	,100; 2 persons	\$50,400;	FURNISHED: Stove, Oven, disposal, blind	Refrigerator only, Is	Waitlist ap	om manager's off	tacted via mail when
I-PERSON MAXIN	IUM MOI	NTHLY INCOM	E :	4410				
P-PERSONS MAXI	NAL INA NAC		\ 1 □·	5040				

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

	Last Comple	te Update:	5/23/2024			AREA:	Kakaako
PROJECT NAME:	HALEKAUWILA	PLACE	APARTME	NTS	F	PROJECT TYPE:	Family
ADDRESS:	665 Halekauwila St.					PHONE: 808-537	7-9000
						FAX:	
CITY:	Honolulu	STATE: HI	ZIP:	96813		,	
MANAGER	: Danielle Delgado			APPLY AD			
APPLY TO	: Indigo Real Estate Serv	vices, Inc.			enter, 665 Haleka nolulu, Hi. 96813	uwila	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Live@halekauwilaplace	apts.com					
APPLY PHONE	: 808-537-9000			FAX: 728-0985	EMAIL: w	ww.halekauwilapl	aceapts.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio: 26	1329	2 x Rent	396	1	2	
One E	3drm: 72	1410	2 x Rent	535	1	3	
Two E	Bdrm: 82	1660	2 x Rent	684	2	5	
Three E	3drm: 18	1889	2 x Rent	1511	4	7	
Four E	Bdrm: 0	0					YES
Call for availability Based on 60% AM may be approved a score of 774 & ear	MT IS 30% OF INCOME: Mon-Fri; no waitlist is ma II; Credit score between 3 with cosigner (who has m rns 4 x rent) or increased ave unconditional approva	aitained. 350 - 624 in. credit deposit;	UTILITIES INC \$60 - Internet/ water/sewer/tr	Wi-Fi/TV/phone		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA:			-		Т	O REMAIN ON W	/AITLIST
			WAITL	IST FOR PARKING	:	CALL EVERY	(Months): 0
			PARKING INF	,,,,,	PET INFO:	F	PETS OK: YES
1	ASSET LIMITS:		1 free parking Contact Diam additional stal	ond Parking for		per apartment al Pet rent is \$25. B	
	DENTIAL PROPERTY:				GENERAL IN		
ASSET LIMIT INFO	<u>U:</u>		LEASE:		Square foot	age range - Studio 35 - 597; 2 bdrm	
INCOME CRITERI	Α·					g building, laundr	y on site,
Maximum annual i 1 peson: \$55,020 2 persons: \$62,88 3 persons: \$70,74 4 persons: \$78,60	ncome: 5 persons: \$0 6 persons: \$0 7 persons: \$90	91,200	FURNISHED: Tub, ceilling facarpeting in be			uwilapalceapartm n manager's office	
	IUM MONTHLY INCOME		4875 5570]		

	Last Comp	lete Update:	7/16/2020			AREA:	Chinatown
ROJECT NAME:	HALEWAI'OLU	J SENIOR R	ESIDENC	ES		PROJECT TYPE:	Elderly
ADDRESS:	1331 River St.					PHONE: 808-808	8-1331
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER	: Michaels Managemei Fautanu	nt; Resident Mana	ger - Cheryl-An	ne APPLY ADI			OUT-OF-STATE
APPLY TO	: drop by						APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	:: 808-439-6490			FAX:		https://info.tmo.cor 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:	1304	2 X Rent				
Two	Bdrm:	1627	2 X Rent				
Three I	Bdrm:						
Four	Bdrm:						
	NT IS 30% OF INCOM		JTILITIES INCL		_	TOTA	AL UNITS: 155
free rent.	sit for \$1304 units with need not be met with So		Nater, sewer &	trash		MINIMUM W ESTIMATE	
voucher or approp	riate savings.					MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON V	, 12
AllI residents must	t be 55 and older.		WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 0
			PARKING INFO		PET INFO		PETS OK: YES
	ASSET LIMITS:		unreserved gar	age parking	1 per pers service an	on, 30 lb. limit unle imal.	ss a certified
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		EASE:		private do room with	l access to building g park; 2 activity ro kitchen; communit alking track; bike pa	oms; Community y courtyard and
NCOME CRITER	IA:						
60% AMI - 1 perso	o, 60 & 80% AMI. on - \$27,450; 2 person - on -\$54,900; 2 person - on - \$73,200; 2 person -	- \$31,350 \$62,700	FURNISHED: A.C.				
-PERSON MAXIM	IUM MONTHLY INCOM] 1E: (6100		<u> </u>		
DEDCONG MAVI	MLIM MONTHLY INCO	M	3967				

	Last Comp	olete Update:	8/29/2024			AREA:	Lanakila
PRO IECT NAME:	HALI'A HALE	NOT ACC	PEDTING	ADDI ICATIOI	NC	PROJECT TYPE:	1
	851 North School St.	- NOT ACC	EPTING	APPLICATION	NO NO		1
ADDRESS.	851 NORTH SCHOOLSE.					PHONE: 808-586	
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX : 586-752	20
	2: Thomas Ling, Reside			APPLY AI Apply on-s			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Joanna Li						NO NO
APPLY PHONE	: 808-586-7595			FAX:		http://hawaiiafforda properties/	ble.com/residential-
Unit	Number of UNITS:	RENT:	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	Bdrm: 10	195	NO	540	2	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
rent is 30% of inco \$195.			UTILITIES IN Electricity ar			MINIMUM W ESTIMATE MAXIMUM W	(Months): 72 AIT LIST
AGE CRITERIA:			le .			ESTIMATE TO BEMAIN ON W	,
-	st be 62+; spouse must	be 55+;	10/017			TO REMAIN ON W	
Caregivers must b	pe 18+.		PARKING IN	LIST FOR PARKING IFO: YES	PET INFO:	F	PETS OK: NO
			Parking incli	uded			
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:		Caregivers	s are allowed with M	1D letter. If elderly
Asset Limit: 1 pers 2 persons - \$44,10				wable yearly certification	Opened 1same w/l	s, spouse must tran 995 as Hale Po'ai ated laundry	sfer to studio unit.
INCOME CRITERI	IA:				Meeting ro	oom w/kitchen and v	wheelchair
Maximum Annual 2 persons - \$52,40	Income: 1 person - \$45 00	5,850	FURNISHED Partly furnis appliances of		accessible Funding: U NO RESP update 3/1	Jnknown ONSE IN 2021. Las	st completed
	TUM MONTHLY INCOM		2858]		

		Last Comp	olete Update:	2/7/2022			AREA:	Chinatown
PROJECT NAME:	HARI	BOR VILL	AGE				PROJECT TYPE:	Family
ADDRESS:	901 Riv	er St.					PHONE: 808-528	3-2753
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: 566-09	15
MANAGER	R: DEBO	RAH GONSAL	.VES, SITE MAN	NAGER	APPLY ADI 901 River S	St.		OUT-OF-STATE
APPLY TO): Location	ons LLC			Honolulu, H	II 96817		APPLICATION ACCEPTED:
APPLY ATTN	N: Afforda	able Housing D	Dept.					YES
APPLY PHONE	≣ : 808-62	25-9573			FAX: 521-2714		locationsrentals.correntals.aspx	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:							
	Bdrm:	60	1495		575	1	3	
	Bdrm:	30	1990		750	2	5	
	Bdrm:							
Four	Bdrm:					J		YES
RENT INFO: RE 60% AMI: 1 Bdrm 1 Bdrm \$1,270; 2 120% AMI: 1 Bdrn 140% AMI: 1 Bdrn	\$1,190 Bdrm \$1 m \$1410;	; 2 Bdrm \$1,29 355; 2 Bdrm \$1710	90; 80%AMI:	Water + Sew			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:							TO REMAIN ON W	
Head of househol	ld must b	e 18 years or c	older	WAITI	LIST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO	: F	PETS OK: NO
]	A	SSET LIMITS:	NONE	Parking inclu	ded	Service ar document	nimals are allowed vation.	vith proper
AN OWN RESI		PROPERTY:	NO			GENERAL	. INFO:	
ASSET LIMIT INF	·O:			LEASE:		2020 UPD	DATE - Info from we	bsite
				1 year			PONSE in 2021. Ladd - prior to 2020.	st update
INCOME CRITER	IIA:			,				
1 60% \$49,020 \$58 80% \$65,360 \$7 120%\$98,040 \$1 \$151,200 (5 perso	4,640 \$84 11,960 \$1	1,000 \$93,280	\$100,800	FURNISHED: Partly furnish appliances or	edmajor			
 1-PERSON MAXIN	MUM MOI	NTHLY INCOM	ΛΕ:	8170]		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	9330				

		Last Comple	ete Update:	1/21/2022			AREA:	Kalihi
PROJECT NAME:	HAU	IKI HOMES	· (HPHA-I	non) - NOT	ACCEPTING	APP	PROJECT TYPE:	
		673 Meyers St.	(7100_111110		PHONE: 808-832	-3336
CITY	<u> </u>		STATE: HI	7ID.	20042		FAX: 832-338	35
CITY:	Honolul	u	STATE: HI	ZIP:	96819			
MANAGER	۰ ایران ۷	Viggett, Acting N	Manager		APPLY AD	DRESS:		
MANAGEN		ana Brown, dep			1002 North	School St.		OUT-OF-STATE
APPLY TO		ACCEPTING AP			Honolulu, H NOT ACCE	II 96817 EPTING APPLI	CATIONS	APPLICATION ACCEPTED:
APPLY ATTN		applications office						NO
		ACCEPTING AP				EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-83	32-5961			FAX : 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:							
Two I	3drm:	20	0		786	2	6	YES
Three I	3drm:	16	0		1034	3	8	YES
Four I	3drm:	10	0		1110	4	10	YES
DENT INFO	NT IC 20						TOT 4	L LINUTO TO
RENT INFO: RE Minimum Rent: Or	ne Bdrm	- \$108; Two Bdi	m - \$128;	Water and allo	wance for electricity		MINIMUM W	L UNITS: 46
Three Bdrm - \$152 applicants who are							ESTIMATE	
hpha.myhousing.c	om to ch	nange or check t assword is need	heir led to				MAXIMUM W	
AGE CRITERIA:				le.			ESTIMATE TO DEMAIN ON W	
Head of household	d must b	e 18 years or		\A/A ITI I	OT FOR RADIVINIO		TO REMAIN ON W CALL EVERY	
older ********* CLOSED	8/2/201	6****		PARKING INFO	ST FOR PARKING: D: NO	PET INFO:	F	PETS OK: NO
				first come first	serve			·
	А	SSET LIMITS:	YES					
AN OWN RESID		PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO		ahu. Assets lim	ted to two	LEASE:		. 1.)The Eld	OUSING PREFERE lerly 2.) The Displac	ed 3.) Disabled
times the applicab			or three	1 year		Families of	w/ service connectef deceased veteran	s whose death
]							mined to be service erans 6.) Families re	
INCOME CRITERI						Transition Wait	al Shelters 7.) All ot	hers - Indefinate
50% AMI: 1 perso persons \$42,800;	4 persor	1 \$47,550. Famil	y income	FURNISHED: Partly furnishe	dmaior	. Fundina: S	State Pub Hsing 100)%
must be <50% are government action				appliances only			ions must be 3 yrs	
1-PERSON MAXIM	IUM MO	NTHLY INCOME	<u>:</u> :	3450		J		

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		Last Comp	olete Update:	10/20/2021			AREA:	Moiliili
PROJECT NAME:	HAUS	STEN GA	RDENS				PROJECT TYPE:	Elderly
ADDRESS:	808 Hau	ısten St.					PHONE: 808-947	7-3423
CITY:	Honolulu	,	STATE: HI	ZIP:	96826		FAX: 955-610	05
MANAGER APPLY TO	Indigo	Real Estate Se	Business Mana ervices, Inc.	ger	APPLY ADI 808 Hauste Honolulu HI	n St.		OUT-OF-STATE
APPLY ATTN								ACCEPTED: YES
APPLY PHONE	≣: 808-94	7-3423			FAX: 955-6105		nanager@hausten www.indigorealesta	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required	SO ET.	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm:	49	0		550	1	2	YES
Three								
Four	Bdrm:							NO
RENT INFO: RE All rents are 30% applicant must be	of income	e. Contact info		\$47 allowand water, sewe	ce for electricity and all		MINIMUM W ESTIMATE MAXIMUM W	(Months): 48
AGE CRITERIA:				įt.			ESTIMATE TO REMAIN ON W	/AITLIST
Head of household must be 62+. Car	regiver ov			WAIT	TLIST FOR PARKING:	PET INFO:	CALL EVERY	(Months): 6 PETS OK: YES
proof of caregiving	_	CCT LIMITO	NONE		uded; Only if		ALLOWED. Service	
AN OWN RESI	DENTIAL	SSET LIMITS: PROPERTY:				GENERAL I		
ASSET LIMIT INF	·O:			LEASE: 1 year		courtyard a Funding: S Onsite laun Application		
INCOME CRITER Maximum Annual 50% Income Limit 1 person \$42,200 2 persons \$48,200	Income:			FURNISHED Partly furnis refrigerator, wood floors	hedstove, microwave. Vinyl	envelope	est with self addres	
1-PERSON MAXIM	MUM MON	NTHLY INCOM	1E:	3517]		
2-PERSONS MAXI	IMUM MC	NTHLY INCO	ME:	4017				

	ast Complete Updat	,			AREA:	
OJECT NAME: HIBISCI		ARTMENTS			ROJECT TYPE:	1
ADDRESS: 94-1121 Ka CITY: Waipahu	STATE:	HI ZIP:	96797	P	FAX: 808-676	
MANAGER: Marla Jime	nez, Resident Manag	er	APPLY AD On-site dro			OUT-OF-ST/ APPLICATI ACCEPTE
APPLY ATTN:						YES
APPLY PHONE : 808-676-35	33		FAX: 676-3533		vw.EAHHousing. management@e	
	umber UNITS: RENT	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: Two Bdrm: Three Bdrm: Four Bdrm:	80	2.5x rent	588	1	4	YES
ENT INFO: RENT IS 30% C	110	Water, sewer,		Tr	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE D REMAIN ON W	(Months):
ead of Household 18+		PARKING INF	IST FOR PARKING: O: NO \$75 2nd stall		CALL EVERY	
ASSE AN OWN RESIDENTIAL PROSSET LIMIT INFO:	T LIMITS: YES	LEASE:			ager dry facilities Manger prefers e	e-mail submissior
NCOME CRITERIA: Max income for 50 units is 80% AMI No income limits on 30 units		FURNISHED:	edmajor ıly; ceiling fans; air	Call or email Pick up from	Accepts Section 8 Call or email to request application Pick up from manager's office www.EAHHousing.org Called 8/29/2024	

		Last Compl	ete Update:	4/17/2024			AREA:	Kakaako
PROJECT NAME:	HON	UAKAHA					PROJECT TYPE:	Elderly
ADDRESS:	545 Qu	een St					PHONE: 808-272	2-5937
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX: 781-298	5-3427
		Rogers - Senior	Property Manag	er	APPLY ADI Attn: Manag 545 Queen		л, HI 96813	OUT-OF-STATE
								ACCEPTED: YES
APPLY PHONE		able Housing De	ept.		FAX:		elent@mdihawaii. roperty@mdihawa	
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	141	1050	2x rent	350	1	2	YES
One	Bdrm:	9	1300	2x rent	488	1	2	YES
	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
No Waitlist, studio	os open a	and ready for mo	ove in.	Electricity, sev	ver and water		MINIMUM W ESTIMATE MAXIMUM W	(Months): 0
I AGE CRITERIA:						-	ESTIMATE TO REMAIN ON W	
All persons in hou	sehold n	nust be 62 years	or older.	WAITI	IST FOR PARKING:	'	CALL EVERY	
			1	PARKING INF		PET INFO:	F	PETS OK: NO
	A	SSET LIMITS:	NONE	mo; requests	ooter stall is \$80 are accepted on a	Service anii	mals ok	
AN OWN RESI		PROPERTY:	YES	wait list, stalls	available.	GENERAL I	NFO:	
ASSET LIMIT INF	·O:			_EASE: 12 months		conditioning Transportat Catholic Ch opened 199	ion to shopping avarities Hawaii	
I INCOME CRITER	IA·					Funding: LI handicap u	HTC nits-1 one bed, 7 s	studios
Must be below 60 1 person: \$55,020 2 persons: \$62,88	% AMI		l l	FURNISHED: Major appliand tiles, walk in s	ces, carpet or vinyl hower.	3 for vision/ Accepts Se	/hearing ction 8 & Rent Su	pplement
 1-PERSON MAXIN	IUM MO	NTHLY INCOME	 ≣:	4585]		
2-PERSONS MAX	IMUM M	ONTHLY INCOM	ΛE:	5240				

		Last Compl	ete Update:	1/21/2022			AREA:	Kahaluu
PROJECT NAME:	НОО	KIPA KAH	IALU'U (H	PHA-wind) - NOT ACCE	PTIN	PROJECT TYPE:	
	_	Ahuimanu Rd.			,		PHONE: 808-233	3-3766
01774			07475				FAX: 233-376	69
CITY:	Kaneoh	е	STATE: HI	ZIP:	96744		•	
MANAGER	: Robert	a Kahele			APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, HI	96817	CATIONS	APPLICATION
		CCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED: NO
APPLY ATTN		applications office						110
APPLY PHONE			1 210/11/0110		FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	000 00				TAX: 002 0 10 1			
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	Bdrm:	8	0		549	1	4	YES
Two I	Bdrm:	32	0		697	2	6	YES
Three I	Bdrm:	16	0		891	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0 the waitlist are to g change or check to password is neede), All HPH go to: hpl heir statu ed to acc	HA applicants wha.myhousing.cus. A username	rho are on com to e and	UTILITIES INC	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	บทากาน	*****					TO REMAIN ON W	
Head of household	d must be	e 18 years or ol	der	WAITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: YES
]	A:	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	. PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO		ahu		LEASE:			NCES: Domestic V	
Carinot own a nou	ise on Oa	ariu		1 year		displaced.		oro, involuntary
						Funding: F	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI	IA:			•			ions must be 3 yrs	
ncome Eligibility =			050.	FURNISHED:		crystal me	thamphetamine or	sex offender
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	00; 3 pers 00; 5 pers 00; 7 pers	sons - \$68,500; sons - \$82,200;		Partly furnishe appliances on			ONSE IN 2019 pleted update 10/05/	/2017
1-PERSON MAXIM	10M MUI	NTHLY INCOM	E:	4570				
2 DEDCONE MAY	N 41 IN 4 N 40	SNITH IL VINICON	4 E.	E220				

		Last Comp	lete Update:	11/2/2021			AREA	Kalihi
PROJECT NAME:	ISLAI	ND WEST	•				PROJECT TYPE	Family
ADDRESS:	607 Nort	th King St.					PHONE: 808-84	7-8465
CITY	Honolulu		STATE: HI	ZIP:	96817		FAX: 808-44	2-0407
	rioriolaic	ı	OTATE: III		90017			
	Manage	er	ding Manager;	Linda West, Office	APPLY AD On-Site 9	DRESS: am - 5pm M -	F	OUT-OF-STATE APPLICATION
APPLY TO								ACCEPTED:
APPLY ATTN	1: Linda V	West				EMAII :	Linda@HSIservice	as not
APPLY PHONE	: 808-84	7-8465		F	AX:	LIVIAIL.	Linua @ 1131361 VICE	S.Het
Unit	t Type:	Number		Minimum		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	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	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 - N s \$750 - N rement wa a person.	Min income = \$' Min income = \$' aived if have re Respond to m	1400 1600 p payee;	UTILITIES INCLU Electricity and wa			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 1
AGE CRITERIA:	romain or	Waithet					TO REMAIN ON V	, ,
Head of househol		e 18 years or ol	der at the	_	FOR PARKING:		CALL EVERY	(Months): 0
				PARKING INFO: \$35/month (first of	YES first	PET INFO	:	PETS OK: NO
,	AS	SSET LIMITS:	NONE	served basis)	come - mat			
AN OWN RESI		PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O:			LEASE:		back. Sm	ped access is from all rooms with no k	itchen. Can bring
				Month-to-month; Section 8 vouche		All units a	rigerator and hot pl re unfurnished.	
INCOME CRITER	ΙΔ.			,		Called 8/2	29/2024 and left voi	cemail.
No maximum ann		ne.		FURNISHED:		.		
				No carpet. Not for	urnished.			
 1-PERSON MAXIN	NOM MUN	NTHLY INCOM	E:	1				

	Last Comp	ete Update:	1/4/2022			AREA:	Waipahu
PROJECT NAME:	JACK HALL					PROJECT TYPE	Family
ADDRESS:	94-827 Kuhaulua St.					PHONE: 808-67	1-2244
CITY:	Waipahu	STATE: HI	ZIP:	96797		FAX:	
MANAGER	R: Jesse Johnasen			APPLY AD	DRESS:		OUT OF STATE
APPLY TO	D: https://www.jackhallwa	aipahu.com/					OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	N :						YES
APPLY PHONE	E: 808-468-5102			FAX: 949-7211		https://www.jackha hello@indigoreales	
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:						VEC
	Bdrm : 104	0	NO	559			YES
	Bdrm: 40	0	NO	793			YES
Three							
Four	Bdrm:						NO
30% to a max of \$ (minus \$103 util. a for two bedrooms	ENT IS 30% OF INCOME \$877 for one bedroom allowance) 30% to a max (minus \$250 util. allowats are subject to change	of \$1022	bedrm; \$250 fo	Illowance \$103 for 1	ge	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12
AGE CRITERIA:						TO REMAIN ON V	
Head of househol	ld must be 18 years or ol	der	WAITL PARKING INF		PET INFO	CALL EVERY	(Months): 6 PETS OK: NO
1	ASSET LIMITS:	NONE	T arking molde	icu			
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF Income from asse income limit.	FO: ets cannot make tenant ç	o over	LEASE:	nonth-to-month	5 accessil **Applicar	Project Based Sub ble 1 bdrm units. Its on waitlist MUS as change in phone	T call to update
INCOME CRITER max income: 1 be	tIA: edroom \$39,200; 2 bedro	om \$50,880	FURNISHED: Partly furnishe appliances on				
II 1-PERSON MAXIN	NUM MONTHLY INCOM	Ε:	4475		Į.		
2-PERSONS MAX	IMUM MONTHLY INCOM	ΜE:	5113				

		Last Compl	ete Update:	10/6/2023			ADEA.	Chinatown
PROJECT NAME:	KAAL	IIIM A MILL	HOMES (L	IDH A-hon) - NOT ACCE	DTIN	AREA: PROJECT TYPE:	Family
			Waiakamilo Rd) - NOT ACCE	1111	PHONE: 808-832	,
7.5511200.	Alokeie	a raiwidia ot.,	vvalakarillo rka	. a McNem ot.			FAX: 832-318	
CITY:	Honolulu	J	STATE: HI	ZIP:	96817		7AC 002-510	o
MANAGER	t: Cynthia	a Yoshida - Mai	nager		APPLY ADD			OUT-OF-STATE
APPLY TO		CCEPTING AP	PLICATIONS		Honolulu, HI		CATIONS	APPLICATION ACCEPTED:
APPLY ATTN		pplications office				FMAIL		NO
APPLY PHONE	: 808-83	2-5961			FAX : 832-3461	EWAIL:	nphaishereforyou.o	9
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	116	0		714	2	6	YES
Three I	Bdrm:	36	0		888	3	8	YES
Four I	Bdrm:							
Minimum Rent: \$0 the waitlist are to go change or check the password is needed.). All HPI go to: hph heir statu ed to acc	HA applicants value and applicant value and applicants value and applicants value and applicant value and ap	who are on com to e and	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM WA ESTIMATE (MAXIMUM WA ESTIMATE (TO REMAIN ON W	Months): 36 AIT LIST (Months): 60
Head of household	d must be	e 18 years or ol	der	WAITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:		ETS OK: YES
1	AS	SSET LIMITS:	NONE			the categor	imals ok, but only c ries listed below: nder 25 lbs) or cat	ne from each of
AN OWN RESID		PROPERTY:	NO			GENERAL		
Cannot own a hou		ıhu		LEASE:			NCES: Domestic V n transitional shelte	
							ed Low Inc Pub Hs	
INCOME CRITERI		^ N A I		FUDNICUED.			ons must be 3 yrs a hamphetamine or s	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450				FURNISHED: Partly furnishe appliances on		NO RESPO	ONSE IN 2023	
1-PERSON MAXIM				4570		Į.		

		Last Compl	lete Update:	5/28/2024			AREA:	Honolulu
PROJECT NAME:	KAHA	AUIKI VILI	LAGE				PROJECT TYPE:	Family
ADDRESS:	2325 N.	Nimitz Hwy.					PHONE: 808-778	3-2464
CITY:	Honolul	J	STATE: HI	ZIP:	96819		FAX:	
MANAGER	R: Institute	e for Human Se	ervices		APPLY ADD	PRESS:		
APPLY TO): Fax Re	eferrals to 425-5	5168 attention t	o Family Program				OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN				F	AX : 808-425-5168		KVApplications@ih	shawaii.org
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One	Bdrm:	60	775		324			
Two	Bdrm:	80	975		540			
Three	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Rent is deducted a tenats choosing. waitlist are not rec manager will be co AGE CRITERIA:	automatio Regular u quired. A	cally through the updates to remain policant or the control of the	e bank of ain on the case	UTILITIES INCLU Water, electricity,	JDED: , internet, and cable	е	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W	(Months): 0 AIT LIST (Months): 0
(62+ yrs)	adial min	or obildron		WAITLIST	FOR PARKING:		CALL EVERY	(Months): 0
Families with cust	odiai min	or children		PARKING INFO: 1 parking per hou		PET INFO	: F	PETS OK: NO
	AS	SSET LIMITS:						
AN OWN RESI	DENTIAL	PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE:			ving in Homeless E	
				6 month		will have p living in su of being h	oriority for housing. ubstandard housing omeless may also a	Families who are and are at a risk apply.
INCOME CRITER 50% AMI # of people in hou 2 3 50,400 56,700 62	ısehold: 4	5 6 ,000 73,050 7	78,100	of beir There under All adu			st be minimum 1 ac table jobs are acce are subject to a Cri luding Sexual Offer	pted) minal Background
J								

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	8/29/2024			AREA:	Kahuku
PROJECT NAME:	KAHUKU ELDI	ERLY - HAL	JOLI HALE			PROJECT TYPE:	Elderly
ADDRESS:	56-154 Puuluana Pl.					PHONE: 808-293	3-1416
CITY:	Kahuku	STATE: HI	ZIP:	96731		FAX : 293-141	6
	ranaka			30701			
MANAGER	: Bonnie Cambra, Resi	dent Manager		APPLY ADD			OUT-OF-STATE
APPLY TO	: Hawaii Affordable pro	perties, Inc.		Unit 100 Kahuku, Ha			APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 808-293-1416		1	FAX:	EMAIL:	eahhousing.org ks-management@e	eahhousing.org
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
One	Bdrm: 64	0		570	1	3	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						YES
	NT IS 30% OF INCOME		JTILITIES INCL Water, sewer ar		_	TOTA	L UNITS: 64
	ges to their contact informed in a timely manner to om management.	mation in				ESTIMATE MAXIMUM W. ESTIMATE	(Months): 60 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	, ,
	e household must be 62	years or	WAITLIS	T FOR PARKING:		CALL EVERY	
older at the time o	r application.	<u> </u>	PARKING INFO		PET INFO		PETS OK: YES
	ASSET LIMITS:		Parking included	d		s under 25 lbs. only sit \$150 per pet.	
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	. INFO:	
ASSET LIMIT INF	O:		EASE:			Section 8/HUD; 9% s; on-site manager, r	
			1 year; then mo	nth-to-month	coordinate Transport	or, laundry room. ation to Shopping av Charities Hawaii	
INCOME CRITER Maximum Annual 1 person \$45,750	IA: Income: 50% AMI or les		FURNISHED:		Complete Ask mana Pick up fro	online or agement to mail it om manager's office	:
2 person \$52,250 3 person \$58,800			Appliances; ceil water heaters, e microwave, gart granite countert coverings.	electric range, page disposal,	Request b	oy emaii	
I-PERSON MAXIM	IUM MONTHLY INCOM		3813		J		

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		Last Comp	lete Update:	10/6/2023			AREA:	McCully
PROJECT NAME:	KAL/	KAUA H	OMES (HI	PHA-hon) -	NOT ACCEPT	ING	PROJECT TYPE:	
ADDRESS:							PHONE: 808-973	B-0193
OITY	<u> </u>		T OTATE TO	710			FAX: 973-019)7
CITY:	Honolul	u	STATE: HI	ZIP:	96826		,	
MANAGER	: Ioane A	Ah Sam			APPLY ADD			OUT-OF-STATE
APPLY TO	: HPHA				Honolulu, HI	96817	OATIONO	APPLICATION
		CCEPTING AI	PPLICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED: NO
APPLY ATTN		applications off	ice PPLICATIONS					140
APPLY PHONE	_		1 210/1110110		FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	000 00	2 0001			TAX. 002 0401			
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:							
One I	Bdrm:	127	0		559	1	4	YES
Two I	Bdrm:	58	0		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 g change or check the password is needed	o. All HPH go to: hph heir statu ed to acc	HA applicants what many housing as. A usernam ess their according the second sec	who are on com to e and	UTILITIES INC	CLUDED: owance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	0/2/2016	*****					TO REMAIN ON W	
Head of household	d must be	e 18 years or o	lder	\\/ A ITI	IST FOR PARKING:		CALL EVERY	
				PARKING INF		PET INFO:	F	PETS OK: YES
]	AS	SSET LIMITS:	NONE			the catego	nimals ok, but only or ries listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO		hu		LEASE:			NCES: Domestic Vin transitional shelter	
Carmot Own a nou	ise on Oa	ariu		1 year		displaced.		,
						Funding:	Fed Low Inc Pub H	sing 100%
INCOME CRITERI	IA:						ions must be 3 yrs	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 pers 00; 5 pers 00; 7 pers	1 person - \$53 sons - \$68,500 sons - \$82,200	;	FURNISHED: Partly furnishe appliances on		crystal methamphetamine or sex offender NO RESPONSE IN 2023		
1-PERSON MAXIM				4570				

	Last Compl	ete Update:	7/18/2023			AREA:	Ala Moana
PROJECT NAME:	KALAKAUA VI	STA				PROJECT TYPE:	Elderly
ADDRESS:	1628 Kalakaua Ave.					PHONE: 808-946	6-5936
CITY:	Honolulu	STATE: HI	ZIP:	96826		FAX : 949-552	25
MANAGER	t: Kainoa Kuamoo, Resid Hawaii Affordable Hou			APPLY ADD	PRESS: aua Ave. Hond	olulu, HI	OUT-OF-STATE
APPLY TO	: Kalakaua Vista			96826			APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	i:			FAX:	EMAIL:	http://www.hawaiiaf	ffordable.com
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	tudio: 80 Bdrm: 80	1115	2xrent	430	1	2	YES
Three I	Bdrm:						NO
Section 8 certifications income requirements	equired to remain on the	t the min	JTILITIES INC Electric, water,	LUDED: sewer, and trash		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W	(Months): 12 AIT LIST (Months): 24 /AITLIST
All residents must application.	be 62 or olde rat the tim	F	PARKING INFO	ST FOR PARKING:	PET INFO:		PETS OK: NO
AN OWN RESID	ASSET LIMITS:	NONE	\$40/month		documenta GENERAL		
	l individuals can have pro	pperty.	EASE: 1 year; then mo	onth-to-month	Air-Condit Has CSS opened 20	oned case manager 2 da 002	ys/wk
INCOME CRITER	IA:	,				.IHTC, RHTF, Secti	
Maximum income 30% of AMI: 1 per		\$31,350	FURNISHED: Partly furnished appliances only		9/18/24 Application	s not listed on Hawan: om manager's office gement to mail it	·
 1-PERSON MAXIM	IUM MONTHLY INCOME	 E :	3821				

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	Last Comp	olete Update:	10/6/2023			AREA:	Mililani
ROJECT NAME: K	ALANI GARE	DENS			-	PROJECT TYPE:	Family
ADDRESS: 9	5-081 Kipapa Dr.					PHONE: 808-623	3-9811
CITY: M	ililani	STATE: HI	ZIP:	96789		FAX : 623-721	12
MANAGER:	Heather Weddle			APPLY AD	DDRESS:		OUT-OF-ST/
APPLY TO:				On-one			APPLICATION ACCEPTE
APPLY ATTN:	Kalani Gardens						YES
APPLY PHONE: 8	308-623-9811			FAX : 623-7212		rebsite: www.eahl g-management@e	
Unit Ty	of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bd							
Two Bd	rm: 86	1236	YES	700	2	5	YES
Three Bd		1374	YES	950	3	7	YES
Four Bd	1111.		ļ	1			YES
ent cannot exceed one person householew rents as of 11/2 BR \$1126 - \$1236 BR \$1253 - \$1374	old does not qualify	ications	UTILITIES INC Gas, electricity sewer	CLUDED: v and water, trash ar	nd	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA:					Т	O REMAIN ON W	/AITLIST
ead of household ne of application.	nust be 18 years or o	older at the		ST FOR PARKING:	=	CALL EVERY	
			PARKING INFO		PET INFO:	F	PETS OK: NO
	ASSET LIMITS:	NONE]		
AN OWN RESIDE SSET LIMIT INFO:	NTIAL PROPERTY:	YES			GENERAL II	NFO: ection 8 and LIHT	?
			LEASE: 1 year		-	NSE IN 2023	
					Called on 8	/29/2024, no resp	onse
ICOME CRITERIA:			,		Called ion 1	0/21/24 left voice	mail
lax. Annual Income ersons - \$65,280; 4 78,300; 6 persons -	: 2 persons - \$58,02(persons - \$72,480; \$84,120; 7 persons ue to different criteri	5 persons - - \$89,880;	FURNISHED: Partly furnishe appliances only				

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		Last Comp	olete Update:	10/6/2023			AREA:	Chinatown	
PROJECT NAME:	KAL/	NIHUIA (HPHA-ho	n) - NOT A	CCEPTING AF	PPLI	PROJECT TYPE:		
ADDRESS:							PHONE: 808-586	6-9724	
							FAX: 586-972		
CITY:	Honoluli	J.	STATE: HI	ZIP:	96817		1.00		
MANAGER	l: Sol Se	ntous			APPLY ADD 1002 North \$			OUT-OF-STATE	
APPLY TO	· HPHA			Honolulu, HI 96817 NOT ACCEPTING AF			APPLICA		
1		CCEPTING AF	PPLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED: NO	
APPLY ATTN		applications off CCEPTING AF	ice PPLICATIONS						
APPLY PHONE					FAX: 832-3461	EMAIL:	nphaishereforyou.o	org	
ATTENTIONE	., 000 00	_ 000.			TAX. 002 0 10 1				
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER	
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:	
S	tudio:	60	0		420	1	2	YES	
One I	Bdrm:	90	0		492	1	4	YES	
Two	Bdrm:							YES	
Three I	Bdrm:	1							
Four I	Bdrm:								
RENT INFO: RE Minimum Rent: \$0 the waitlist are to g change or check tl password is neede). All HP go to: hpl heir statu ed to acc	HA applicants na.myhousing. is. A usernam ess their accou	who are on com to e and	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST	
AGE CRITERIA:	บาวกาน	*****					TO REMAIN ON W		
Head of household	d or spou	se must be 62	years or	WAITI	IST FOR PARKING:		CALL EVERY		
older, or disabled				PARKING INF		PET INFO:	F	PETS OK: YES	
				Included		Small pets	under 25 lbs. only		
	AS	SSET LIMITS:	NONE			<u> </u>			
AN OWN RESIDE		PROPERTY:	NO			GENERAL		inviolence	
Cannot own a hou		ahu.		LEASE:		victims; ho	NCES:(A) domest meless in transition	nal shelter; invol.	
				1 year		of income. If elder die unit. Fundi	(B) substandard h (C) others = indefines, under age 62 sping: Fed Low Inc Pu	nite wait. ouse may rent ub Hsing 100%	
INCOME CRITERI		Λ N / I		FURNISHED:		All convicti	gibility=80% of AM ons must be 3 yrs	ago, unless it's	
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		'	thamphetamine or s		
1-PERSON MAXIM				4570					

		Last Comp	lete Update:	10/6/2023			AREA:	Kalihi	
PROJECT NAME:	KALI	HI VALLE	Y HOMES	(HPHA-ho	n) - NOT ACC	CEPT	PROJECT TYPE:		
ADDRESS:	_						PHONE: 808-832	2-3336	
CITY			STATE: HI	ZIP:	00040		FAX: 832-3385		
CITT.	Honolul	u	STATE. HI	ZIF.	96819				
MANAGER	۱۰ ایرانم ۱۸	liggett			APPLY ADI	DESS.			
MANAGEN	. Julie V	viggett			1002 North			OUT-OF-STATE	
APPLY TO		COEDTING AF		Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS				APPLICATION ACCEPTED:	
ΔΡΡΙ Υ ΔΤΤΝ		CCEPTING AF						NO	
ALLEIAIN		CCEPTING AF				FMAII ·	hphaishereforyou.c	ora	
APPLY PHONE	:: 808-83	32-5961			FAX : 832-3461		прпаютогогогуси.с	9	
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:	52	0		494	1	4	YES	
Two I	Bdrm:	60	0		674	2	6	YES	
Three I	Bdrm:	123	0		834	3	8	YES	
Four I	Bdrm:	112	0		1115	4	10	YES	
Min. Rent: \$0; 26 applicants who are hpha.myhousing.c status. A usernan access their account	5 Bdrm e on the voom to ch	n units. All HPH waitlist are to go nange or check	HA o to: their	UTILITIES INC Water and allo	LUDED: wance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36	
AGE CRITERIA:							TO REMAIN ON V	P.	
Head of household	d must be	e 18 years or ol	der	WAITLI	ST FOR PARKING:		CALL EVERY	(Months):	
				PARKING INFO	10	PET INFO:		PETS OK: YES	
1	AS	SSET LIMITS:	NONE	one space per	unit	the catego	nimals ok, but only ries listed below: Inder 25 lbs) or ca		
AN OWN RESID						GENERAL	INFO:		
ASSET LIMIT INFO		ahu		LEASE:			NCES: Domestic \ in transitional shelt		
Cariffol Own a flou	ise on Oa	anu		1 year		displaced.			
J							ions 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 per: 00; 5 per: 00; 7 per:	1 person - \$53, sons - \$68,500; sons - \$82,200;	;	Partly furnished appliances only		NO RESP	ONSE IN 2023		
1-PERSON MAXIM	IOM MUI	NTHLY INCOM	E:	4570		Į-			

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	La	st Compl	ete Update:	10/6/2023			AREA	: Hawaii Kai	
PROJECT NAME:	KALUAN	IUI SEI	NIOR APA	RTMENTS			PROJECT TYPE: Elderly		
ADDRESS:	6950 Hawaii	Kai Dr.					PHONE: 808-394-6688		
CITY:	Honolulu		STATE: HI ZIP:		96825		FAX:		
MANAGER	R: Mike Klein,	Complianc	e Manager		APPLY AD 394-6688	DRESS:		OUT-OF-STATE	
APPLY TO	: call for view	ing and ap	plication					APPLICATION ACCEPTED:	
APPLY ATTN	N:							YES	
APPLY PHONE	≣: 808-394-668	38		ı	FAX:	EMAIL:	halealiigroup@yah	noo.com	
		mber INITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
		10	1228		525				
	Bdrm:	21	1473		600				
	Bdrm:							NO	
RENT INFO: RE Lower rent units fr 3 1bdrm 3 2bd higher rent units fr 7 1bdrm 18 2bc Sect 8 accepted	or people at <3 Irm or people at <5	80%AMI	: NO	All utilities, exce			MINIMUM V ESTIMATE MAXIMUM V	(Months): 12	
AGE CRITERIA:							ESTIMATE TO REMAIN ON \		
One member mus	st be 62+; spou	ıse can be	18+	WAITLIS	T FOR PARKING:		CALL EVERY		
				PARKING INFO		PET INFO:		PETS OK: NO	
]	ASSET	LIMITS:	NONE	Parking \$40 mo	nth				
AN OWN RESI	DENTIAL PRO	PERTY:	YES			GENERAL	INFO:		
ASSET LIMIT INF	⁵ O:			LEASE:			1/15/2003 all units fans in bdrms an	have large lanais d living room, cross	
				1 year		have tub, : Communit Inc Hsing	2bdrm have showe y Lounge with TV, Tax Credit 100%	doors. 1bdrm units er with low lip. a/c. Funding: Low	
INCOME CRITER		0	CO 4 750	FUDNIOUED		Funding:	RHTF		
30% of AMI: 1 person \$21,650; 2 persons \$24,750 50% of AMI: 1 person \$36,050; 2 persons \$41,200				Partly furnished appliances only		Last comp	RTIAL RESPONS leted update 10/20 9/2024, 10/17/202	0/17	
1-PERSON MAXIM	MUM MONTHL	Y INCOME	≣:	3004					
2-PERSONS MAX	IMUM MONTH	I Y INCON	ΛF:	3433					

Unit Type:	Family
MANAGER: Toshi Hines APPLY ADDRESS: On-Site Apt. #607 APPLY TO: Hawaii Affordable Properties Inc. APPLY ATTN: Kamakee Vista APPLY PHONE: 808-594-0121 FAX: 594-0123 EMAIL: kkamakeevista@ http://hawaiiaffordom/sinform/	
MANAGER: Toshi Hines APPLY ADDRESS: On-Site Apt. #607 APPLY TO: Hawaii Affordable Properties Inc. APPLY ATTN: Kamakee Vista APPLY PHONE: 808-594-0121 FAX: 594-0123 EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc. APPLY PHONE: 808-594-0121 FAX: 594-0123 EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc. Intro//hawaiiaffordable Properties Inc. APPLY ADDRESS: On-Site Apt. #607 EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc. Intro//hawaiiaffordable Properties Inc. APPLY ADDRESS: On-Site Apt. #607 EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc. Intro//hawaiiaffordable Properties Inc. APPLY ADDRESS: On-Site Apt. #607 EMAIL: kkamakeevista@ http://hawaiiaffordable Properties Inc. Intro//hawaiiaffordable	97-1725
APPLY TO: Hawaii Affordable Properties Inc. APPLY ATTN: Kamakee Vista APPLY PHONE: 808-594-0121 Unit Type: Number of UNITS: RENT: RENT: Required: SQ FT: Minimum INCOME Required: SQ FT: Of People People: People: Studio: Square Squa	971002
APPLY ATTN: Kamakee Vista APPLY PHONE: 808-594-0121 Fax: 594-0123	OUT-OF-STATI
APPLY PHONE: 808-594-0121 Fax: 594-0123	APPLICATION ACCEPTED:
APPLY PHONE: 808-594-0121	YES
Number of UNITS: Number of UNITS: Number of UNITS: Number of People: Studio: One Bdrm: 90 1886 3338 570 1 Two Bdrm: 136 2438 4115 720 2 Three Bdrm: Four Bdrm: UTILITIES INCLUDED: TOT MINIMUM NESTIMATI MAXIMUM NESTIMAT	hawaii.rr.com lable.com/residential-
Two Bdrm: 136 2438 4115 720 2 Three Bdrm:	CAREGIVER Allowed:
Three Bdrm: Four Bdrm: RENT INFO: RENT IS 30% OF INCOME: NO Deposit = 1 month's rent Water Water MINIMUM N ESTIMATI MAXIMUM N ESTIMATI Head of household must be 18 years or older WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES
Four Bdrm: RENT INFO: RENT IS 30% OF INCOME: NO Deposit = 1 month's rent Water Water MINIMUM N ESTIMATI MAXIMUM N ESTIMATI Head of household must be 18 years or older WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES
RENT INFO: RENT IS 30% OF INCOME: NO Deposit = 1 month's rent Water Water MINIMUM N ESTIMATI MAXIMUM N ESTIMATI AGE CRITERIA: Head of household must be 18 years or older WAITLIST FOR PARKING: PARKING INFO: PET INFO:	
Deposit = 1 month's rent Water MINIMUM VESTIMATI MAXIMUM VESTIMATI AGE CRITERIA: Head of household must be 18 years or older WAITLIST FOR PARKING: PARKING INFO: PET INFO:	YES
Head of household must be 18 years or older WAITLIST FOR PARKING: PARKING INFO: PET INFO:	E (Months): 3
WAITLIST FOR PARKING: PARKING INFO: PET INFO:	
\$40/month; \$75 each additional	PETS OK: NO
ASSET LIMITS: NONE	
AN OWN RESIDENTIAL PROPERTY: YES GENERAL INFO:	
ASSET LIMIT INFO: Cannot own other housing unit in this county. LEASE: (All units can be converted to Caregivers are allowed with	
1 year Application:	
Ask management to mail it Send request with self-address with self	
No maximum annual income. Min Income for market 1 bdrm = \$4,350 2 bdrm = \$5,600 Partly furnishedmajor appliances only. Pick up from manager's office Request by email or fax	;e
-PERSON MAXIMUM MONTHLY INCOME: 3700	

	Last Co	mplete Update:	10/6/2023			AREA:	Waipahu
PROJECT NAME:	KAMALU - H	O'OLULU E	LDERLY -	NOT ACCEP	TING	PROJECT TYPE:	Elderly
	94-941 Kauolu Pl.					PHONE: 808-675	5-0099
						FAX: 675-009	
CITY:	Waipahu	STATE: HI	ZIP:	96797		,	
	: Venus R. Katano			APPLY AD			OUT-OF-STATE APPLICATION
	: Hawaii Affordable	Properties Inc.					ACCEPTED: NO
APPLY ATTN	I: Venus R. Katano				EMAII -	h. 44.0 . / //b. 0 0	hla aaaa/aaaidaatial
APPLY PHONE	: 808-675-0099			FAX : 675-0098	EWAIL:	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: 171	170		443	1	1	YES
One I	Bdrm: 50	195		599	2	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four I	Bdrm:						YES
Minimum rent for s \$195 or 30% of ind	NT IS 30% OF INCO studio is \$170 and fo come, whichever is r LOSED since 8/2/20	r one bdrm is nore.	UTILITIES IN			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:						TO REMAIN ON W	
Head of household	d must be 62 years o		WAITI	LIST FOR PARKING		CALL EVERY	
old.	, spouse/partner mu	st be 55 years	PARKING INF		PET INFO	; F	PETS OK: NO
			Parking inclu	ded			
	ASSET LIMIT				J		
AN OWN RESIDE	DENTIAL PROPERT O·	Y: YES			GENERAL	INFO:	4D letter
	erty in same county. 38,600,	Asset	LEASE: Month-to-mor	nth	No prefer opened 1 Large gar Meeting/E	ence for veterans ar 993-Kamalu 1994-l	ny more Hoʻolulu shen
INCOME CRITERI	IA:				Catholic (Charities Hawai'i	
Maximum Annual 1 person - \$34,30(2 persons - \$39,20	0		Partly furnish appliances or Central heat; system	edmajor	unit)	only in designated a PONSE in 2023. Las 16/20.	
	IUM MONTHLY INC		2858]		

		Last Compl	ete Update:	10/6/2023			AREA:	Kalihi	
PROJECT NAME:	KAM	EHAMEHA	HOMES	(HPHA-ho	n) - NOT ACC	EPTI	PROJECT TYPE:		
ADDRESS:	,						PHONE: 808-832	2-3153	
							FAX: 832-3188		
CITY:	Honolul	u	STATE: HI	ZIP:	96817		,		
MANAGER	: Cynthi	a Yoshida - Mar	nager		APPLY ADD 1002 North S			OUT-OF-STATE	
APPLY TO	. НРНА				Honolulu, HI	96817	24710110	APPLICATION	
		CCEPTING AP	PLICATIONS		NOT ACCEP	TING APPLIC	CATIONS	ACCEPTED: NO	
APPLY ATTN		applications offic						140	
APPLY PHONE			. 2.0/11/0110		FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg	
ATTENTIONE	000 00	2 0001			TAX. 002 0401				
Unit	Type:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER	
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:	
Si	tudio:								
One I	Bdrm:	62	0		540	1	4	YES	
Two E	Bdrm:	123	0		800	2	6	YES	
Three I	Bdrm:	36	0		980	3	8	YES	
Four I	Bdrm:								
RENT INFO: RE Minimum Rent: \$0 All HPHA applican to: hpha.myhousin status. A usernam access their accou	for Fedents who and community of the second to the second to the second points of the second	eral Low Income are on the waitlis o change or che	e projects st are to go ck their	UTILITIES INC	CLUDED: wance for utilities		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST	
AGE CRITERIA:							TO REMAIN ON W		
Head of household	d must b	e 18 years or old	der	WAITL	IST FOR PARKING:		CALL EVERY		
				PARKING INF		PET INFO:	F	PETS OK: YES	
]	A	SSET LIMITS:	NONE	Included		the catego	nimals ok, but only or ries listed below: nder 25 lbs) or cat		
AN OWN RESID	DENTIAL	. PROPERTY:	NO			GENERAL	INFO:		
ASSET LIMIT INFO		ahu		LEASE:			NCES: Domestic Vin transitional shelt		
Carmot own a nou	30 011 00	ariu		1 year		displaced.		, , , , , , ,	
						Funding: F	ed Low Inc Pub Hs	sing 100%	
INCOME CRITERI	IA:						ions must be 3 yrs		
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 00; 3 per 00; 5 per 00; 7 per	1 person - \$53,; sons - \$68,500; sons - \$82,200;		FURNISHED: Partly furnishe appliances on		'	thamphetamine or ONSE IN 2023	sex oπender	
1-PERSON MAXIM				4570					

	Last Comple	te Update:	10/6/2023				Kaneohe	
PRO IECT NAME:	KANE'OHE APA	DTMENT	· /UDUA	wind\ NOT A	CCE P	AILLA	Family	
	45-507 & 45-513 Pahia F		(HEHA-	willa) - NOT A		PHONE: 808-233	1 .	
ADDITEOU.	43-307 & 43-313 Fallia F	\u.				FAX: 233-376		
CITY:	Kaneohe	STATE: HI	ZIP:	96744		1 AX. 233-370	9	
MANAGER APPLY TO	t: Roberta Kahele b: HPHA NOT ACCEPTING APF	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCEF	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	I: Oahu applications office	е					NO	
APPLY PHONE	NOT ACCEPTING APF 8: 808-832-5961	PLICATIONS		FAX : 832-3461	EMAIL: hp	AIL: hphaishereforyou.org		
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	Bdrm: 5	0		429	1	4	YES	
Two	Bdrm: 19	0		600	2	6	YES	
	Bdrm:							
Minimum Rent: \$0 All HPHA applicar to: hpha.myhousir	NT IS 30% OF INCOME: of for Federal Low Income this who are on the waitlist ng.com to change or chec ne and password is neede unt.	projects. are to go k their	ITILITIES INC Vater and allo	CLUDED: wance for electricity		TOTA MINIMUM WA ESTIMATE (MAXIMUM WA ESTIMATE ((Months): 36	
AGE CRITERIA:					Т	O REMAIN ON W		
Head of household	d must be 18 years or old		WAITL	IST FOR PARKING: O:	PET INFO:	CALL EVERY ((Months): YES	
]	ASSET LIMITS:		ncluded		the categorie	nals ok, but only c es listed below: der 25 lbs) or_cat	one from each of	
AN OWN RESI	DENTIAL PROPERTY:				GENERAL IN	IFO:		
Cannot own a hou		F	EASE: 1 year			CES: Domestic V transitional shelte		
INCOME CRITER	IA·				All conviction	d Low Inc Pub Hs	ago, unless it's	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	= 80% of AMI Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	50;	CURNISHED: Partly furnishe appliances on		1	amphetamine or s	sex offender	
1-PERSON MAXIM	IUM MONTHLY INCOME	: 4	1570		p.			
2-PERSONS MAXI	MUM MONTHLY INCOM	E: 5	5220					

		Last Comp	lete Update:	7/20/2023			AREA:	Kaneohe
PROJECT NAME:	KANE	OHE ELI	DERLY			ı	PROJECT TYPE:	Elderly
ADDRESS:	45-457 N	1eli Pl.					PHONE: 808-235	5-4399
CITY:	Kaneohe	:	STATE: HI	ZIP:	96744		FAX : 235-003	33
	Richard	Char (rchar@	cmiweb.net) 80		Leasing Offi			OUT-OF-STATE APPLICATION
APPLY TO		dge Managem 9:00am - 1:00		hours - Monday	-			ACCEPTED:
APPLY ATTN	۱:							0
APPLY PHONE	≣: 808-235	5-4399			FAX: 235-0033		aneohe@cmiweb. ttps://www.kaneoh	
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	44	0		588	1	3	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							NO
RENT INFO: RE	:N1 15 30%	% OF INCOME	E: YES	Water and \$52 taken off the re	2 mo. utility allowance		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
AGE CRITERIA:				Į.			ESTIMATE O REMAIN ON W	
Head of househol				\/\AITI I	ST FOR PARKING:	'	CALL EVERY	
disabled. Other fa caregivers allowed			ates, and	PARKING INFO		PET INFO:	F	PETS OK: YES
]	AS	SET LIMITS:	NONE	Parking includ	ed if available		it; one dog/cat/cag breed/species res	
AN OWN RESI		PROPERTY:	YES			GENERAL II	NFO:	
ASSET LIMIT INF	·O:			LEASE: 1 year		management Emergency convenient landscaped		m, on-call bus line;
INCOME CRITER						Section 8 10 Application:	00%	•
Maximum annual 2 persons \$46,650			50	FURNISHED: Partly furnishe appliances onl flooring. Ample cabinet space	y. Wood-style e closet and	Ask manage Send reque envelope NOT RESP	ement to mail it st with self-addres ONSED TO UPDA 24, no response	·
" 1-PERSON MAXIM	MUM MON	THLY INCOM	E:	3404		Į.		
2-PERSONS MAXI	IMUM MO	NTHLY INCO	ME:	3887				

	Last Compl	ete Update:	10/6/2023			AREA:	Lanakila
PROJECT NAME:	KAPUNA I - NO	T ACCEP	TING APP	LICATIONS		PROJECT TYPE:	Elderly
ADDRESS:	1015 North School St.					PHONE: 808-845	5-2130
						FAX: 845-668	
CITY:	Honolulu	STATE: HI	ZIP:	96817		,	
	2: Sherry Prevo Investment Property G D: Sage Apartment Comr	•		APPLY ADD 1015 North S Honolulu, HI	School St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-845-2130			FAX: 845-6684	EMAIL:	https://kapunaoneip	ogliving.com/
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:						
	Bdrm: 162	0		530			YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						NO
minimum rent \$25 Annual update bas application. Must in a timely manne	sed on anniversary date respond to mail from mar.	of anagement	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 1 AIT LIST
AGE CRITERIA:	10/12/21_10/19/21 for a	lotton				TO REMAIN ON W	, ,
At the time of app be 62 years or old must be 19+. Fan	lication, Head of househ ler, or 18+ w/ disability. S nily members, roommated d with mgmt approval.	Spouse e, and	WAITLI PARKING INFO	1.20		CALL EVERY	(Months): 12 PETS OK: YES
	ASSET LIMITS:				CENEDAL	INICO	
ASSET LIMIT INF	DENTIAL PROPERTY: O:	YES	LEASE:		monthly in	st be notified if appli acome goes up or de	own \$200 or more.
INCOME CRITER	IA: income is 80% AMI: 1 pe	areon -	FURNISHED:	onth-to-month.	Tax Credi Transport Catholic (Must com or mail in	ation to Shopping a Charities Hawai'i upo e in personally to up with form sent to ap	vailable through on request odate applications
\$67,700; 2 person	income is 80% AMI. 1 pe is - \$77,350, 3 persons - W INCOME (<30% OF M	\$87,000	Partly furnishe appliances onl		NO RESF		
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u>	5642		p.		

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		Last Comp	lete Update:	10/6/2023			AREA:	Waianae
PROJECT NAME:	KAU'	IOKALAN	II (HPHA-I	ee) - CLOS	ED		PROJECT TYPE:	Family
ADDRESS:	85-658	Farrington Hwy	/.				PHONE: 808-697	7-7171
CITY:	Waiana		STATE: HI	ZIP:	96792		FAX : 697-717	74
	,							
MANAGER	R: Lui Fal	eafine			APPLY AD			
APPLY TO): HPHA				1002 North Honolulu, F	n School St. HI 96817		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: Oahu a	applications off	ice					NO
APPLY PHONE	E: 808-83	2-5960			FAX: 832-3461	EMAIL:		
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:			<u> </u>				
	Bdrm:							
Three	Bdrm:	50	0		987	3	8	YES
Four	Bdrm:							
Minimum Rent: \$5 projects PREFER victims; homeless displaced.	50.00 for ENCES: in transif	Federal Low In Domestic Viole tional shelters; CATIONS	icome ence	Water and allo	CLUDED: owance for electricity	only /	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of househole	d must be	e 18 years or o	lder		IST FOR PARKING	_	CALL EVERY	
				PARKING INF		PET INFO:	nimals ok, but only o	PETS OK: YES
	AS	SSET LIMITS:	NONE			the catego	ries listed below: inder 25 lbs) or cat	
AN OWN RESID		PROPERTY:	NO			GENERAL		
Cannot own a hou		ahu		LEASE:		any corres updates n update an composition	s must respond in a spondence from HP eeded, however, ap y contact information on info, and check vousing.com (will ne	HA. No waitlist oplicants must on/household vaitlist status via
INCOME CRITER		A B 41		ELIDANO: :==		Username	e/password to do so Fed Low Inc Pub Hs).
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		crystal me	ions must be 3 yrs thamphetamine or ONSE IN 2023	
1-PERSON MAXIM	NOM MUI	NTHLY INCOM	IE:	4570		-		
2-PERSONS MAXI	IMUM MC	ONTHLY INCO	ME:	5220				

		Last Comp	lete Update:	8/29/2024			AREA:	Kakaako
PROJECT NAME:	KAUI	HALE KAI	KAAKO				PROJECT TYPE:	Family
ADDRESS:	860 Hal	ekauwila St.					PHONE: 808-593	3-9035
CITY:	Honolul	u	STATE: HI	ZIP:	96813		FAX : 591-025	50
MANAGER	R: Laura I	Kim, Property N	Manager		APPLY AD			OUT-OF-STATE
APPLY TO): Hawaii	Affordable Pro	pperties Inc.					APPLICATION ACCEPTED:
APPLY ATTN	l: Kauha	le Kakaako						YES
APPLY PHONE	: 808-59	93-9035			FAX: 591-0250	I	kauhalekakaako.co http://hawaiiafforda	om ble.com/residential-
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	116	1886	4350	578	1	4	YES
	Bdrm:	152	2438	5600	728	2	5	YES
Three	Bdrm:							
Four	Bdrm:							YES
Rent increases plant Accepts 80% AMI				Water, Sewer,	, Garbage		MINIMUM W ESTIMATE MAXIMUM W	(Months): 1
							ESTIMATE	
AGE CRITERIA: Head of househol	d must be	e 18 years or o	lder at the	1444171	IOT FOR RARIVING		TO REMAIN ON W CALL EVERY	
time of application	٦.			PARKING INF	IST FOR PARKING: O: NO	PET INFO:	F	PETS OK: YES
	AS	SSET LIMITS:	NONE		.83; 2nd stall - ond Parking (Non-residents -	Pets permi	tted with a \$200 re	fundable deposit.
AN OWN RESI		PROPERTY:	YES	\$157 mo.) No	guest parking.	GENERAL		
ASSET LIMIT INF	<u>O:</u>			1 year		recreationa court, barb center and Manager/N	Lanai, AC, renova al deck with a bask ecue areas, playgr convenience store Agmt Office, and Co oplication: Ask mgn	etball/pickleball round, fitness e. On-site Resident entral Laundry
INCOME CRITER						up from ma	anager's office. Or dableproperties.co	online:
Maximum Income cannot exceed 100% AMI and depends upon number of occupants and size of unit. Maximum for 5-persons - \$141,100, annually.			size of unit.	with hood, refu	ed- carpet, range rigerator, double blinds, ceiling able jacks, dead	*Along with applicants well as res mgmt in a	n completing regula must keep all cont	ar waitlist updates, act info current, as ation from housing
" 1-PERSON MAXIN	10M MUI	NTHLY INCOM	IE:	7625		įs.		
2-PERSONS MAX	IMUM MO	ONTHLY INCO	ME:	8708				

Last Commission III date I	10/0/0000				
Last Complete Update:	10/6/2023			AREA:	
PROJECT NAME: KAUHALE NANI (HPHA-	<mark>cen) - NOT</mark>	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS: 310 North Cane St.				PHONE: 808-622	
CITY: Wahiawa STATE: HI	ZIP:	96786		FAX : 622-636	62
,					
MANAGER: Jimary Quinones		APPLY ADDF	RESS:		
		1002 North S			OUT-OF-STATE
APPLY TO: HPHA		Honolulu, HI 9 NOT ACCEP		CATIONS	APPLICATION ACCEPTED:
NOT ACCEPTING APPLICATIONS APPLY ATTN: Oahu applications office					NO
NOT ACCEPTING APPLICATIONS			EMAII -	hphaishereforyou.o	ara.
APPLY PHONE : 808-832-5961		FAX: 832-3461	EWAIL.	ripriaishereroryou.o	ng
Unit Type: Number	Minimum		MINIMUM	MAXIMUM	CAREGIVER
of UNITS: RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Studio:					
One Bdrm: 14 0		564	1	4	YES
Two Bdrm: 16 0		727	2	6	YES
Three Bdrm: 20 0		958	3	8	YES
Four Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: YES Minimum Rent: \$0 for Federal Low Income projects PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced. CLOSED FOR APPLICATION SINCE 8/2/2016	UTILITIES INC Water and allo and gas	CLUDED: wance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:				TO REMAIN ON W	
Head of household must be 18 years or older	WAITLI	IST FOR PARKING:		CALL EVERY	
	PARKING INF		PET INFO:	F	PETS OK: YES
ASSET LIMITS: NONE	Parking includ	ed	the catego	nimals ok, but only or ries listed below: ander 25 lbs) or cat	
AN OWN RESIDENTIAL PROPERTY: NO			GENERAL	INFO:	
ASSET LIMIT INFO:	LEASE:		*Applicant	s must respond to a	anv
Cannot own a house on Oahu	1 year		correspond manner. N applicants	dence from HPHA, lo waitlist updates r must update any c hold composition ir	in a timely needed, however, ontact
INCOME CRITERIA:				tus via hpha.myhou name/password to	
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 furnishe appliances onl		Funding: F All convict crystal me	Fed Low Inc Pub Hs ions must be 3 yrs thamphetamine or ONSE IN 2023	sing 100% ago, unless it's
1-PERSON MAXIMUM MONTHLY INCOME:	4570		k		

	Last Cor	mplete Update:	10/6/2023			AREA:	Waimanalo
PROJECT NAME:	KAUHALE O	'HANA (HPF	IA-wind) -	NOT ACCEPT	TING	PROJECT TYPE:	
	41-1260 Kalanianao	•				PHONE: 808-233	<u> </u>
						FAX: 233-376	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		,	
MANAGER	: Roberta Kahele			APPLY ADE			OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEPTING	APPLICATIONS		Honolulu, HI NOT ACCEI	I 96817 PTING APPLI	CATIONS	APPLICATION ACCEPTED: NO
APPLY ATTN	: Oahu applications NOT ACCEPTING				FMAII ·	hphaishereforyou.o	-
APPLY PHONE	: 808-832-5961			FAX : 832-3461	LIIAL	Tipridistrological	·9
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:						
	3drm:			1002			YES
Three I		0		1003	3	8	TES
Minimum Rent: \$0 PREFERENCES: homeless in transidisplaced.	NT IS 30% OF INCC for Federal Low Inco Domestic Violence v tional shelters; involu	ome projects ictims; untary	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE TO REMAIN ON W.	(Months): 36 AIT LIST (Months): 60
Head of household	d must be 18 years o	r older	WAITL PARKING INF	IST FOR PARKING: O: NO	PET INFO	CALL EVERY	(Months): PETS OK: YES
	ASSET LIMIT			,	the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERT O:	Y: NO			GENERAL *Applican	. INFO: ts must respond to a	any
Cannot own a hou			LEASE: 1 year		correspor manner. N applicants info/house	idence from HPHA, No waitlist updates no must update any control composition in atus via hpha.myhou	in a timely leeded, however, ontact fo and check
INCOME CRITERI	A:				need use	name/password to d Fed Low Inc Pub Hs	do so).
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	600; 200;	Partly furnishe appliances on		All convic	ethamphetamine or sons in the	ago, unless it's
1-PERSON MAXIM	UM MONTHLY INCO	DME:	4570		Į.		

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	Last Compl	ete Update:	5/16/2023			AREA:	Wahiawa
PROJECT NAME:	KAWAHI MALU	JWAI APAF	RTMENTS	6		PROJECT TYPE:	Family
ADDRESS:	730 Wilikina Dr.					PHONE: 808-888	3-5287
CITY:	Wahiawa	STATE: HI	ZIP:	96786		FAX: 888-532	29
	<u></u>						
MANAGER APPLY TO	: Kristina Garza, Manaç	ger		APPLY A On-Site	DDRESS:		OUT-OF-STATE APPLICATION
	: Kawahi Maluwai Apari	ments					ACCEPTED: YES
	·				EMAIL:	kawahi@cmiweb.n	et
APPLY PHONE	: 808-888-5287			FAX: 888-5329		www.KawahiMaluw	vai.com
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 79	0	NO		1	3	YES
Two I	39	0	NO		2	5	YES
Three I							
Four I	Bdrm:		<u> </u>]		
RENT INFO: RE	NT IS 30% OF INCOME	:: YES	UTILITIES IN	CLUDED:		TOTA	AL UNITS: 118
	tion 8 building with priva bridge Management, Inc Apartments		Water, sewer,	garbage		MINIMUM W ESTIMATE	
						MAXIMUM W ESTIMATE	
AGE CRITERIA:	d must be 18 years or ol	dor at the				TO REMAIN ON W	
time of application		uei ai ille		IST FOR PARKING	_		
			PARKING INF	ded, 149 stalls.	PET INFO	ce animals with doc	PETS OK: NO
1	ASSET LIMITS:	YES	Tenant must are assigned.	have car and stalls Guest parking		oc animais with doc	tor retter
AN OWN RESID	DENTIAL PROPERTY:	YES	available.		GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:		*Along wit	h completing regula	ar waitlist updates,
eligibility. 401K	d when determining inco - current interest rate (d ed toward income.			n month-to-month	and respo	must keep all cont nd to communication timely manner.*	on from housing
					9 handica	Section 8 100% + L pped accessible un	its and also units
INCOME CRITERI			=::5:::5::=5			level. 2 Elevators, 0 d, secured key-care	
Maximum Monthly	Income: 5 persons - \$6	510.00	Partly furnish appliances & carpet.		Laundry F Transport	nce, On-site manag acilities. Newly ren ation to shopping a charities Hawai'i. Cu ns	novated (2012) vailable through
					Called 829	9/2024, no respons	е
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4220				

	Last Compl	ete Update:	10/6/2023			AREA:	Moiliili
PROJECT NAME:	KEAUHOU SH	ELTER				PROJECT TYPE:	Emergency/Transi
	1020 Isenberg St.	STATE: HI	ZIP:	96826		PHONE: 808-537	7-8330
	2: Jordan Torres, Housin 9: Intake hours - Monday		am - 4:30pm	APPLY ADI Walk-in, on			OUT-OF-STATE APPLICATION ACCEPTED:
	:: 808-537-8330		F	FAX:	EMAIL:	https://waikikihc.org shelter/	g/locations/keauhou-
s	Type: Number of UNITS: tudio: 75	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Three	Bdrm: Bdrm:						
RENT INFO: RE 30% of income	NT IS 30% OF INCOME	:	UTILITIES INCLU Yes	UDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
AGE CRITERIA: 18 years or older,	adults only, no family		WAITLIS' PARKING INFO:	T FOR PARKING:	PET INFO	TO REMAIN ON W CALL EVERY b: F , 8 animals max for	(Months):
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY: O:		LEASE: Program Fee		GENERAL Dormitory kitchen a Services assistance		nrooms, showers,
INCOME CRITER	IA:		FURNISHED:				

2-PERSONS MAXIMUM MONTHLY INCOME:

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

	La	st Compl	ete Update:	9/3/2024			AREA:	Chinatown
PROJECT NAME:	KEKAUL	IKE C	OURTYA	RDS			PROJECT TYPE:	Family
ADDRESS:	1016 Maunak	ea St.					PHONE: 808-545	5-2993
CITY	J		CTATE:				FAX: 545-365	54
CITY:	Honolulu		STATE: HI	ZIP:	96817		-	
APPLY TO	Christina What Kekaulike Co	e, Aminis hitnnerv F	trative Associa Reisdent Servic	ite	APPLY AD 1016 Maur 96817	DDRESS: nakea St. Honoli	ulu HI,	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN		3			FAX : 545-3654	1	nttp://www.mutual- nousing.org/kekaul	
				Minimum		MINIMUM	MAXIMUM	
Unit		nber NITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio:	12	793	2x rent	300	1	2	YES
One I	Bdrm:	63	995	2x rent	500	1	4	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							YES
Waitlist is open inthttp://www.mutual- AGE CRITERIA: Head of household time of application	-housing.org/ko	ekaulike-o	der at the	Water and sev	ver IST FOR PARKING		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 3 AIT LIST (Months): 12 /AITLIST
caregiver must be	18+. Children	allowed ((under 18)	PARKING INF	1.14	PET INFO:		PETS OK: YES
]	ASSET	LIMITS:	NONE	\$40/month, fir basis	st come first serve	Small birds	s (2 max) and fish o	only.
AN OWN RESID						GENERAL	INFO:	
ASSET LIMIT INFO				LEASE:			t updates necessar	
laccordance to inc	come complian	ce matrix		1 year; then m	nonth-to-month	respond to in a timely Laundry ro building - h	om on every floor (nas only 1 laundry r	except C
INCOME CRITERI				FUDAVIOLIES			, secure building. n available at:	
\$45,750 for 1 pers \$58,800 for 3 pers Follows state guid	ons, \$65,300 f			FURNISHED: Partly furnishe appliances on		http://www courtyards open). NO RESPO	.mutual-housing.or / (only during times ONSE IN 2023 d Sept. 2024	
1-PERSON MAXIM	IUM MONTHLY	Y INCOMI	E:	3813				

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		Last Compl	ete Update:	8/30/2024			AREA:	Kapolei
PROJECT NAME:	KEK	UILANI CO	URTS				PROJECT TYPE:	Family
ADDRESS:	91-1083	3 Kekuilani Lp.					PHONE: 808-674	4-0405
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX : 674-042	26
MANAGER		aovasa, Reside anager: Kristine				kuilani Loop		OUT-OF-STATE
APPLY TO): Hawaii	i Affordable Pro	perties Inc.		Kapolei, Ha	awaii 967076		APPLICATION ACCEPTED:
APPLY ATTN	\: Kekuila	ani Courts LLC						YES
APPLY PHONE	E: 808-67	74-0405			FAX: 674-0426	EMAIL:	kekuilanicourts@gr http://hawaiiafforda	mail.com ble.com/residential-
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio: Bdrm:			J				
	Bdrm:	80	2000	3600	790	1	5	YES
Three	Bdrm:							
Four	Bdrm:							YES
Section 8 holders income requiremental Must have verifial	ent.		minimum	Water			MINIMUM W ESTIMATE MAXIMUM W	(Months): 6
A OF ODITEDIA				Į.			ESTIMATE	
AGE CRITERIA: Head of househol	ld must b	e 18 years or ol	derat the	\A/A \T	ICT COD DADIZINO.		TO REMAIN ON W	
time of application	n.			PARKING INF	IST FOR PARKING: O: NO	PET INFO	; F	PETS OK: NO
]	A	SSET LIMITS:	YES	stall - \$15/mo	uded, additional . Guest parking ng specified hours.	Service ar document	nimals are allowed vation.	with proper
AN OWN RESI	DENTIAL					GENERAL	. INFO:	
ASSET LIMIT INF Property is counte eligibility.		determining inco	ome	LEASE: 1 year		applicants and response	n completing regular s must keep all cont and to communication timely manner.*	act info current
INCOME CRITER	RIA:					central la	as resident manager undry facility, recrea	tion hall, vending
Income is not to e	exceed 80	O% AMI.			ed major as range; disposal, th storage closet.	wash area with accepool. Bus	barbecue area, visit a, membership in Ka ss to the rec facility stops across street s should call to see	apolei Association and swimming and next door.
 1-PERSON MAXIN	иим мо	NTHLY INCOM	E:	6100		<u> </u>		
2-PERSONS MAX	IMUM MO	ONTHLY INCOM	ЛЕ :	6967				

		Last Comp	lete Update:	10/6/2023			AREA:	Kapolei
PROJECT NAME:	KEKU	JILANI GA	ARDENS				PROJECT TYPE:	Family
ADDRESS:	91-1045	Kekuilani Lp.					PHONE: 808-67	4-6647
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 808-67	4-6647
MANAGER	: Mark D	evelopment, Ir	nc.		APPLY AD	DRESS: ekuilani Lp., Kap	olei	OUT-OF-STATE
APPLY TO	: Kekuila	ıni Gardens			Hawaii 967		oiei,	APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 808-73	5-9099 ext 1			FAX: 674-4170		ttp://www.mdihaw ens	aii.com/kekuilanigar
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm: Bdrm:	55	0		790	2	5	YES
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE Priority given to ve AMI). Security De Monthly Allowable Market Note Rate AGE CRITERIA: Head of household	ery low inc eposit \$92 Rent \$92 Rent \$1,	come (less tha 25 25 354	n 30%	Water Water	ST FOR PARKING:		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON V CALL EVERY	(Months): 60 /AIT LIST (Months): 72 VAITLIST (Months):
				PARKING INFO		PET INFO:		PETS OK: NO
AN OWN RESID		SSET LIMITS:	YES	Parking include	ed	Must have I		
ASSET LIMIT INF		TROI ERTT.		LEASE:		*Waitlist up	dates not required	d; Applicants must
Property is counte eligibility.	d when d	letermining inco	ome	1 year		to commun a timely ma Funding: R Mark Devel	ication from housi Inner.* IHTF opment Inc.	as well as responding management in
INCOME CRITERI				FURNIOUER		On-site laur Application:		
Maximum Annual Very Low = 2 pers \$46,350; 4 person Once placed, your the Low Allowable	ons - \$41 s - \$51,5 adjusted	1,200; 3 persor 00; 5 persons - I income may r	ıs - · \$55,650	FURNISHED: Partly furnishe appliances only		pick up fron	awaii.com ement to mail it n manager's office DNSE IN 2023	9
-PERSON MAXIM	IUM MON	NTHLY INCOM	E:	<u> </u>]		

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		Last Comp	olete Update:	8/15/2023			AREA:	Waianae
PROJECT NAME:	KEOL	A HOOM	IALU			ı	PROJECT TYPE:	Elderly
ADDRESS:	85-259 P	lantation Rd.					PHONE: 808-524	4-2731
CITY:	Waianae		STATE: HI	ZIP:	96792		FAX: 545-52	14
MANAGER	t: Sunnie	Lee, COS. Ja	ay Okada, Off-Si	te Manager		ania St., Suite C	101	OUT-OF-STATE
APPLY TO	: Urban F	Real Estate Co	О.		Honolulu, H	II 96813		APPLICATION ACCEPTED:
APPLY ATTN	I: Housing	g Managemen	t Department					YES
APPLY PHONE	: 524-273	31 x 3609			FAX : 545-5214	EMAIL:		
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:							
One I	Bdrm:	35	0			1	2	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four	Bdrm:							
RENT INFO: RE Market \$1,100.00	NT IS 30%	% OF INCOM	E: YES	UTILITIES INC Electricity and			MINIMUM W ESTIMATE MAXIMUM W	(Months): 36
A OF ODITEDIA				Į.			ESTIMATE	, ,
AGE CRITERIA: Head of Househol	d 62+ or c	disabled; spou	ıse/civil	\A/A (T)	0T F0D DADWN0		O REMAIN ON V CALL EVERY	
union partner 18+;			he	PARKING INFO	ST FOR PARKING: D:	PET INFO:	F	PETS OK: YES
				Parking include	ed	Subject to M	lanagement Appr	oval
	AS	SET LIMITS:	NONE					
AN OWN RESID		PROPERTY:	YES			GENERAL II		
ASSET LIMIT INF	O:			LEASE:		.	of 8/15/23: 3-5 yea	ars
				1 year; then m	onth-to-month		ection 8 100% r residing on site.	
INCOME CRITER	ΙΔ.			1		SQFT of un	its not available fr	om manager.
50% AMI: 1 perso); 2 persons \$	46,650	FURNISHED: Partly furnishe appliances onl		Application: Send reque envelope	st with self-addres	ssed stamped
1-PERSON MAXIM	IUM MON	THLY INCOM	1E:	3404		ı		
2-PERSONS MAXI	мим мо	NTHLY INCO	ME:	3888				

	La	ast Comple	ete Update:	8/30/2024			AREA	Vineyard
PROJECT NAME:	KEOLA	HOON	ANEA				PROJECT TYPE	Elderly
ADDRESS:	1465 Aala St						PHONE: 808-53	3-4582
CITY:	Honolulu		STATE: HI	ZIP:	96817		FAX:	
		Sterling Ros	sa - On-site Mg	Ann Reels - Hou r.	-	lani Blvd. Ste.	700	OUT-OF-STATE APPLICATION
APPLY ATTN		-						ACCEPTED: YES
APPLY PHONE	E: 808-593-91	00			FAX : 447-5169	EMAIL	: https://www.public keola_hoonanea	housing.com/details/
	of U	mber JNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							\
		175	862	2.5x Rent	500	1	2	YES
	Bdrm:						.	
Three								
Four	Bdrm:					J		J
RENT INFO: RE 70 units are Section by 30% of income not apply. Rest of \$862. Preference income requirement	on 8 units whe and the minir f units have re given to veters	ere rent is conum incoment	alculated le need \$733 -	UTILITIES INC			MINIMUM V ESTIMATE MAXIMUM V	(Months): 9
AGE CRITERIA:				le.			ESTIMATE	
Head of househole)A/AITI	ICT FOD DADKING	٠.	TO REMAIN ON V	
disabled. All othe 62+ or disabled.				PARKING INF	IST FOR PARKING O: YES	PET INFO):	PETS OK: YES
	ASSET	LIMITS:	NONE		arking fee; waitlist s; limited guest ble.		o property manager ossible; \$100 pet d	
AN OWN RESID		PERTY:	YES			GENERA	L INFO:	
ASSET LIMIT INF	O:			LEASE: 1 year; then m	nonth to month	Application Send required envelope	oreference. on: Ask management uest with self-addre rom manager's offic	essed stamped
INCOME CRITER	14.			1			- Section 8	
All income limits a		olished ann	ually by	FURNISHED:	ces only			
 1-PERSON MAXIN	IUM MONTHL	Y INCOME	Ē:	5642]		
2-PERSONS MAXI	IMUM MONTH	ILY INCOM	ΛΕ:	6446				

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

2-PERSONS MAXIMUM MONTHLY INCOME:

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

	Last Com	plete Update:	9/3/2024			AREA:	Makiki
PROJECT NAME:	KINAU VISTA					PROJECT TYPE:	Elderly
ADDRESS:	1150 Kinau St.					PHONE: 808-52	1-7111
CITY:	Honolulu	STATE: HI	ZIP:	96814		FAX: 521-689	97
MANAGER	R: Paul Hobson, Reside Hawaii Affordable Ho			APPLY ADD			OUT-OF-STATE
APPLY TO): Kinau Vista						APPLICATION ACCEPTED:
APPLY ATTN	: Property Manageme	ent Division					YES
APPLY PHONE	E: 808-738-3100			FAX: 735-1978	EMAIL:	paulh@hawaiiaffor	adable.com
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:						
	Bdrm: 62	1335	2xrent	430			
Three							
	Bdrm:						YES
1 100	20		,		,		120
7 units (for 30 % A 24 units (for 50% 31 units (for 60%	AMI seniors) - \$630 AMI seniors) - \$1,050 AMI seniors) - \$1,335 ate holders need not me uirement.		UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
AGE CRITERIA:			Įt.			ESTIMATE TO REMAIN ON V	
All residents must			WAITLI	IST FOR PARKING:		CALL EVERY	
Applicants can ap history.	pply without verifiable re	esidential	PARKING INF		PET INFO	: F	PETS OK: NO
<u> </u>	ASSET LIMITS	: NONE		ndicap stalls; \$40 g; guest parking		nimals/ emotinal sup ith proper documen	
	DENTIAL PROPERTY:	: YES			GENERAL		
ASSET LIMIT INF All income from as eligibility.	o: ssets is counted to det	ermine	LEASE: 1 year		Has socia Communi with BBQ Applicatio	/05. Funding: LIHT(Il worker on site for ty room w/ full kitch area, victory garder n: Online; Ask man uest with self addres	services (PT). en & TV; courtyard n. agement to mail it;
50% of AMI: 1 person \$45,850; 2 persons \$52,400			FURNISHED: Partly furnishedmajor appliances only envelor main c *Waitli keep a to com a time!			Pick up from mana	ger's office or d; Applicants must as well as respond ng management in
II 1-PERSON MAXIM	MUM MONTHLY INCOM	ME:	4575		Į.		
2-PERSONS MAXI	IMUM MONTHLY INCO	OME:	5225				

	Last Comple	ete Update:	10/6/2023			AREA:	Kaneohe
PROJECT NAME:	KO'OLAU VILL	AGE (HPH	A-wind) -	NOT ACCEP	TING	PROJECT TYPE:	
	45-1027 Kamau Pl.	(100				PHONE: 808-233	3-3766
	<u></u>					FAX: 233-376	
CITY:	Kaneohe	STATE: HI	ZIP:	96744		,	
MANAGER	: Roberta Kahele			APPLY ADD			
				1002 North S Honolulu, HI			OUT-OF-STATE APPLICATION
APPLY TO	: HPHA NOT ACCEPTING APF	PLICATIONS		NOT ACCEF	PTING APPLI	CATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications office	e					NO
	NOT ACCEPTING APP	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	± 808-832-5961			FAX: 832-3461			
l lais	Times		Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
	tudio:		rtequireu.		or r copie	i eopie.	
							YES
	Bdrm: 8	0		526	1	4	
Two I	Bdrm: 24	0		662	2	6	YES
Three I	Bdrm: 36	0		915	3	8	YES
Four I	Bdrm: 12	0		996	4	10	YES
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	NT IS 30% OF INCOME: of for Federal Low Income Domestic Violence victim itional shelters; involuntar	projects	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	CIRII E 9777 MILE					TO REMAIN ON W	
1	d must be 18 years or old	er	\\/ \ ITL	IST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO:	: F	PETS OK: YES
			Included			nimals ok, but only	one from each of
	ASSET LIMITS:	NONE				ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INFO			LEASE:			s must respond to a dence from HPHA,	
Cannot own a hou	ise on Oanu		1 year		manner. N applicants info/house	lo waitlist updates r must update any c hold composition in tus via hpha.myhou	needed, however, ontact of and check
INCOME CRITERI	IA:				need user	name/password to Fed Low Inc Pub Hs	do so).
2 persons - \$60,90 4 persons - \$76,10	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 convict crystal me	ions must be 3 yrs thamphetamine or ONSE IN 2023	ago, unless it's
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570		r		
2-PERSONS MAXI	MUM MONTHLY INCOM	F:	5220				

	Last Comple	ete Update:	1/23/2024			AREA:	Downtown
PROJECT NAME:	KOKUA HALE					PROJECT TYPE:	Elderly
ADDRESS:	1192 Alakea Street					PHONE: 808-809	-7600
CITY	Honolulu	STATE: HI	ZIP:	96813		FAX: 833-893	-0226
3111 .	Profitoidia	OTATE: ITI		90013			
	t: Tress Sotelo, Commur	, ,	/eAtKokuaHale.c	APPLY ADD 1192 Alakea Honolulu, Ha	Street #630		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Schedule in-person ap	plication assis	tance if unable to)			YES
	complete the one online: 808-809-7600			FAX: 833-693-0226		liveatkokuahale.con kokuahale@tmo.co	
			Minimum		MINIMUM	MAXIMUM	
Unit	Type: Number of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
S	tudio: 222	1210		258 - 275			
One	Bdrm:						
	Bdrm:						
Three	Bdrm:						
Four	Barin:		ļ	<u> </u>		J	YES
-	NT IS 30% OF INCOME		UTILITIES INC		_	ТОТА	L UNITS: 222
60% AMI units are	nits at 30%AMI - waitlist is open for application. So	hedule in-	Water, sewer,	trash		MINIMUM WA	_
the one online. \$5	n assistance if unable to on the control of the con	cation fee				MAXIMUM W	
1	vea) due in certilled fand.		Į.			ESTIMATE	, ,
AGE CRITERIA: One person in hou	usehold must be age 55 (or older.	\A/A/ T I			TO REMAIN ON W CALL EVERY	
	·		PARKING INF	ST FOR PARKING: D: NO	PET INFO	: P	ETS OK: YES
				g on a First Come FCFS) basis daily.		or dog) per unit, 30 f f \$350 due at move	
	ASSET LIMITS:	NONE	1 1101 001104 (1	or of paole daily:	1	T QUOU GUO GU INOVO	
AN OWN RESIDENCE ASSET LIMIT INF	DENTIAL PROPERTY:	YES			GENERAL 20 story b	INFO: uilding on corner of	Alakaa St. and
ACCET ENVIRT IN	<u>o.</u>		LEASE:	month-to-month	Beretania		
			o months than	monu-to-monu	surveilland City or Sta	ce, two community rate Section 8 welcor	ooms,
INCOME CRITER	IA:		P		date to be	n fee of \$19 is waive determined) and re O. Box is not accept	quired in certified
	aximum annual gross inc n) \$31,440 (2 person)	come -	FURNISHED:	and information t	residence		eu as piace oi
60%AMI units - M	aximum annual gross inc 1) \$62,880 (2 people).	come	options. VCT f	l and unfurnished looring.			
 1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u>	4585				

Printed: 4/25/2025 Page: 75

		Last Compl	ete Update:	5/16/2023				AREA:	Ewa Beach
PROJECT NAME:	KO'O	LOA'ULA	Phase I	& II - wait	list cl	osed		PROJECT TYPE:	
		Keahumoa Pk		C II Wall	illot or	ooou		PHONE: 808-550	
	J							FAX: 356-333	
CITY:	Ewa Bea	ach	STATE: HI	ZIP:		96706		1750 000	,,,
MANAGER	: Laurie	Burgess - Prope	erty Manager			APPLY ADI			
APPLY TO	: CLOSE	ED for application	on			91-1159 Kea Ewa Beach,	ahumoa Pkwy, HI 96706	, #801	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:								YES
APPLY PHONE	: 808-55	0-3800			FAX:	356-3330	EMAIL:	www.mutual-housir	ng.org
,				Lini	_				
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required	:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:				<u> </u>				
	Bdrm:	54	1095	>2x rent		569	1	4	
	Bdrm:	169	1275	>2x ren	<u> </u>	765 1143	3	8	
Three I		46	1665						
Four I	Bdrm:	38	1855	>2x ren	t	1462	4	10	YES
RENT INFO: RE 60% AMGI: (see h (136); 3-bd (37); 4 50% AMGI: 1-bd ((6) - \$1,335; 4-bd 30% AMGI: (see k	nigher rer -bd (31). 8) - \$950 (5) \$1,48 ower rent	nt above) 1-bd (4 7; 2-bd (22) - \$1 75	43); 2-bd 155; 3-bd	UTILITIES IN		D: ar water heatii	ng	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA:	4 //3\							TO REMAIN ON W	. , ,
18 and older				١٨/٨١٦	LICT EO	R PARKING:		CALL EVERY	
				PARKING IN		NO NO	PET INFO:	F	PETS OK: NO
]	Δ	SSET LIMITS:	VES	1 assigned sone bedroor included for	n unit ; tw	luded per o stalls	Pets not al		,
AN OWN RESID		!		Guest parkii			GENERAL	INFO:	
ASSET LIMIT INFO	0:			LEASE:			Applicants	must keep all cont respond to commu	act info current,
				1 year			housing m Participatii Funding: H Revenue B	gmt. in a timely ma ng in City's Ready t Iula Mae Multi Fam Bonds.	nner.* o Rent program. ily Tax Exempt
INCOME CRITERI				FI F.			Landscape walking pa	ed grounds with planths and bbq pavilio	y areas, tot lot, ns. Coin operated
Gross income mus rent. Maximum an \$84,660; 6-person person - \$103,440	nual inco s - \$90,9	me for 5-persor	ns -	ceiling fans, appliances, vinyl floors, cherry wood	energy e carpeted marble co	bdrms, ounter tops,	laundry roc community Applicants	om, resident service	es office and nt office. ctory credit check,
1-PERSON MAXIM	IUM MOI	NTHLY INCOME	<u> </u>	4575			Įs.		
2-PERSONS MAXI	мим мс	ONTHLY INCOM	ΛΕ:	5225					

Last Complete Update:	10/6/2023			AREA:	Kalihi
PROJECT NAME: KUHIO HOMES (HPHA-I	<mark>hon) - NOT</mark>	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS: Ahonui St.				PHONE: 808-832	-6075
CITY: Honolulu STATE: HI	ZIP:	96819		FAX: 832-343	8
GITT. Honolulu STATE. HI	ZIF.	96819			
MANAGER: Nua Vaovasa		APPLY ADD 1002 North S			OUT-OF-STATE
APPLY TO: HPHA		Honolulu, HI	96817		APPLICATION
NOT ACCEPTING APPLICATIONS		NOT ACCEF	PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN: Oahu applications office					NO
NOT ACCEPTING APPLICATIONS			EMAIL:	nphaishereforyou.o	-g
APPLY PHONE : 808-832-5961		FAX: 832-3461			
Unit Type: Number	Minimum		MINIMUM	MAXIMUM	CAREON/ER
Unit Type: Number of UNITS: RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	CAREGIVER Allowed:
Studio:	rtoquirou.		от сорю	1 copie.	
		100			YES
One Bdrm: 20 0		490	1	4	
Two Bdrm: 32 0		688	2	6	YES
Three Bdrm: 37 0		877	3	8	YES
Four Bdrm: 37 0		1042	4	10	YES
RENT INFO: RENT IS 30% OF INCOME: YES 8 5 Bdrm units Minimum Rent: \$0 for Federal Low Income projects PREFERENCES: Domestic Violence victims; homeless in transitional shelters; involuntary displaced.	UTILITIES INC Water and gas electricity	CLUDED: s + allowance for		MINIMUM WA ESTIMATE (MAXIMUM WA	Months): 36
	Į!			ESTIMATE ((Months): 60
AGE CRITERIA: Head of household must be 18 years or older			,	TO REMAIN ON W CALL EVERY (
riead of flousefiold flust be 16 years of older		IST FOR PARKING:	DET INICO.		ETS OK: YES
	PARKING INF	0.	PET INFO:	imals ok, but only o	
ASSET LIMITS: NONE			the categor	ries listed below: nder 25 lbs) or cat	
AN OWN RESIDENTIAL PROPERTY: NO			GENERAL	INFO:	
ASSET LIMIT INFO: Cannot own a house on Oahu	LEASE:			s must respond to a dence from HPHA, i	
Calliot own a flouse on Canu	1 year		manner. Napplicants info/housel	o waitlist updates n must update any co hold composition in tus via hpha.myhou	eeded, however, ontact fo and check
INCOME CRITERIA:			need userr	name/password to ded Low Inc Pub Hs	lo so).
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450	FURNISHED: Partly furnishe appliances on		All convicti crystal met	ons must be 3 yrs a thamphetamine or s DNSE IN 2023	ago, unless it's
1-PERSON MAXIMUM MONTHLY INCOME:	4570		-		
2-PERSONS MAXIMUM MONTHLY INCOME:	5220				

	Last Compl	ete Update:	6/13/2023			AREA:	Liliha
PROJECT NAME:	KUKUI GARDE	NS				PROJECT TYPE:	Family
	1103 Liliha St.					PHONE: 808-532	2-0033
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 762-233	3
	S: Sandie Ishimie, Prope	rty Manager		APPLY AD 1103 Liliha Honolulu, F	St., Ste. 102		OUT-OF-STATE APPLICATION
	: EAH Housing I: Kukui Gardens						ACCEPTED: YES
APPLY ATIN	: Kukui Gardens				EMAII -	www.eahhousing.or	· a
APPLY PHONE	E: 808-532-0033			FAX: 762-2333	LINAIL.	www.earmousing.or	9
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						\(\frac{1}{2}\)
	Bdrm: 115	1289	3223		1	2	YES
	Bdrm: 106	1510	3775		2	5	YES
Three I		1711	4278		3	7	YES
Four	Bdrm: 46	1873	4683		4	9	YES
Deposit plus first r *Updates not requ updating contact in	ired to remain on waitlist nfo), however, applicants unication from housing	t (unless	UTILITIES INCL Water & Sewer			TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 4 AIT LIST
AGE CRITERIA:	d must be 18 years or old	der				TO REMAIN ON W	
	aac. 20 .0 , ca.c c. c.		WAITLIS PARKING INFO	ST FOR PARKING: YES	PET INFO:	· P	PETS OK: NO
	ASSET LIMITS:	NONE	1 stall included, available.	1.20	Service or	assiatance animals	are allowed w/
	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:		Funding: I	LIHTC	
			First year: Fixed Month-to-Month	d 12-month lease. n thereafter.	Accepting	applications for ALI	_ bedroom sizes.
INCOME CRITER	IA:						
(2 persons), \$70,7 persons), \$84,900 \$97,500 (7 perosn	AMI; \$55,020 (1 perons; 740 (3 persons), \$78,600 (5 persons), \$91,200 (6 ns), \$103,800 (8 persons; 110% AMI; \$100,870	(4 persons),),	FURNISHED: Partly furnished appliances only				
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4085		Į.		
2-PERSONS MAXI	MUM MONTHLY INCOM	ΛΕ:	4665				

		Last Comple	ete Update:	10/6/2023			AREA	Downtown	
PROJECT NAME:	KUKUI	TOWER	- CLOSED	FOR ap	plications		PROJECT TYPE:	Family	
ADDRESS:	35 North K	ukui St.		-	-		PHONE: 808-53	7-4935	
CITY	Honolulu		STATE: HI	ZIP:	00047		FAX: 537-96	82	
CITT.	Honoiulu		STATE. HI	ZIF.	96817				
	Celeste R	alloe, Propert ussell, Assist ie Chan, Leas	ant Resident Ma	nager	APPLY AI On-Site	DDRESS:		OUT-OF-STATE APPLICATION ACCEPTED: YES	
APPLY ATTN	l:							YES	
APPLY PHONE	: 808-537-4	935			FAX: 537-9682	EMA	AIL: KT-Management@	eahhousing.org	
Unit		lumber UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMU Number of Peop	er Number of	CAREGIVER Allowed:	
S	tudio:								
One I	Bdrm:	126	778	1695	560	1	3	YES	
Two I	Bdrm:	254	846	1843	742	2	5	YES	
Three I	Bdrm:								
Four I	Bdrm:								
RENT INFO: RE Calculated by usin income, the minim \$778 for 1 bdrm; \$income cannot be *****CLOSED FOR AGE CRITERIA: Head of household	ng 30% of th num and ma 1737 - \$846 at or above	e household's ximum rents 2 bdrm. 30% the maximum	s adjusted are \$678 - o of n rent.	JTILITIES INC Water, sewer, WAITL			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	/AIT LIST (Months): 36	
			<u> </u>	PARKING INF	O: YES	PET IN	IFO:	PETS OK: NO	
]		ET LIMITS:	NONE	Parking 1st statestalls range fro \$175/month, carallability.		reasor	nable accommodations	for disability	
AN OWN RESIDE		ROPERTY:		•			RAL INFO: ist updates must be co	mpleted every	
A COSE V ENIVEY AND	<u>. </u>			EASE: 1 year; then m	nonth-to-month	June o "updat Fundir Comp	ist updates must be co of each year, via submi te card".* ng:Section 8, Section 2 leted 1976 eard sent once a year to	ssion of an	
INCOME CRITERI	IA:					active	on waitlist.	, ,,	
Section 8 limit - 50 Section 236 limit - Applicant's monthl cannot exceed \$2,	80% AMI ly adjusted h		come	Partly furnishedmajor 24 ho came appliances only			Swimming pool, playground, basketball court, community room, picnic/bbq area on site. 24 hour trained personnel patrol.& closed circuit cameras. NO RESPONSE IN 2023.		
J									

2-PERSONS MAXIMUM MONTHLY INCOME:

ADDRESS: 1	(ULANA HALE 551 South Beretania St						AREA:	
ADDRESS: 1						P	ROJECT TYPE:	Elderly
<u> </u>						P	HONE: 808-983	B-1551
CITY: H	lonolulu	STATE: HI	ZIP:		96826		FAX: 983-155	
MANAGER: 1	Melody Danielson,Prop	erty Manager			APPLY AD On-Site	DRESS:		OUT-OF-STATE APPLICATION
	Kulana Hale LLP				111111001, 1	nanagoment eme	,	ACCEPTED:
APPLY ATTN:	000 002 1551			FAV.	002 1552		lie@hawaiiafford w.hawaiiafforabl	
APPLY PHONE: 8	006-963-1551			FAX:	983-1553	WW	w.nawananorabi	e.com
Unit Ty	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud	dio: 122	1295			400	1	2	YES
One Bd	Irm: 42	1495			520	1	3	YES
Two Bd	Irm : 11	1855			594	2	4	YES
Three Bd	Irm:							
Four Bd	Irm:							YES
No longer have a cre Based on 80% AMI.	edit check fee		Electricity, wat	er, and i	maintenance	9	MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 0
AGE CRITERIA:						TC	REMAIN ON W	`
All residents must be	e 55 or older		WAITLI	IST FOR	R PARKING:		CALL EVERY	
			PARKING INFO		NO	PET INFO:	F	PETS OK: NO
J	ASSET LIMITS:		Parking: \$80/n parking is avai limited and/or	ilable; pa	arking is	Service Pets	Allowed	
	NTIAL PROPERTY:	YES				GENERAL IN		
	counted towards total of \$5k, .06% is considered	gross	LEASE: 6 months (Initia	al lease	term)	keep contact communicati manner.* Funding: LIF	info current, as von from manage	·
INCOME CRITERIA:	:					work outside		
1 person - \$73,200 annually; 2 person - \$83,600 annually.			FURNISHED: Partly furnishedmajor appliances only. Carpet, blinds, ceiling fan, over the range microwave			Application: (housing.com Or pick up fro	3; Accepts Section oped with fire spin on Inne: Iow-incom or ask managen om manager's off formation needs	rinklers. ne-senior- nent to mail it fice
I-PERSON MAXIMUI	M MONTHLY INCOME:	:	6100			Į.		

		Last Comp	lete Update:	5/9/2023			AREA:	Kaneohe
PROJECT NAME:	KUL	ANA NANI	APARTM	IENTS			PROJECT TYPE:	Family
ADDRESS:	46-229	Kahuhipa St.					PHONE: 808-247	7-0602
CITY:	Kaneoh	ne	STATE: HI	ZIP:	96744		FAX: 247-060	02
MANAGER	t: Farod	Jackson			APPLY AD On-Site Un			OUT-OF-STATE
APPLY TO): Hawai	ian Properties			On-Site on	II A 104		APPLICATION ACCEPTED:
APPLY ATTN	I: Kulana	a Nani						YES
APPLY PHONE	: 808-24	47-0602			FAX: 247-0602	EMAIL: 1	rm@kulananai.com	1
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm: Bdrm:	40	1575		745	2	5	YES
Three	Bdrm:	80	1765		862	3	7	YES
Four	Bdrm:	40	1810		980	4	9	YES
Wait List for 2 bed Wait List for 3 bed Wait List for 4 bed	drooms is	s 6 months - 12 s 3 months - 6	months months	UTILITIES INC			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 3
AGE CRITERIA: Head of househole				\^/^ITI	IST FOR PARKING:		TO REMAIN ON W CALL EVERY	
Applicants can ap history.				PARKING INF		PET INFO:	F	PETS OK: NO
Minimum compos		2 bedroom units		\$50 per month stall is 4 - 5 ye	n; waitlist for 2nd ears.	Only assist	tive animals	
AN OWN RESI	DENTIAL					GENERAL	INFO:	
ASSET LIMIT INF	O:			LEASE: 1 year		well as res manageme Office Hou Monday th	s must keep contact pond to communic ent in a timely man rs: 8am - 4pm ru Friday	ation from ner.*
INCOME CRITER 5-PERSONS MAX \$6,510.00		MONTHLY INCO	DME:	FURNISHED: Partly furnishe appliances on range/oven), v	ly (gas	10 handica For Applica Send reque envelope;	courts, picnic/bbq ap units ation: est with self-addres pick up from mana quest application to	ssed stamped ger's office or call
I 1-PERSON MAXIM	IUM MO	NTHLY INCOM	E:	0		Į.		
2-PERSONS MAXI	MUM M	ONTHLY INCOI	ME:	3888				

		Last Comp	ete Update:	7/18/2023			AREA	Waimanalo
PROJECT NAME:	KULA	NAKAUH	ALE MAL	UHIA O NA	A KŪPUNA		PROJECT TYPE	: Elderly
ADDRESS:	41-209 II	auhole St.					PHONE: 808-42	6-1400
CITY:	Waimana	alo	STATE: HI	ZIP:	96795		FAX : 426-14	01
MANAGER	t: Noheala	ani Hoopii				ADDRESS:		OUT-OF-STATE
APPLY TO	: Location	าร				nalo, HI 96795		APPLICATION ACCEPTED:
APPLY ATTN	l: Property	y Managemen	t Division					YES
APPLY PHONE	: 808-426	6-1400			FAX: 738-8981		L: locationsrentals.co rentals.aspx	om/affordable-
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUN Number of People	Number of	CAREGIVER Allowed:
	tudio:							YES
	Bdrm:	85	1000	2xrent	528	1	2-3	120
Three I	!							
Four	!							YES
Pour	buriii.			ļ	ļ.	,		YES
RENT INFO: RE 9 units @ 30%AM 14 @ 80%AMI. Re \$800, \$825, \$960, have 50% Native I DHHL list.	II; 49 @ 50 ent amour , and \$100	0% AMI; 10 @ nts are as follo 00 per month.	60%AMI; ws: \$560, HOH must	Water and sev \$144/mo for el	ver. Utility allowa	ince of	TOT. MINIMUM V ESTIMATE MAXIMUM V ESTIMATE	(Months): 24
AGE CRITERIA:							TO REMAIN ON \	
All residents must	be 55 or (older;			IST FOR PARKIN		CALL EVERY	
				PARKING INF Parking include tenant stalls, in	led, 103 visitor &	PET INF	FO:	PETS OK: NO
		SET LIMITS:		handicap acceasible.	essible and 2 van			
AN OWN RESIDE		PROPERTY:	NO				AL INFO: ition of 50% Hawaiian	blood can be done
Cannot own a maj properties.		entage of resid	lential	1 year; then m	nonth-to-month	at time confirm Homela *Comm	of processing. Applic ation letter fromf Dep ands (DHHL) unity room and garde apt. are handicap ac	ation must include t.of Hawaiian en plots; laundry
INCOME CRITERI						howeve	t manager.*No waitlis er, applicants must ke	ep contact info
50% 45,750 5	2 people 31,350	1 person : 80% 73,200 0% 91,500	83,600	FURNISHED: Partly furnishe appliances on floors, curtains	ly. Carpet & vinyl	updated timely n holders required applicat	d and respond to cormanner. Section 8 accordance the meet the ment. *Confirmation lotion is received g: LIHTC, Section 8, I	espondence in a epted; voucher iin. income etter mailed once
1-PERSON MAXIM	IUM MON	THLY INCOM	E:	7625				
2-PERSONS MAXI	MUM MO	NTHLY INCO	ME:	8708				

	Last Comp	lete Update:	11/8/2023			AREA	Makiki
PROJECT NAME:	KULAOKAHU	EMERG	ENCY SHE	LTER		PROJECT TYPE	Emergency/Transi
ADDRESS:	1311 Ward Ave.					PHONE: 808-59	9-5759
CITY:	Honolulu	STATE: HI	ZIP:	96814		FAX : 545-86	23
	,	,	,				
	: Property Manager - G	eorge McMorris	3	APPLY ADI 1311 Ward			OUT-OF-STATE APPLICATION
APPLY TO	: call or walk in						ACCEPTED: NO
APPLY PHONE				FAX:	EMAIL:	https://dynamichea	alingcenter.org/
Unit	Type: 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:						NO
Rent is 30% of inc Housing is tempor couples with the g	NT IS 30% OF INCOME come up to the maximun rarly for unsheltered indi- oal of finding permanen e following service plant lost = \$0	n of \$250. viduals or t housing.	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): //AIT LIST
AGE CRITERIA:						TO REMAIN ON V	
	d must be 60 years or olust be 18. Only visiting		WAITLI	ST FOR PARKING:		CALL EVERY	
allowed.			PARKING INFO	O: NO	PET INFO	: nimal - Doctor Verit	PETS OK: YES
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL		1
ASSET LIMIT INF			LEASE:		Applicant	s must be actively h	
			Shelter agreen accept offer fo housing.	nent only. Must r permanent	No waitlis couples h participat	ed and capable of intilet is kept for a unit. In ave own unit. Reside in a social service of permanent housing.	ndividuals or dents must plan and accept
INCOME CRITER	IA:		FURNISHED:			Homeless Stipend	9.
			Partly furnishe refrigerator, stand bed.	dmicrowave, ovetop (no oven)			
1-PERSON MAXIM	IUM MONTHLY INCOM	E:					

		Last Comp	lete Update:	6/13/2023			AREA	Waianae
PROJECT NAME:	KULI	A I KA NU	JU (Kahiko	lu Ohana F	lale OʻWaiʻa	<mark>nae)</mark>	PROJECT TYPE	Family
ADDRESS:	85-296	Ala Hema St.					PHONE: (808)	735-9099
CITY:	Waiana	e	STATE: HI	ZIP:	96792		FAX:	
MANAGER APPLY TO		Development Ka Nuu			APPLY AD 85-235 Ala Waianae, F	Akau St., Uni	t 712	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							
APPLY PHONE	: (808)	735-9099		ı	FAX:	EMAIL	: www.https://mdiha a-i-ka-nuu/.com	awaii.com/rentals/kuli
Unit	Туре:	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 I	Bdrm:	46	1418					
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE 24 Studios @ \$55 46 Two Bedrooms units); based on 6 AGE CRITERIA: Head of household Applicants must have	1 - \$944 6 @ \$126 0% of in	; based on 30% 60 (24 units) - \$ come. e 18 years or o	o of income. 1418 (22	UTILITIES INCL Electric, water, a WAITLIS PARKING INFO All paperwork (c	and sewer T FOR PARKING: YES	PET INFO	MINIMUM V ESTIMATE MAXIMUM V ESTIMATE TO REMAIN ON CALL EVER	MAIT LIST (Months): 12 WAITLIST 12 WAITLIST
AN OWN RESIE ASSET LIMIT INFO	DENTIAL	SSET LIMITS: - PROPERTY:		safety check, ar must be up to d parking availabl	nd insurance) ate. Guest	O'Waian Requires 1. 6 mor	knowns as Kahiko ae. Funding: RHTF	=
INCOME CRITERI 30% - 60% of Hon		edian Income		FURNISHED:		3. Birth of 4. Socia 5. State I Application Ask man	certificates I Security Card .D. or Driver's Liceron: agement to mail it	nse
						envelope	uest with self-addre	

1-PERSON MAXIMUM MONTHLY INCOME:

			AREA:	Barber's Point						
PROJECT NAME:	KUMU	HONUA	(Building	36)			PROJECT TYPE:	Transitional		
ADDRESS:	91-1096 Y	orktown St.					PHONE: 808-682	2-5494		
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 682-549	95		
MANAGER APPLY TO	Carla Kah		Program Manage It Program Man					OUT-OF-STATE APPLICATION ACCEPTED: NO		
APPLY ATTN					FAX: By CES	EMAIL:				
Unit		Number f UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:		
s	tudio:	65	0		340	1	3			
One	Bdrm:									
Two	Bdrm:									
Three	Bdrm:									
Four	Bdrm:									
RENT INFO: RE Charges a "Progra TB clearance requ *No waitlist; Entry 59 units available	am Fee", no uired. coordinated for public us	t "Rent"		UTILITIES INC	CLUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0		
AGE CRITERIA:	Sellivanav						TO REMAIN ON W			
Adults ONLY (>18	Byrs); *Maxir	num 3 ppl pe	er unit	WAITL	IST FOR PARKING	: PET INFO	CALL EVERY : F	(Months): PETS OK: NO		
]				Parking include				r		
AN OWN RESII		ET LIMITS:				GENERAI	INFO:			
ASSET LIMIT INF				I FASE		Opened (02/09			
				120 Days 3 lan use, mea			B laundry rooms and two kitchens for tenant's use. Residents are responsible for their own meals. Program provides case management, ongoing			
INCOME CRITER	IA:					goals of p	and workshops relate permanent housing a			
No minimum income requirement, as fee is calculated by 30% of gross income; maximum incomes not provided on last update (2021).			Small refrigerator, private bathroom, microwave			ence . on process done by l ted Entry System (C PONSE IN 2023				
<u></u>										

2-PERSONS MAXIMUM MONTHLY INCOME:

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

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

	Las	st Comple	te Update:	10/18/2023				AREA:	Waialua
PROJECT NAME:	KUPUNA	HOME	Ε Ο'WΔΙΔ	I IIA (HPF	-d-cen)	- NOT	ACC	PROJECT TYPE:	1
	67-088 Gooda			TEOM (III I	iA conj	1101	AGG	PHONE: 808-637	1 '
								FAX: 622-636	
CITY:	Waialua		STATE: HI	ZIP:	9	6791		022-030	7 <u>2</u>
MANAGER	: Jimary Quinc	ones				PPLY AD	DRESS: School St., B	lda L	OUT-OF-STATE
APPLY TO	: HPHA NOT ACCEP	TING APF	PLICATIONS		PO Box 17907 Honolu NOT ACCEPTING AP			ulu, HI 96817 APPLIC	
APPLY ATTN	I: NOT ACCEP	TING APP	PLICATIONS						
APPLY PHONE : 808-832-5961					FAX: 832	2-3461	EMAIL	: hphaishereforyou.o	rg
Unit		nber NITS:	RENT:	Minimum INCOME Required:	sq	FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio: 2	24	0	Troquilou.		90	1	Т соріс.	YES
One I	Bdrm: 1	6	0		5	20	1		YES
Two	Bdrm:								
Three I	Bdrm:								
Four	Bdrm:								
RENT INFO: RE	NT IS 30% OF	INCOME:	YES	UTILITIES IN	CLUDED:			TOTA	L UNITS: 40
Minimum Rent: \$0 *Applicants must r				Water and ele	ectricity			MINIMUM W	AIT LIST
from HPHA, in a ti		остоорог	401100					ESTIMATE	, ,
				Į.				MAXIMUM W ESTIMATE	
AGE CRITERIA: Head of household				\A/A T	ICT FOR R	A DIZINIO.		TO REMAIN ON W CALL EVERY	
disabled. If elder of	lies, under age	62 spouse	e may rent.	PARKING INF	LIST FOR PA FO:	ARKING.	PET INFO): F	PETS OK: YES
				Parking inclu	ded		Small pet	ts under 25 lbs. only	· .
		LIMITS:]		
AN OWN RESIDE		PERTY:	NO				GENERA	L INFO: ENCES: Domestic V	(iolongo viotimo:
Cannot own a hou				LEASE: 1 year			homeles	s in transitional shelte	ers; involuntary
				i yeai			however,	 d. No waitlist update applicants must updetended composition in 	late any contact
INCOME ODITED	1.4						waitlist st	tatus via hpha.myhou ername/password to	using.com (will
INCOME CRITER 80% AMI: 1 perso		ersons \$60	,900; 3	FURNISHED:			unit. Fun	ding: Fed Low Inc Pu	ub Hsing 100%
persons \$68,500; 4 person \$76,100.			Partly furnishedmajor m appliances only no carpet pe			methamp permane	obhetamine or sex offe ntly barred. PONSE IN 2023		
1-PERSON MAXIMUM MONTHLY INCOME:				4570					
2-PERSONS MAXI	MI IM MONTUI	Y INCOM	E.	5220					

		Last Compl	ete Update:	10/18/2023			AREA:	Wahiawa
PROJECT NAME:	ו אורא ו	I A EL DE	DI A - NO.	T ACCEDT	ING ADDI IC	`ATIO	PROJECT TYPE:	
ADDRESS:			KLI - NO	I ACCEP I	ING AFFLIC	ATIO]=,
ADDICESS.	I IIIO IIIO	гі.					PHONE: 808-622	
CITY:	Wahiawa		STATE: HI	ZIP:	96786		FAX : 622-635	1
APPLY TO	Lyn - Ad : Hawaii F	nanguera, Res Imin (675-0099 Public Housing	9)		1002 Nor	DDRESS: th School Street Hawaii 96817		OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	·	:-5961			FAX: 622-6351		mu42laiola@gmail. http://hawaiiafforda	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	60	170	YES	384	1	2	YES
One I	Bdrm:	48	195	YES	506	2	2	YES
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							YES
RENT INFO: RE Deposit same as r studio; \$195 for 1 ********WL CLOS	rent. Minir bdrm.	num rent is \$1		UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	
Head of Househol				WAITI	IST FOR PARKING	3·	CALL EVERY	
spouse must be 55 members of the ho	ousehold r	must be 62+.		PARKING INF		PET INFO:	: F	PETS OK: NO
Applicants must h	ave verifia	ble residential	history.	Parking include	led (limited)	Doctor's n	ote required	
	AS	SET LIMITS:	YES			J		
AN OWN RESIDE		PROPERTY:	YES			GENERAL	INFO:	tinfo undeted as
Cannot own prope Limit: 1person - \$	erty in sam		Asset 00	LEASE: 1 year		well as res	spond to communic ent in a timely man	ation from
INCOME CRITERI	ΙΛ.			ļ.		Funding: S	State Low Income 1	00%
Maximum Annual		1-person \$34,3	300	FURNISHED:			ONSE IN 2023	
2- persons - \$39,2	200			Partly furnishe appliances on		THE RESI	ONOL IIV 2020	
1-PERSON MAXIM 2-PERSONS MAXI				2858				

		Last Comp	lete Update:	5/17/2023			AREA:	Lanakila
PROJECT NAME:	LANA	AKILA GA	RDENS				PROJECT TYPE:	Family
ADDRESS:	833 Nor	th School St.					PHONE: 808-949	9-4111
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: 949-72	11
MANAGER	R: Shane	Lyman, Reside	ent Manager	APPLY ADDRESS: 1055 Kalo Pl., Ste. 103 Honolulu, HI 96826				OUT-OF-STATE APPLICATION
APPLY TO): Bob Ta	anaka Inc.			rionolala, r	11 30020		ACCEPTED: YES
APPLY ATTN	I: Ext. 36	3						0
APPLY PHONE	: 808-94	9-4111		F	AX: 949-7211	EMAIL:		
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:		4000	2.5weet				YES
	Bdrm:	15	1029	2.5xrent				YES
Three				2.5xrent				YES
	Bdrm:	6	1276	2.0%				NO
Four	buriii.				J.	J		NO
RENT INFO: RE City Section 8 vou			[NO	Water	JDED.		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12
AGE CRITERIA: Head of household	d must h	a 18 years or o	der				TO REMAIN ON V CALL EVERY	
Ticad of flouseflow	a mast b	c to years of or	uci	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO		PETS OK: NO
	AS	SSET LIMITS:	NONE	Parking included parking available	; no guest			LIO GIA _{II} IIO
AN OWN RESID	DENTIAL					GENERAL	. INFO:	
ASSET LIMIT INF		t make annlica	ots an over	LEASE:		Accepts S	Sect 8 Vouchers	
income limit	is ourno	t make applical	no go over	1 year; then mor	ith-to-month	applicants well as re	th completing regula must keep all cont spond to communic ent in a timely man	act info current, as ation from housing
INCOME CRITER	IA:					l	· · · · · · · · · · · · · · · · · · ·	
Min. income requi below income limi		st make 2.5x re	nt and be	Partly furnished- appliances only	-major			
-PERSON MAXIMUM MONTHLY INCOME:			4696					

		Last Comp	ete Update:	5/9/2023			AREA	. Kailua	
PROJECT NAME:	LANI	HULI					PROJECT TYPE		
ADDRESS:							PHONE: 808-26	<u> </u>	
CITY:			STATE: HI	ZIP:	96734		FAX:		
		Johansen, Res	-	APPLY ADDRESS: 25 Aulike St Kailua, HI 96734				OUT-OF-STATE APPLICATION	
		Affordable Pro	perties		,			ACCEPTED: YES	
APPLY ATTN						EMAIL:			
APPLY PHONE	808-26	3-0268		F	AX:	LWAIL.			
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
St	udio:	50	726	2.5xRent	413/443	1	2	YES	
One E	Bdrm:	32	864	2.5xRent	456/499	1	2	YES	
Two E	Bdrm:								
Three E	Bdrm:								
Four E	Bdrm:							NO	
Accepts section 8				UTILITIES INCLU Water			MINIMUM V ESTIMATE MAXIMUM V	(Months): 12	
AGE CRITERIA: Head of household	I muet he	62 years or ol	der or				TO REMAIN ON Y		
disabled. Under a not without HOH.	ge 62 sp	ouse is accepta	able, but	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO		PETS OK: YES	
THOSE WILLIOUS THOSE	AS	SSET LIMITS:		\$25/month; guest available.			al/assistance only	1219 914 1120	
AN OWN RESID						GENERAL	. INFO:		
ASSET LIMIT INFO		nut person ov	er income	LEASE:			s are allowed with ome. Participating	MD letter; can work in the City	
limits.				1 year		Housing F Opened 1 Funding:	Rental Assistance I	Program.	
INCOME CRITERI							., 2010.0p	John Grann Faring	
Minimum Income F	Required	. Must make 2		FURNISHED: Partly furnished appliances only. I					
PERSON MAXIMUM MONTHLY INCOME: PERSONS MAXIMUM MONTHLY INCOME:				4696 5367]			

	65 Quinn Ln.	-	ZIP:	96813		PROJECT TYPE: PHONE: 808-522 FAX: 522-053	2-0541
MANAGER: P	onolulu Pam Sakai, General M	l lanager	ZIP:	96813			
MANAGER: P	Pam Sakai, General M	l lanager	ZIP:	96813		FAX: 522-053	39
APPLY TO: H		-					
	Housing Solutions, Inc			APPLY AD	DRESS:		OUT-OF-ST/
APPLY ATTN:).					APPLICATION ACCEPTE
APPLY PHONE: 8	308-522-0541		F	FAX:	EMAIL: ¡	oams@hsiservices	.net
Unit Ty	/pe: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud One Bdr		1000		319	1	4	
Two Bdr							
Three Bdr Four Bdr							NO
ļ				,	,	,	,
NT INFO: RENT	S 30% OF INCOME	: NO	Electricity, water,			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
E CRITERIA:						TO REMAIN ON W	Į.
	ast 1 minor child (unde	er 18)	WAITI IST	T FOR PARKING:		CALL EVERY	
			PARKING INFO:	NO	PET INFO:	F	PETS OK: NO
	ASSET LIMITS:	NONE	\$50/ month; no g	guest parking			
	NTIAL PROPERTY:	NO			GENERAL	INFO:	
SET LIMIT INFO:			LEASE:			or at risk homeless Iren under the age	
			Month-to-month		Under 50%	6 AMI e a registered sex	
COME CRITERIA:					Application	n:	
ust be less than 50°			FURNISHED:		Ask manag pams@hsi	gement to email it, services.net	
			unfurnished, maj only. No carpet	ior appliances	Called 10/2	21/24 No answer.	
ERSON MAYIMUN	M MONTHLY INCOME	=.	0				

		Last Comp	olete Update	: -	10/19/2023				AREA:	Waianae
PROJECT NAME:	MA'II	II/HPH/	<mark>1-lee) - N</mark>	IOT	ACCEP1	TING	ΔΡΡΙζΔ	TION	PROJECT TYPE:	,
ADDRESS:	_		1100)		/ COLI		7 (1 1 1 0 7)		PHONE: 808-697	<u> </u>
									FAX: 697-717	
CITY:	Waianae	•	STATE:	HI	ZIP:		96792		037-717	•
MANAGER	: Mandy	Miyamoto					APPLY AD			OUT OF STATE
APPLY TO		CCEPTING A	PPLICATION	IS			Honolulu, F	School St. II 96817 EPTING APPL	ICATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN		pplications off		IS		EMAIL: hphaishereforyou.org				
APPLY PHONE : 808-832-5961						FAX:	832-3461	EWAIL.	Tipriaistiereioryou.o	ig
Unit	Type:	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:									
Two I	Bdrm:	7	0				912	2	6	YES
Three I	Bdrm: Bdrm:	13	0				1394	3	8	YES
Minimum Rent: \$0 PREFERENCES: homeless in transidisplaced.	for Fede	ral Low Incom	ne projects :ims;	÷ 📻	TILITIES INC				MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
********OI OGED	0/つ/つ∩1に*	****		Į.					ESTIMATE	(Months): 60
AGE CRITERIA: Head of household	d must be	e 18 years or o	older	1	WAITI	IST FO	R PARKING:		TO REMAIN ON W CALL EVERY	
					ARKING INF			PET INFO	nimals ok, but only o	PETS OK: YES
,	AS	SSET LIMITS:	NONE	- I"	noidaea			the categ	ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	PROPERTY:	NO					GENERAL	_ INFO:	
Cannot own a hou		hu		_	EASE: year			correspor manner. l applicant info/hous	Its must respond to a ndence from HPHA, No waitlist updates n s must update any c ehold composition in atus via hpha.myhou	in a timely leeded, however, ontact fo and check
INCOME CRITER	IA:							need use	rname/password to	do so).
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			F	FURNISHED: Partly furnishedmajor appliances only, no carpet			Convictio methamp barred.	Funding: Fed Low Inc Pub Hsing 100% Convictions must be 3 yrs ago; crystal methamphetamine or sex offender permane barred. NO RESPONSE IN 2023		
1-PERSON MAXIM	IUM MON	ITHLY INCOM	ΛE:	4	570			Į.		

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	Last Compl	ete Update	: 1	0/19/2023					AREA:	Waianae
PROJECT NAME:	MA'ILI II (HPHA	\-lee) - l	NOT	ACCEP	TING	APPL	ICATIO	PROJE	CT TYPE:	
	87-165 Keliikipi St.	100)				7 11 1 2			E: 808-697	1
									: 697-717	
CITY:	Waianae	STATE:	HI	ZIP:		96792		170	091-111	. 4
MANAGER	: Mandy Miyamoto					APPLY	ADDRESS:			
APPLY TO	D: HPHA NOT ACCEPTING AP	PLICATION	NS	1002 North School St. Honolulu, HI 96817 NOT ACCEPTING APPLICATIONS				3	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	I: Oahu applications office NOT ACCEPTING AP		NS							NO
APPLY PHONE	: 808-832-5961				FAX:	832-3461		AIL: hphaishe	ereforyou.o	org
Unit	Number of UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMU Number of Peop	er Nur	XIMUM mber of eople:	CAREGIVER Allowed:
	tudio:									
	Bdrm: 12	0			_ _ 	912	2		6	YES
Three I	Bdrm:									
Four I	Bdrm: 12	0				1394	4		10	YES
Minimum Rent: \$0 PREFERENCES:	NT IS 30% OF INCOME of for Federal Low Income Domestic Violence victin itional shelters; involunta	e projects ms;		TILITIES IN			city	E MA	TOTA NIMUM W STIMATE XIMUM W STIMATE	(Months): 36
AGE CRITERIA:								TO REM	1AIN ON W	į.
	d must be 18 years or ol	der	7	\A/A ITI	ICT FOI		10.	_	_	(Months):
			P.A	WALL RKING INF		R PARKIN	PET IN	NFO:	F	PETS OK: YES
				cluded			multip		, but only	one from each of
	ASSET LIMITS:						one do	oa (under 25		
AN OWN RESIDE	DENTIAL PROPERTY:	NO						RAL INFO:		
Cannot own a hou				ASE:			corres	icants must re spondence fro	m HPHA,	in a timely
			1	year			applic info/ho	ants must up ousehold com	date any c nposition ir	needed, however, ontact nfo and check using.com (will
INCOME CRITER	IA:						need	username/pa	ssword to	do so). Funding:
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Pa	JRNISHED: artly furnish opliances or	edmajo	or	Convidistrib	ow Inc Pub H ctions must b outing crystal ered sex offer	e 3 yrs ag methamph	o; however,		
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	45	570			į.			
2-PERSONS MAXI	MUM MONTHLY INCOM	ΜE:	52	220						

	Last Comple	ete Update:	2/22/2022				AREA:	Aiea
PROJECT NAME:	MAKALAPA MA	NOR (Co-c	p Fee)				PROJECT TYPE:	Family
ADDRESS:	99-120 Kohomua St.						PHONE: (808) 53	39-9777
CITY:	Aiea	STATE: HI	ZIP:		96701		FAX:	
	: Ben Hoff, manager			3	APPLY AD 3165 Waial Hi. 96816	DRESS: ae Ave. #200, I	Honolulu,	OUT-OF-STATE APPLICATION
APPLY ATTN	·							ACCEPTED: YES
APPLY PHONE	: (808) 539-9777			FAX: 78	31-295-342		1165 Bethel st Hon	olulu, HI 96813
S One I	Type: Number of UNITS: tudio: 18 Bdrm: 29	RENT: 0 0	Minimum INCOME Required:	S	Q FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed: YES YES
Three I		0				6	8	YES
5 - Five-bdrm units Down Payment ba year. 1 bdrm = \$1 (6/08) = \$27,105;	NT IS 30% OF INCOME: s (8 min people 10 max) ised on size of unit and ti 7,893; 2 bdrm = \$21,365 4 bdrm = \$31,977 Addtl F er, and Notary can add u	me of the i; 3 bdrm ees:	TILITIES INC Vater	LUDED:			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:	d must be 18 years or old	lor					TO REMAIN ON W	
Tread of Household		P	WAITLI ARKING INFO Parking includ	O:	PARKING:	PET INFO:		PETS OK: YES
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:					J GENERAL	INFO:	
ASSET LIMIT INFO	O:	_	EASE: Call for info			7 handicar 1 2-bdrm 3 3-bdrm 2 4-bdrm 1 5-bdrm	า า	
INCOME CRITERIA: Maximum annual income: 1 person - \$53,700, 2 persons - \$61,350, 3 persons - \$69,000, 4 persons - \$76,650, 5 persons - \$82,800, 6 persons - \$88,950, 7 persons - \$95,050 8 persons - \$101,200			FURNISHED: Partly furnishedmajor appliances only, some units have carpet			Community hall Washer/Dryer hookups in unit Funding: 24 units Section 8; rest of units are Section 236/Co-op NO RESPONSE IN 2021. LAST COMPLETED UPDATE OCCURRED ON 10/23/2017.		
	IUM MONTHLY INCOME		475]		

	Last Comple	ete Update:	1/24/2022			AREA:	Nuuanu
PROJECT NAME:	MAKAMAE (HP	HA-hon)	NOT ACC	CEPTING APP	LICA P	ROJECT TYPE:	
	21 South Kuakini St.		11017101			PHONE: 808-586	<u> </u>
	<u> </u>					FAX: 586-972	
CITY:	Honolulu	STATE: HI	ZIP:	96813		1700 372	.0
MANAGER	R: Sol Sentons			APPLY ADD			
APPLY TO	D: HPHA NOT ACCEPTING APF	PLICATIONS		1002 North S Honolulu, HI NOT ACCER			
APPLY ATTN	I: Oahu applications office NOT ACCEPTING APP						NO
APPLY PHONE	E: 808-832-5961			FAX: 832-3461	EMAIL: hp	haishereforyou.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	Bdrm: 16	0		500	1	4	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						
	NT IS 30% OF INCOME: 0 for Federal Low Income 8/2/2016******		Water and allo	CLUDED: owance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 24
AGE CRITERIA:					T	O REMAIN ON W	
-	d or spouse must be 62 y	ears or	\A/AITI	IST FOR BARKING.	11	CALL EVERY	
older, or disabled			PARKING INF	IST FOR PARKING: O: NO	PET INFO:	P	PETS OK: YES
]			Included		Small pets u	nder 25 lbs. only	·
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO			GENERAL IN	IFO:	
ASSET LIMIT INF			LEASE:			CES: Domestic V transitional shelte	
Carmot own a noc	asc on Cana		1 year		displaced.		,
						must respond to a	
INCOME CRITER	IA:				manner. No	waitlist updates n	eeded, however,
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350;			FURNISHED: Partly furnishe appliances on		applicants must update any contact info/household composition info and check waitlist status via hpha.myhousing.com (will need username/password to do so). If elder dies, under age 62 spouse may rent		fo and check using.com (will do so).
8 persons - \$100,	450					g: Fed Low Inc Pu	
1-PERSON MAXIM	IUM MONTHLY INCOME	:	4570				
2-PERSONS MAXI	MUM MONTHLY INCOM	E:	5220				

	<u> </u>	2/1/2022			AREA:	
<mark>IAKANA HAL</mark>	E			F	PROJECT TYPE:	Family
5-141 Kipapa Dr.				١		
lililani	STATE: HI	ZIP:	96789		FAX: 623-392	20
Michael Ramos					.; 06790	OUT OF STATE
Makana Hale Cooper	rative		95-141 KIP	apa Drive, Milliar	11 90709	OUT-OF-STATE APPLICATION ACCEPTED:
						YES
808-623-3920		F	AX:	EMAIL:		
ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
dio:						
	749	NO	705		5	YES
		NO	843/882	3	7	YES
Irm: 27	922	NO	1050	4	9	NO
Γ IS 30% OF INCOM 92-696 maximum. 656-771 maximum. '29-857 maximum.	E: YES	UTILITIES INCLU Water	JDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 48
				Т		VAITLIST
		WAITLIST				
						PETS OK: NO
ASSET LIMITS:	YES	stall @ \$30/mo.	, waitiiSt for Zha	Only assistiv	ve ariiriais witi iii	edical verification.
	YES					
	come	LEASE:				Э.
		Month-to-month				nust be in writing,
come: 2 persons: \$45 4 persons: \$57,050; 6 persons: \$66,200; 8 persons: 75,300;	5,650;	FURNISHED: Partly furnished-appliances only.	-major	*Applicants	must respond to	any
	MAKANA HAL 5-141 Kipapa Dr. Iiiilani Michael Ramos Makana Hale Cooper B08-623-3920 VPE: Number of UNITS: Irm: 30 Irm: 69 Irm: 27 I IS 30% OF INCOM 92-696 maximum. 656-771 maximum. 29-857 maximum. ASSET LIMITS: NTIAL PROPERTY: when determining income: 2 persons: \$44 4 persons: \$57,050; 6 persons: \$66,200;	Michael Ramos Makana Hale Cooperative B08-623-3920 VPE: Number of UNITS: RENT: Irm: 30 749 Irm: 69 830 Irm: 27 922 IT IS 30% OF INCOME: YES 92-696 maximum. 656-771 maximum. 29-857 maximum. 29-857 maximum. ASSET LIMITS: YES When determining income Come: 2 persons: \$45,650; 4 persons: \$57,050; 6 persons: \$66,200;	Michael Ramos Makana Hale Cooperative Michael Ramos Makana Hale Cooperative Minimum INCOME Required: Moltrin: 27 922 NO Minim: 27 922 NO Mattrice INCLUME Mattrice INCLUME Water WAITLIST PARKING INFO: Parking included stall @ \$30/mo. Minimum INCOME Required: Month-to-month Mattrice INCLUME Water Parking included stall @ \$30/mo. LEASE: Month-to-month Coome: 2 persons: \$45,650; 4 persons: \$57,050; 6 persons: \$66,200; Partly furnished-anniances only anniances only anniance	MAKANA HALE 5-141 Kipapa Dr. Michael Ramos Makana Hale Cooperative Makana Hale Cooperative Minimum INCOME Required: MITHER 30 PARIS NO B43/882 MITHER 27 922 NO 1050 Material Water Water Water WAITLIST FOR PARKING: PARKING INFO: YES Parking included; waitlist for 2nd stall @ \$30/mo. WAITLIST FOR PARKING: PARKING INFO: YES Water WAITLIST FOR PARKING: PARKING INFO: YES PARKING INFO: YES When determining income WAITLIST FOR PARKING: PARKING INFO: YES PARKING INFO: YES When determining income WAITLIST FOR PARKING: PARKING INFO: YES PA	Michael Ramos Michael Ramos Michael Ramos Michael Ramos Makana Hale Cooperative Solution: Minimum InCoME Required: Minimum InCoME SQ FT: Minimum InC	AREA: PROJECT TYPE: PHONE: 808-623-392 Michael Ramos STATE: HI ZIP: 96789 Michael Ramos STATE: HI ZIP: 96789 Michael Ramos STATE: HI ZIP: 96789 Michael Ramos SAPLY ADDRESS: FAX: 623-392 Makana Hale Cooperative SQ F1: Minimum Number of of Units: SQ F1: Minimum Number of of People: SQ F1: SQ F1:

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	Last Comple	ete Update:	1/24/2022			ADEA.	McCully
PROJECT NAME:	MAKUA ALII (H	PHA-hon)	NOT AC	CEPTING AP	PLIC		
	1541 Kalakaua Ave.	I HA-HOH)	TIOI AC	OCLI IIIIO AI		PHONE: 808-973	
ADDRESS.	1341 Naiakaua Ave.					FAX: 973-019	
CITY:	Honolulu	STATE: HI	ZIP:	96826		PAX. 1973-019	1
MANAGER APPLY TO	: Loane Ah Sam : HPHA NOT ACCEPTING API	PLICATIONS		APPLY ADD 1002 North S Honolulu, HI NOT ACCEF	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Oahu applications offic NOT ACCEPTING APP						140
APPLY PHONE		LICATIONS		FAX : 832-3461	EMAIL: h	phaishereforyou.o	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 210	0		522	1	4	YES
Two I	Bdrm: 1						YES
Four I	Bdrm:						
	NT IS 30% OF INCOME: of for Federal Low Income		JTILITIES INC		_	TOTA	L UNITS: 211
*********CLOSED	8/2/2016*****					ESTIMATE MAXIMUM WA	, , , , , , , , , , , , , , , , , , , ,
]		Į.				ESTIMATE	(Months): 60
AGE CRITERIA:	d or spouse must be 62 y	rears or			-	TO REMAIN ON W CALL EVERY	
older, or disabled			WAITLI PARKING INF	O: YES	PET INFO:	P	ETS OK: YES
			Included	0. 125		under 25 lbs. only	2.0 0.11 1720
	ASSET LIMITS:	NONE					
	DENTIAL PROPERTY:	NO			GENERAL I		
Cannot own a hou		The second second	EASE: 1 year			NCES: Domestic V n transitional shelte	
2 persons - \$60,90		250;	FURNISHED: Partly furnishe appliances on		correspond manner. No applicants info/househ waitlist stat	must respond to a ence from HPHA, o waitlist updates nust update any could composition in us via hpha.myhou ame/password to composition of the com	in a timely eeded, however, ontact fo and check using.com (will
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350; 450		4570			s, under age 62 spo ng: Fed Low Inc Pu	
	IUM MONTHLY INCOME		4570 5220				

Last Complete Updat	e : 6/14/2023	AREA:	Liliha
PROJECT NAME: MALULANI HALE		PROJECT TYPE:	
ADDRESS: 114 North Kuakini St.		PHONE: 524-273	31 537-1213
CITY: Honolulu STATE:	HI ZIP : 96817	FAX : 545-52	14
MANAGER: John Valledor, Resident Mgr.; Su x 10 APPLY TO: Urban Real Estate Co.	unnie Lee, COS 524-2731 APPLY ADDRESS: 50 S. Beretania St. C10 Honolulu, HI 96813	1	OUT-OF-STA APPLICATIO ACCEPTED
APPLY ATTN: Housing Management Departme	nt		YES
APPLY PHONE : 524-2731x3609		.: slee@urban-hi.com	n
Unit Type: Number of UNITS: RENT	Minimum INCOME Required: SQ FT: MINIMUM Number of People	Number of	CAREGIVER Allowed:
Studio:		2	YES
Three Bdrm:			NO
Project has some Section 8 units (60 units; 5 year vait, as of 2022). No wait for market rents - call Sunnie directly. Market Rate - \$1410	UTILITIES INCLUDED: Electricity and water	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA: ead of Household 62+ or disabled; spouse/civil		TO REMAIN ON W	VAITLIST
inion partner 18+; all other members of the iousehold must be 62+ or disabled	WAITLIST FOR PARKING: PARKING INFO: PARKING INFO: PET INF	O: F	PETS OK: YES
ASSET LIMITS: NONE	Parking available (45 stalls) 2 year waiting list after move-in; guest parking available; other options for \$40 month. GENERA	to property manager's	s approvai
AN OWN RESIDENTIAL PROPERTY: YES SSET LIMIT INFO:		tenant dies, under a	ge 62 spouse may
	Catholic federal	: Section 8 60 units	3
NCOME CRITERIA: Maximum annual income for Sec. 8 Units \$27,450	FURNISHED: SQFT o	Market 89 units + 1 unit for resident r f units not available fr	ngr
Maximum annual income 80% of AMI) = 1 Person \$77,940; 2 People \$83,600	Partly furnishedmajor Applicat	ion: quest with self addres	-
PERSON MAXIMUM MONTHLY INCOME:	6495		

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		Last Comp	lete Update:	2/22/2022			AREA:	Pearl City
PROJECT NAME:	MANA	NA GAR	DENS				PROJECT TYPE:	Family
ADDRESS:	949 Lueh	u St.					PHONE: 808-45	5-4225
CITY:	Pearl City	/	STATE: HI	ZIP:	96782		FAX: 455-42	25
MANAGER	:: Lisa Asi	nsin			APPLY AD 949 Luehu	St.		OUT-OF-STAT
APPLY TO	: EAH Ho	ousing			Pearl City,	HI 96782		APPLICATION ACCEPTED:
APPLY ATTN	I: Property	/ Managemen	t Division					YES
APPLY PHONE	:: 808-455	i-4225			FAX : 455-4232	EMAIL:	: https://www.eahho /manana-gardens/	using.org/apartment
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm:	74	4440	0.5	740			YES
	Bdrm:	71	1412	2.5x rent	746			120
Three I	!							
Four	Bdrm:							YES
RENT INFO: RE Has Sliding Scale RAP (rent assistar Section 8 certificat gross income requ	for Rent: nce) = \$73 te holders	\$940 minus 25 minimum ı	\$215 max ent.	Water & Sewe			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24
AGE CRITERIA:							TO REMAIN ON V	į.
Head of household	d must be	18 years or o	lder	WAITLI	ST FOR PARKING:		CALL EVERY	(Months): 6
				PARKING INFO	O:	PET INFO): l	PETS OK: NO
	AS	SET LIMITS:	NONE	Parking includ	ed			
AN OWN RESID						GENERAL	L INFO:	
ASSET LIMIT INFO	O:			LEASE:			ation letter mailed at on. Common laundry	
				1 year		communi Visitor pa	ity area. On-site res arking. Near Pearl Ci and Pearl Highlands.	ident manager.
INCOME CRITERI	IA:					2040 !!	data lufa fua 147 l	o ito
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 7 people - \$89,760		FURNISHED:			O Update - Info from Website RESPONSE IN 2021.			
I-PERSON MAXIM	IUM MON	THLY INCOM	IE:	4085				

	Last Comp	ete Update:	8/31/2023			AREA:	Manoa
PROJECT NAME:	MANOA GARD	ENS ELDE	RLY HOU	ISING	ŀ	PROJECT TYPE:	Elderly
ADDRESS:	2790 Kahaloa Dr.				ı	PHONE: 808-762	2-0101
CITY:	J Honolulu	STATE: HI	ZIP:	96822		FAX: 762-053	34
	2: Resident manager - K			APPLY ADD 1050 Queen Honolulu, Ha	Street, Suite 30	04	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-762-0101			FAX:	EMAIL: ka	ahealanif@hawaii	affordable.com
	Type: Number of UNITS: tudio: 48	RENT: 975	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 31 Bdrm: Bdrm:	1050	2xrent	448	2	2	YES
Four	Bdrm:						YES
Stu 60% AMI rent - \$9 80% AMI rent - \$1 Market rent - \$1	100 1200 250 1300 olders need not meet th		UTILITIES INC Water & Sewe			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST
	dents must be 62 or olde		WAITLI	IST FOR PARKING:	Т	O REMAIN ON W CALL EVERY	
residential history.			PARKING INFO 51 stalls; \$20/o parking also a	month, street	PET INFO:	F	PETS OK: NO
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY: O:		15405.		GENERAL II		ID letter; can work
			LEASE: 1 year, then m	onth to month	outside hom Opened 199 Transportati Catholic Ch		vailable through
INCOME CRITER	IA:		,				
Maximum Annual 1 person - 60%AM	Income: /II \$66,024, 80%AMI \$88 MI \$75,456, 80%AMI - \$	3,032	FURNISHED: Partly furnishe appliances onl window shade	ly. Carpet and			
	NUM MONTHLY INCOM		5502]		

		Last Compl	ete Update:	10/24/2023			AREA:	Chinatown
PROJECT NAME:	MARI	IN TOWER	?				PROJECT TYPE:	Family
ADDRESS:	60 North	n Nimitz Hwy.					PHONE: 808-528	3-4460
CITY:	Honolul	J	STATE: HI	ZIP:	96817		FAX : 524-006	60
MANAGER					APPLY ADI 60 N. Nimit: Honolulu, H	z Hwy		OUT-OF-STATE APPLICATION
		Affordable Prop						ACCEPTED: YES
APPLY PHONE		·	notani		FAX : 524-0060	EMAIL:	Email: marin@haw https://www.marinto	aiiaffordable.com owerapartments.com
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	19	1200	2637.50	430	1	2	YES
One	Bdrm:	108	1300	2825.00	655	1	3	YES
Two	Bdrm:	109	1400	3387.5	729	2	5	YES
Three	Bdrm:							
Four	Bdrm:							NO
	One T	Two 1330 400 600	:: NO	UTILITIES INCI Water + Sewer			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of househole	d must be	e 18 years or ol	der	WAITLIS	ST FOR PARKING:		CALL EVERY	(Months): 12
				PARKING INFO		PET INFO		PETS OK: YES
,	AS	SSET LIMITS:	NONE	Rent does not	include parking.	Service ar	nimals only.	
AN OWN RESIDE		PROPERTY:	YES			GENERAL		
AGGET LIMIT INF	<u> </u>			LEASE:			ll forms of subsidy p ple: Section 8)	payments
				1 year		Most units	s have a Lanai	
INCOME CRITER	IA:						n: om Resident Manag arin@hawaiiaffordab	
60%AMI 1 \$54,900 \$6 Units also priced a		3 4 0,560 \$78,360) and 140% AM		FURNISHED: Partly furnished appliances only		.	PONSE IN 2023	ie.com
T-PERSON MAXIM				4575 5225				

	Last Compl	ete Update:	5/17/2023			AREA:	Chinatown
PROJECT NAME:	MAUNAKEA TO	OWER (CL	OSED for	application)		PROJECT TYPE:	Family
ADDRESS:	1245 Maunakea St.	•				PHONE: 808-537	7-9905
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX : 545-166	3
	,	'	,				
MANAGER	t: Terri Washam			APPLY ADD	DRESS:		OUT-OF-STATE
APPLY TO):						APPLICATION ACCEPTED:
APPLY ATTN	I: Maunakea Tower						
APPLY PHONE	E: 808-537-9905			FAX: 545-1663		ttps://www.maunal /launakeatower@s	keatower.com/ andalwoodmgt.com
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						YES
	Bdrm: 254	0	NO	560	1	2	YES
Three		0	NO	742	2	4	
	Bdrm:						NO
	NT IS 30% OF INCOME Y ACCEPTING APPLIC.		UTILITIES INC	LUDED:		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 60 AIT LIST
AGE CRITERIA:					-	ΓΟ REMAIN ON W	, 120
Head of household	d must be 18 years or ol	der	WAITLI	ST FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO	D: NO ed; some guest	PET INFO: Assistive ar		PETS OK: NO
1	ASSET LIMITS:			ole; other options	Assistive at	iiiiais oriiy	
	DENTIAL PROPERTY:	YES			GENERAL I		
ASSET LIMIT INF	O:		LEASE:			79 units Low Incometion 8 100%	ne Housing Tax
			1 year; then mo	onth-to-month	Confirmation application	on letter sent upon	receipt of
INCOME CRITER	IA:					on wait list will rece	eive a notice
Maximum Annual 2 persons - \$52,25 4 persons - \$65,36	Income: 1 person - \$45, 50; 3 persons - \$58,800 00	;	FURNISHED: Partly furnished appliances only		annually		
1-PERSON MAXIM	IUM MONTHLY INCOM	≣:	3808]		
2-PERSONS MAXI	MUM MONTHLY INCOM	/ Ε:	4354				

		Last Comple	te Update	: 1	0/24/2023					AREA:	Palama
PROJECT NAME:	MAYOF	R WRIGH	T HON	IES (НРНА-	hon) -	- NOT	ACCEP	PR	OJECT TYPE:	Family
ADDRESS:									PH	ONE: 808-832	-3153
					_					FAX: 832-318	
CITY:	Honolulu		STATE:	HI	ZIP:		96817			002 0 10	
MANAGER	: Cynthia Y	oshida - Mana	ıger				APPLY	ADDRESS:			
APPLY TO		EPTING APP	LICATION	ıs			Honolul	orth School St u, HI 96817 CCEPTING AF		ONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN		lications office EPTING APP		18							NO
APPLY PHONE	:: 808-832-5	5961				FAX:	832-346		AIL: hpha	ishereforyou.o	rg
	01	Number f UNITS:	RENT:		Minimum INCOME Required:		SQ FT:	MINIMU Numb of Peop	er	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	24	0		<u> </u>		530	1	<u> </u>	2	YES
	Bdrm:	114	0				732	2	<u> </u>	4	YES
Three I		168	0				908	3	-	6	YES
Four I		50	0			i i	1203	4	- i	8	YES
Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	Domestic V itional shelte	iolence victim ers; involuntar	s;		ater and ga	as + allov	wance for			MINIMUM WARESTIMATE	(Months): 36
AGE CRITERIA:									ТОІ	REMAIN ON W	AITLIST
Head of household	d must be 1	8 years or olde	er	1	WAIT	IST FO	R PARKII	NG:		CALL EVERY	(Months):
				PA	ARKING IN			PET IN	NFO:	Р	ETS OK: YES
	ASSI	ET LIMITS:	NONE	In	ncluded		,	the ca	ategories	s ok, but only o listed below: 25 lbs) or cat	ne from each of
AN OWN RESID	DENTIAL PR	ROPERTY:	10	IL				GENE	RAL INFO	O:	
ASSET LIMIT INFO		<u> </u>		T LE	EASE:					ist respond to a e from HPHA, i	
Carmot own a nou	or carre			1	year			mann applic info/h waitlis	er. No wa cants mus ousehold st status v	nitlist updates not update any concentrion in composition in via hpha.myhou	eeded, however, ontact fo, and check sing.com (will
INCOME CRITERI				T						e/password to o ow Inc Pub Hs.	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 p 00; 3 persor 00; 5 persor 00; 7 persor	person - \$53,29 ns - \$68,500; ns - \$82,200;	50;	Р	JRNISHED artly furnish ppliances o	edmaj		All co	All convictions must be 3 yrs ago, unless it's crystal methamphetamine or sex offender NO RESPONSE IN 2023		
1-PERSON MAXIM	IUM MONTI	HLY INCOME:		4	570						
2-PERSONS MAXI	MUM MON	THLY INCOME	≣:	52	220						

	Last Compl	ete Update:	8/2/2023			AREA:	Mililani
PROJECT NAME:	MEHEULA VIS	TAI				PROJECT TYPE:	Elderly
ADDRESS:	95-1060A Lehiwa Dr.					PHONE: 808-626	6-9162
CITY:	Mililani	STATE: HI	ZIP:	96789		FAX : 427-859	91
	R: Resident Manager - Bi Julio Gomez D: Meheula Vista	ridget Singleton	; Office Assistar		Lehiwa Drive		OUT-OF-STATE APPLICATION ACCEPTED: YES
	I: Management Office			FAX : 427-8591	EMAIL:	eahhousing.org/apa vista/	artments/meheula-
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 75	990	2 X rent	420	1	3	
30% AMGI - \$690 50% AMGI - \$990 Food Stamps & R		epted to	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA: All residents must Applicants can ap histories.	ply without verifiable res		\$50/month avecome, first-se	ailable on a first- rved basis.	PET INFO	TO REMAIN ON W CALL EVERY D: F	
	ASSET LIMITS: DENTIAL PROPERTY:		Once all stalls assigned, tena those without	ancy restricted to	GENERAL	_ INFO:	
ASSET LIMIT INF All income from as eligibility.	O: ssets is counted to deter	mine	LEASE:		applicants well as re managem Picnic are	th completing regula s must keep all cont espond to communic nent in a timely man ea, community room ed common areas, o	act info current, as ation from housing ner.* , laundry room,
\$31,440 two perso 50% AMI - Max in	IA: come \$27,510 one persons, s35.370 (3 persons) come -\$48,850 one persons, s58,950 (3 perosns)	on,	FURNISHED: Range/oven, orefrigerator, for flooring, windon ceiling fan.		laundry, Onsite re- purpose p Funding: Must hav- minimum	sident manager, visi	tor parking, multi- ITF, and DURF rences and satisfy d criteria.
1-PERSON MAXIM	MUM MONTHLY INCOME	≣:	4071				

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Last Complete Update	8/8/2023			AREA:	Mililani
PROJECT NAME: MEHEULA VISTA II			Р	ROJECT TYPE:	Elderly
ADDRESS: 95-1060B Lehiwa Dr.			F	PHONE: 808-626	i-9162
CITY: Mililani STATE:	HI ZIP:	96789		FAX : 427-859	1
MANAGER: Resident Manager - Bridget Single Julio Gomez APPLY TO: Meheula Vista	eton; Office Assistant		ehiwa Drive		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN: Management Office					YES
APPLY PHONE : 808-626-9162		FAX: 427-8591	vis	sta/	artments/meheula-
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:		420			
Three Bdrm:					YES
RENT INFO: RENT IS 30% OF INCOME: NO 8 units @ 30% AMGI=\$690; 60 units @ 50% AMGI=\$9190 7 units @ 60% AMGI = \$1000.	UTILITIES INCL	LUDED: nd electricity include	ed.	TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 6
AGE CRITERIA:			T	O REMAIN ON W	
All tenants must be 55 at the time of application submission. Applicants can apply without verifiable residential history.	PARKING INFO	ST FOR PARKING: NO ng is limited and	PET INFO:	CALL EVERY	(Months): 6 PETS OK: NO
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES	once all stalls a	are assisgned, estricted to those	GENERAL IN	IFO:	
ASSET LIMIT INFO:	LEASE:		applicants m	ust keep all conta	r waitlist updates, act info current, as ation from housing ner.*
INCOME CRITERIA: Maximum annual income:	FURNISHED:		manager, Me locked entry	e property. On-sit eeting & multi-pur doors, common l	pose room, aundry area,
30% AMI - 1 person - \$27,510, 2 persons \$31,440 50% AMI - 1 person - \$45,850; 2 person - \$52,400 60% AMI - 1 person \$55,020; 2 person \$62,880	Major applicant disposal, vinyl f fan, window cov	looring, ceiling		community room. 024, no response.	
1-PERSON MAXIMUM MONTHLY INCOME:	4585]		

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Last Complete Update:	8/8/2023			AREA:	Mililani
PROJECT NAME: MEHEULA VISTA III				PROJECT TYPE:	Elderly
ADDRESS: 95-1060C Lehiwa Dr.				PHONE: 808-626	6-9162
CITY: Mililani STATE:	⊣I ZIP:	96789		FAX : 427-859	91
MANAGER: Resident Manager - Bridget Singlet Julio Gomez APPLY TO: Management Office	ton; Office Assistant		.ehiwa Drive		OUT-OF-STAT
APPLY ATTN: Meheula Vista I - ATTN: Resident I	Manager				ACCEL TED.
APPLY PHONE: 808-626-9162	Ü	FAX : 427-8591	EMAIL:	eahhousing.org/apa	
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: 75 990 Two Bdrm:	2x Rent				
Three Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: NO 30% AMI Units - \$690/month - 8 Units 50% AMI Units - \$990/month - 60 Units 60% AMI Units - \$1000/month - 7 Units	UTILITIES INCL Water, Sewer, a			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
AGE CRITERIA:				TO REMAIN ON V	
Applicants must be 55 at time of application submission. Applicants can apply without verifiable residential history.		WAITLIST FOR PARKING: PARKING INFO: NO PET INFO			(Months): 6
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES	once all stalls a	estricted to those	GENERAL	. INFO:	
ASSET LIMIT INFO:	LEASE:		applicants well as re	th completing regula s must keep all cont spond to communic eent in a timely man	act info current, as ation from housing
INCOME CRITERIA: 30% AMI - Maximum income, 1 person - \$26,460 per year., 2 persons - \$30,240 per year.	FURNISHED:		manager, entry doo	free property. On-si meeting/multi-purp rs, common laundry nunity room.	ose room, locked
50% AMI - Maximum income, 1 person - \$44,100 per year.; 2 person - \$50,400 per year 60% AMI - Maximum income 1 person \$52,920 per year; 2 person \$60,480 per year	Major appliance disposal, vinyl f fan, window cov	looring, ceiling	Called 9/3	3/2024, no response) .
PERSON MAXIMUM MONTHLY INCOME:	3675		J		

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Last Complete Update:	8/8/2023		AREA:	Mililani
ROJECT NAME: MEHEULA VISTA IV			PROJECT TYPE:	1
ADDRESS: 95-1060D Lehiwa Drive			PHONE: 808-626	6-9162
CITY: Mililani STATE: H	i. ZIP:	96789	FAX: 427-859	91
,	,			
MANAGER: Resident Manager - Bridget Singleto Julio Gomez	9	PPLY ADDRESS: 5-1060D Lehiwa Drive lililani, Hawaii 96789		OUT-OF-STA APPLICATIO
APPLY TO: Management Office APPLY ATTN:				ACCEPTEI YES
			: MVLP-managemer	nt@eahhousing.or
APPLY PHONE: 808-626-9162	FAX : 42	7-8591		
Unit Type: Number of UNITS: RENT:	Minimum INCOME Required:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bdrm: 990		120		
Two Bdrm:				
Three Bdrm:		_		NO
ENT INFO: RENT IS 30% OF INCOME: NO 0% AMI - \$690 - 4 units 0% AMI - \$990 - 71 units	UTILITIES INCLUDED: Electricity, water & sewe		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA:			TO REMAIN ON W	VAITLIST
Il tenants must be age 55 or older at the time of ubmitting application.	WAITLIST FOR F PARKING INFO:	ARKING: PET INFO		PETS OK: NO
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: YES	\$50 mo. Parking is limite once all stalls are assign occupancy is restricted t who do not own a vehicle	ed, o those	I INFO	
SSET LIMIT INFO:	LEASE:	Along wit applicant well as remanagen	th completing regular s must keep all cont espond to communic nent in a timely man ea, community room	act info current, a ation from housin ner.*
COME CRITERIA:	1	laundry,	ed common areas, o	·
aximum annual income: 0% AMI - 1 person - \$27,510, 2 person - \$31,440 0% AMI - 1 person - \$45,850, 2 person - 52,400	FURNISHED: Major appliances, garbadisposal, vinyl flooring, cfan, window coverings.	purpose perpose perpos		ITF, and DURF
-PERSON MAXIMUM MONTHLY INCOME:	fan, window coverings. 3821	Called 9/	3/2024, no response	

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

		Last Comp	lete Update:	9/3/2024			AREA:	Kakaako
PROJECT NAME:	NA LE	I HULU I	KUPUNA			P	ROJECT TYPE:	Elderly
ADDRESS:	610 Cool	ce St.				F	PHONE: 808-75	5-5277
CITY:	Honolulu		STATE: HI	ZIP:	96813		FAX:	
MANAGER	R: Elise Mo	orey, Property	manager		APPLY AD	DRESS: Street #114, Hor	nolulu. HI	OUT-OF-STATE
APPLY TO): Na Lei H	Hulu Kupuna			96813	,,		APPLICATION ACCEPTED:
APPLY ATTN	٧:							YES
APPLY PHONE	E: 808-593	3-1009			FAX:	EMAIL: w	ww.mdihawaii.co	m/nalei
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:	75	966		350	1	2	YES
One	Bdrm:							
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE Mark Developmen 10 Units @ 30% A 20 Units @ 40% A 53 Units @ 50% A 2 Units @ 60% A	nt is mana AMI- \$686. AMI - \$783 AMI - \$966	gement compa 00/month 5.00/month 5.00/month		Electricity and v			MINIMUM W ESTIMATE MAXIMUM W	(Months): 1
AGE CRITERIA:				,		т.	ESTIMATE O REMAIN ON V	` ' 3
Applicants must b				\\/\ITI C	ST FOR PARKING:	11	CALL EVERY	
submission. Appli residential history				PARKING INFO		PET INFO:	!	PETS OK: NO
J	AS	SET LIMITS:	NONE	No parking ava	ilable.	Accommoda service anim	tion considered f als	or verifiable
AN OWN RESI						GENERAL IN	IFO:	
ASSET LIMIT INF	O:			LEASE:			updates needed; ate contact info, v	
				1 year intial lea month after tha	se, then month-to- it	necessary. Transportation	on to Shopping a arities Hawai'i 2; has Air Condit	vailable through
INCOME CRITER						Has social s	ervices on site, p Katie Hoan	
40% AMI 50% AMI	1 Person \$29,250/y \$35,280/y \$44,100/y \$52,920/y	r \$33,420, r \$40,320, r \$50,400,	/yr /yr /yr	table with chair	d, dresser, coffee s (which can be uested) and A/C.	each floor Funding: LIF Accepts Sec Can decline	tion 8 & Rent Su	ipplement artment 2-3 times
I 1-PERSON MAXIM	MUM MON	THLY INCOM	E:	4410		Į!		
2-PERSONS MAXI	IMUM MO	NTHLY INCO	ME:	5040				

	Last Comp	lete Update:	10/24/2023			AREA:	Nanakuli
PROJECT NAME:	NANA'IKEOLA	SENIOR A	PARTMEN [*]	TS		PROJECT TYPE:	Elderly
ADDRESS:	87-122 Nanaikeola St.					PHONE: 808-668	3-4702
CITY:) Waianae	STATE: HI	ZIP:	96792		FAX:	
MANAGER	R: Mike Klein, Complian	ce Manager		APPLY ADI	DRESS:		OUT-OF-STATE
APPLY TO	o: Call for viewing and a	pplication.					APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-668-4702		F	AX:	EMAIL:	halealiigroup@yah	oo.com
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 39	0		500	1	3	
Three							NO
exceed 50% AMI	me; maximum income r		\$75 monthly utility	d garbage included y allowance. No A is Subject to Char	AC.	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 30 AIT LIST (Months): 36
spouse/partner mi	d must be 62 years or oust be 18 and older; all e 62. Caregiver must be	other family	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO	TO REMAIN ON W CALL EVERY	
	ASSET LIMITS:		Parking is include available, but is li total)	ed, covered and	If under th	e provisions of pet	
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE: 1 year; co-signer credit score is lover		Senior Ap EAH Inc. TDD (877) HUD Sect	ion 202 program, H	0/09, managed by
INCOME CRITER	IA:				Associan,	rational Community Weinberg Foundat	
Not to exceed 30%	% of Median (Very Low 3,350 for 2; \$43,150 for	3.	FURNISHED: major applicance coverings	s, window	Trash chu 2 units are LAST COI 10/20/201	manager on site. te on each floor. handicapped acce MPLETED UPDATI 7. h/2024,10/17/2024	
	MUM MONTHLY INCOM		2796]		

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	olete Update:	10/24/2023			AREA:	Waianae
PROJECT NAME:	NANA	AKULI HO	MES (HPI	HA-lee) - N	NOT ACCEPTI	NG A	PROJECT TYPE:	Family
		to 87-1612 Fa					PHONE: 808-697	" '-7171
							FAX: 697-717	
CITY:	Nanakul	li	STATE: HI	ZIP:	96792		,	
MANAGER	: Mandy	Miyamoto			APPLY AD			
APPLY TO					1002 North Honolulu, H	II 96817		OUT-OF-STATE APPLICATION
APPLITIO		CCEPTING AI	PPLICATIONS		NOT ACCE	PTING APPLI	CATIONS	ACCEPTED: NO
APPLY ATTN		applications off	ice PPLICATIONS					
APPLY PHONE	_		1 210/1110110		FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	000 00	2 0001			TAX: 002 0401			
Unit	Туре:	Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
		of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
St	tudio:							
One I	Bdrm:							
Two E	Bdrm:							
Three I	Bdrm:	36	0		1024	3	8	YES
Four I	Bdrm:							
RENT INFO: RE Minimum Rent: \$0 PREFERENCES: homeless in transi displaced.	for Fede Domestic itional sh	eral Low Incom c Violence vict elters; involunt	ne projects ims;	UTILITIES IN	CLUDED: lowance for electricity		TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	0/0/001 <i>6</i> 1	*****						
Head of household	d must be	e 18 years or o	older				TO REMAIN ON W CALL EVERY	
		·		WAITE PARKING INF	LIST FOR PARKING: FO:	PET INFO	: F	PETS OK: YES
				Has carport		multiple a	nimals ok, but only o	
	AS	SSET LIMITS:	NONE				ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL	PROPERTY:	NO			GENERAL	. INFO:	
ASSET LIMIT INFO	0:			LEASE:			ts must respond to andence from HPHA,	
				1 year		manner. I applicants info/house	No waitlist updates no s must update any co ehold composition in	eeded, however, ontact fo, and check
INCOME CRITERI	IA:			-		need use	atus via hpha.myhou rname/password to d	do so).
ncome Eligibility =	80% of A		050	FURNISHED:	:	All convic	Fed Low Inc Pub Hs tions must be 3 yrs	ago, unless it's
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	00; 3 pers 00; 5 pers 00; 7 pers	sons - \$68,500 sons - \$82,200););	Partly furnish appliances or	nedmajor nly, no carpet	Ι.	ethamphetamine or s	sex offender
1-PERSON MAXIM	IUM MOI	NTHLY INCOM	1E:	4570		į.		

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2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	9/3/2024			AREA:	Kakaako
PROJECT NAME:	NOH	ONA HAL	E				PROJECT TYPE:	Family
ADDRESS:	630 Cod	oke St.					PHONE: 808-650	0-3931
CITY:	Honolul	u	STATE: HI	ZIP:	ZIP: 96813			65-2217
]	_	ļ	ļ				
MANAGER	R: Jonni	Jones, Property	Manager		APPLY ADI	ORESS: St., Honolulu, I	-II 96813	OUT-OF-STATE
APPLY TO		a Hale lousing				ite: eahhousin		APPLICATION ACCEPTED:
APPLY ATT	N: Leasin	g Office						YES
APPLY PHONE	E: 808-65	60-3931			FAX: (808) 465-22		NH-Management@ Website: eahhousi	
Uni	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
8	Studio:	111	1054	2x Rent	355	1	2	
One	Bdrm:		0					
Two	Bdrm:		0					
Three	Bdrm:		0					
Four	Bdrm:		0					YES
*11 Micro-units (3 AMI - \$553/mont *100 Micro-units (AMI - \$1054/mon	355 sq. ft. h * (355 sq. fi th *	+ 75 sq. ft. lar	nai) - 30%	UTILITIES INCL	LUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:	10						TO REMAIN ON V	· / [12
18+				WAITI IS	ST FOR PARKING:		CALL EVERY	
				PARKING INFO		PET INFO:	I	PETS OK: NO
AN OWN RESI		SSET LIMITS:	YES		ed, but severely vailable. No guest Moped and	Service an documenta GENERAL		with proper
ASSET LIMIT INF				LEASE:		**No waitli	st updates needed must keep contact	, however,
Interest is conside	erea incoi	me ioi ali asset	S.	1-year lease for month-to-month	r first year, then h thereafter.	well as res managem Communit	pond to communicent in a timely man y Features: Bicycle	ation from ner.*
						Surfboard	storage area; Build	
INCOME CRITER		∩ May		FURNISHED:		Communit	y Garden, Commu y room/lounge area	ding elevators nity room kitchen

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	Last	Complete Update:	10/24/2023			AREA:	Nuuanu
PROJECT NAME:	NUUANU Y	MCA - Men'	S			PROJECT TYPE:	Emergency/Transi
ADDRESS:	1441 Pali Hwy					PHONE: 808-53	6-3556
CITY:	Honolulu	STATE:	II ZIP:	96813		FAX : 521-118	31
		Membership Coordin	ator	APPLY ADI 1441 Pali H Honolulu, H	lwy.		OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	E: 808-536-3556			FAX: N/A	EMAIL	: cyoung@ymcahon apiunno@ymcahor	
Unit	Type: Numb	* .	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio: 50	45			1	1	
One	Bdrm:						
	Bdrm:						
Three					-		
Four	Bdrm:				J		YES
RENT INFO: RE \$45/night, \$255/w Student housing a monthly \$720	eek - single w/ sh	ared bathroom.	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 0
AGE CRITERIA:						TO REMAIN ON V	VAITLIST
Must be 18+. SR	0		WAITLI PARKING INFO	IST FOR PARKING: O:	PET INFO	CALL EVERY D: I	(Months): 0 PETS OK: NO
	ASSET LII DENTIAL PROPE				GENERA		
ASSET LIMIT INF			LEASE:		Tempora	ary Residence for sin	gle men ONLY
			None		Check-Ir Mon-Fri Sat 12pr Sun 12p	12pm - 8pm n-5pm	
INCOME CRITER	IA:		ELIDNICUED		Check-C	ut 12pm	
				sser, closet, desk,	Last Upo	late in 2019 - Info fro	m Website
			& lamp.		LAST RE	ESPONSE IN 2021.	
]			<u> </u>]		

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		plete Update:	10/24/2023			AREA:	Waipahu
	OASIS AT WA	AIPAHU AP	AKIWENIS],
ADDRESS.	94-207 Waipahu St.					PHONE: 808-671	
CITY:	Waipahu	STATE: HI	ZIP:	96797		1 AX. 070-092	
MANAGER	R: Bethany Combs			APPLY ADI			
APPLY TO	D: Site			Attention: N 94-207 Wai _l Waipahu, H			OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTI	N:						NO
APPLY PHONE	E: 808-671-2800		ı	FAX : 676-6945	EMAIL:	website: oasis-tow	nhomes.com
Uni	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio:						
One	Bdrm:						
Two	Bdrm:	1900	2.5xrent	882	1	5	
Three	Bdrm:	2200	2.5xrent	998	1	7	
Four	Bdrm:						YES
324 Units @ Mark 82 Units @ 80% / Preference given including the 80% AGE CRITERIA: Applicant must be submission.	AMGI to 60% of the total ava AMGI units. e 18 yrs old at time of a	application	PARKING INFO	T FOR PARKING:	PET INFO Maximum month.	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): AIT LIST (Months): /AITLIST (Months): PETS OK: YES
	ASSET LIMITS						
AN OWN RESI ASSET LIMIT INF	DENTIAL PROPERTY O:	:			GENERAL	. INFO: es - Waipahu St. &	Farrington Hww
TOOL I LIMIT IIV			LEASE:	aco agroomonto	*24 hr Fitr	ness room, business access, pool (8ft), wa	s room w/ free
AOOL I LIMIT IIVI			6 12 month loc				
INCOME CRITER 2.5 x rent	RIA:		6 - 12 month lea	ase agreements	*Gated co	ommunity w/ courtes undry anagement yments	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

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

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	9/3/2024			AREA:	Kakaako
PROJECT NAME:	OLA	KA'ILIMA	ARTSPA	CE LOFTS			PROJECT TYPE:	Family
ADDRESS:	1025 W	aimanu St.					PHONE : 808-439	9-6402
CITY.	J		STATE: HI		22211		FAX: (808) 43	39-6402
CITY:	Honolul	u	STATE: HI	ZIP:	96814		·	
MANAGER	EAH F	nie Moberg, Res Housing	_		APPLY ADI	DRESS: ications can be	completed	OUT-OF-STATE
1	: EAH F	Address: 1025 V Housing-OLA KA	'ILIMA ARTSP	ACE LOFTS	s/artspace-l	eahhousing.or	g/apartment	APPLICATION ACCEPTED: YES
APPLY ATTN		Online application accepted.	ns only; paper	applications are	no			
APPLY PHONE	J	·			FAX: N/A	EMAIL: A		EAHHOUSING.ORG
Unit	Type:	Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	. , p o .	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
S	tudio:		0					
One I	3drm:	50	1410	2.5x rent	680-721		3	
Two	3drm:	30	1660	2.5x rent	851-1016		5	
Three I	3drm:	4	1889	2.5x rent	1265-1279		7	
Four I	Bdrm:		0					YES
RENT INFO: RE One Bedroom 30' AMI - 34 Units - \$ \$1293/mo Two Bedrooms 50	%AMI - 9 1067/mo	9 Units - \$615/m o; 60% AMI - 7 U - 23 Units - \$120	no; 50% Units -	UTILITIES INC			TOTA MINIMUM W. ESTIMATE MAXIMUM W.	(Months): 24
60% AMI - 6 Units			50/ma	Į.			ESTIMATE	
AGE CRITERIA:							TO REMAIN ON W	
18+				WAITL	IST FOR PARKING:		CALL EVERY	
				PARKING INF	1.20	PET INFO:		PETS OK: YES
1				Resident park	ing garage. 4 years	Includes a	\$250 Pet Deposit.	
		SSET LIMITS:				J		
AN OWN RESIDE		PROPERTY:	YES			GENERAL	INFO: n completing regula	ur waitlist undates
				LEASE: 1 Year, month thereafter	n to month	applicants well as res manageme Application	must keep all conta pond to communica ent in a timely manuals: Online only, at	act info current, as ation from housing ner.*
INCOME CRITERI	A:			*		e-lofts/	v.eahhousing.org/a	
1 30%AMI \$25,400 50% AMI \$42,300	2) \$29,0	000 \$32,650			ces only (stove and	room; Cou	asher and dryer fac rtyard with playgrou gardens; *On-site site maintenance	und and
60%AMI \$50,760				refrigerator).			ONSE IN 2023	
1-PERSON MAXIM	UM MO	NTHLY INCOME	E:	0				

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0

			lete Update:	5/19/2023			AREA:	-
ROJECT NAME:							PROJECT TYPE:	Family
ADDRESS:	265 Sout	th Vineyard St.					PHONE: 808-52	
CITY:	Honolulu	l	STATE: HI	ZIP:	96813		FAX: 545-52	14
MANAGER	R: Myrna (Chun, Residen	t Mgr.; Sunnie L	ee, COS 524-2731				OUT OF STAT
APPLY TO	D: Urban F	Real Estate Co).		Honolulu, H	ania St. C101 I 96813		OUT-OF-STAT APPLICATION ACCEPTED:
APPLY ATTN	N: Housing	g Management	t Department					YES
APPLY PHONE	E: 808-524	4-2731 x 3609		F	FAX: 545-5214	EMAIL:	slee@urban-hi.con	1
	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Studio:							YES
	Bdrm:	13	0	NO		1	2	YES
	Bdrm:	5	0	NO		3	6	YES
	Bdrm:							NO
RENT INFO: RE	ENT IS 30°	% OF INCOME	E: YES	Water	JDED:		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36
AGE CRITERIA:				k			ESTIMATE TO REMAIN ON V	
Head of househol	ld must be	18 years or o	lder	WAITI ISI	Γ FOR PARKING:		CALL EVERY	
				PARKING INFO:		PET INFO	: 1	PETS OK: NO
	AS	SSET LIMITS:	NONE	Parking included parking is availal				
AN OWN RESI						GENERAL	INFO:	
ASSET LIMIT INF	- O:			LEASE:		Funding: \$	Section 8 100%	
				1 year		Applicatio Send requences envelope	n: lest with self addres	ssed stamped
NCOME CRITER	RIA:							
				FURNISHED: Partly furnished- appliances only.				
-PERSON MAXIN	MUM MON	ITHLY INCOM	E:	2288]		
-PERSONS MAX	IMUM MO	NTHLY INCO	ME:	2617				

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update: 1	0/24/2023			AREA:	Kalaeloa
PROJECT NAME:	ONELAU'ENA -	Hope for a	New Be	ginning		PROJECT TYPE:	Emergency/Transi
ADDRESS:	50 Belleau Woods St.					PHONE: 808-782	2-4342
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX : 682-542	28
	: Tanya Tehotu, Executi	ve Director		APPLY ADI 87-132 Farri Waianae, H	ington Hwy		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l: No action required unle	ess updating conta	ct info	FAX: 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:
	tudio: Bdrm:						
Two I	Bdrm:						
Four	Bdrm:						NO
Male (single occup occupant) dorm; S Couple studio (1-3 Large family unit (NT IS 30% OF INCOME pant) dorm; Female (sing Studio (1-3 ppl); ADA stud (3-4-6); Family unit (1-4ppl) 4-6ppl) 30% household total income.	lle dio (1-3ppl)	FILITIES INC	CLUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
Application is com	d must be 18 at time of a pleted upon eligibility of ave verifiable residential	placement.	WAITL	IST FOR PARKING:	PET INFO	TO REMAIN ON W CALL EVERY	
*Multi-family unit (ASSET LIMITS:	1	assigned pa	rking	OENEDAL		,
AN OWN RESIL	DENTIAL PROPERTY: O:				GENERAL Need to a	ıo through Kealahou	ı West Oʻahu
INCOME CRITER	IA:		JRNISHED:		Must be h Waianae Accepts fadult child and single Applicatio	nomeless - preference Coast, but will place amilies with minor c dren (18+), couples es	ce to homeless on from other areas hild, couples with with no children,
1 DEDEON MAY!	IUM MONTHLY INCOME				NO RESF	PONSE SINCE 2022	2

		Last Comp	lete Update:	10/24/2023			AREA:	Kalaeloa	
PROJECT NAME:	ONE	MALU - Tr	ansitiona	l shelter			PROJECT TYPE:	Transitional	
ADDRESS:	48 Belle	au Woods St.					PHONE: 808-682	2-5868	
CITY	Kapolei		STATE: HI	ZIP:	96707		FAX: 682-542	28	
OIII.	Kapolei		OTATE: HI	2	90707				
MANAGER	: Tanya	Tehotu			APPLY ADI				
APPLY TO):				P.O. Box 75 Kapolei, HI			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l:							NO	
APPLY PHONE	: 682-58	68			FAX: 682-5428	EMAIL:			
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
Si	tudio:	11			267	2	4		
One I	Bdrm:	5			329	3	5		
Two B	Bdrm:	26			535	4	8		
Three B	Bdrm:								
Four I	Bdrm:								
RENT INFO: RE Unit size determin Must be family with age. *All units rent base Market rate: \$750/	ed by far h at least ed on 30° /month	mily size. No S t one child 0 to % of client inco	ingles. 17 years of	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):	
AGE CRITERIA:							TO REMAIN ON W	/AITLIST	
Head of household of application subrapplication is proved	mission.	,		WAITLI PARKING INFO	ST FOR PARKING:	PET INFC	CALL EVERY): F	(Months): PETS OK: NO	
placement via CES		I. SSET LIMITS:	NONE		current reg, safety nce, and driver's				
AN OWN RESID						GENERAI	_ INFO:		
ASSET LIMIT INFO	O:			LEASE:		NEED: TI	B clearance, inc veri	fied, disability	
None				4-month programay be renew	am agreement ed monthly.	Residents Commun unit. Exp Honolulu	s must participate in al kitchen, but micro ress bus from Kapol takes app. 30 min F	+ minifridge in lei transit center to	
INCOME CRITERI		and the state of t	- that	FUDNICUES		Stipend 1	00%		
Must provide verificonfirms the application program fee while family. No max in	cant's ab meeting	ility to afford the basic needs of	e monthly	Yes. Beds allo	Yes. Beds allowed after inspection. No large, bulky A homele			ap Units - studio (1) + 2 bedroom (1) less verification letter needs to be d if referral accepts placement.	
<u></u>						NO RESI	PONSE SINCE 2022	2	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

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

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Comp	lete Update:	9/3/2024			AREA:	Kapolei
ROJECT NAME:	PALE	HUA TER	RRACE PH.	1			PROJECT TYPE:	Family
ADDRESS:	92-1074	Palahia St.					PHONE: 808-67	2-5602
CITY:	Kapolei		STATE: HI	ZIP:	96707		FAX: 808-90	9-2364
MANAGER	l: Angela	ı Akiona - Com	munity Director			DDRESS: Beretania St. #200) Hon. HI	OUT-OF-STA
APPLY TO	: Manag	ement Special	ists Co.		96814			APPLICATIO ACCEPTED
APPLY ATTN	I: Afforda	able Housing D	ept.					YES
APPLY PHONE	: 808-94	9-7611 x131			FAX : 946-0572		mschousing@haw *Email for applicati	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	Bdrm:	70		0000				YES
Three	Bdrm:	76	1294	2363	819			YES
	Bdrm:	7	1468	2700	1007			
RENT INFO: RE	NT IS 30	% OF INCOM		UTILITIES INC	CLUDED:		TOTA	AL UNITS: 83
				Water			MINIMUM W ESTIMATE	
							MAXIMUM W ESTIMATE	AIT LIST
GE CRITERIA:							TO REMAIN ON V CALL EVERY	
lead of househol	d must be	e 18 years or o			IST FOR PARKING			(Months): PETS OK: NO
				PARKING INF 2 stalls per ur		PET INFO: Service an		PETS OK: NO
	A:	SSET LIMITS:	NONE					
AN OWN RESI						GENERAL	INFO:	
SSET LIMIT INF	O:			LEASE:		Funding: I		
				1 year; recerti	fication annually	7 I '	cks through Equifa	x
							unless there are ar	
COME CRITER	IA:					contact inf		, .,
0% of AMI: person \$54900 persons \$62700				FURNISHED: Partly furnishe		-		
persons \$62700 persons \$70560 persons \$78360)			appliances on	lly			
PERSON MAXIM	10M MUI	NTHLY INCOM	IE:	4575]		
PERSONS MAXI	NAL INA NAC		MT.	5225				

ADDRESS: 92 CITY: Ka MANAGER: A APPLY TO: N	Angela Akiona - Comm Management Specialis Affordable Housing De 308-949-7611 x131	STATE: HI nunity Director sts Co.	ZIP:	96707 APPLY AD 1330 S. Be 96814	P	ROJECT TYPE: HONE: 808-672 FAX: 672-560	2-5602
MANAGER: A APPLY TO: M APPLY ATTN: A APPLY PHONE: 8	Angela Akiona - Comm Management Specialis Affordable Housing De 308-949-7611 x131	nunity Director	ZIP:	APPLY AD 1330 S. Be	DRESS:	FAX: 672-560	02 OUT-OF-STAT
MANAGER: A APPLY TO: M APPLY ATTN: A APPLY PHONE: 8	Angela Akiona - Comm Management Specialis Affordable Housing De 308-949-7611 x131	nunity Director	ZIP:	APPLY AD 1330 S. Be		,	OUT-OF-STAT
APPLY TO: N APPLY ATTN: A APPLY PHONE: 8	Management Specialis Affordable Housing De	its Co.		1330 S. Be		lon. HI	
APPLY ATTN: A	Affordable Housing De			96814			APDI ICATIO
APPLY PHONE: 8	308-949-7611 x131	pt.					ACCEPTED
							YES
Unit Ty	/pe: Number			FAX: 946-0572		chousing@hawa mail for application	
Etwa	of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Stud							
One Bdr Two Bdr		1000	0.05.00	770			
Three Bdr		1260	2.25xRent 2.25xRent				
Four Bdr		1400		1 0.0			NO
7 units at 30% AMI; 5	57 units at 60% AMI		Water			MINIMUM W ESTIMATE MAXIMUM W	(Months): 2
AGE CRITERIA:		Į.			TO	ESTIMATE	
	nust be 18 years or old	der	\\/ \ I.T.I	IST EOD DADKING:		REMAIN ON W CALL EVERY	
		F	WALL PARKING INF	IST FOR PARKING: O:	PET INFO:	F	PETS OK: NO
			Parking includ	led	Service anima	als ok	
	ASSET LIMITS:]		
AN OWN RESIDEN ASSET LIMIT INFO:	NTIAL PROPERTY:				GENERAL INI	FO: Room, Picnic Are	
			LEASE: 1 year; month	to month	All units have	2 bathrooms through Equifax	
NCOME CRITERIA:		,			Funding: RH	TF	
60% of AMI: 1 person \$54900			URNISHED:				
2 person \$62700 3 person \$70560 4 persons \$78360			Partly furnishe appliances on				
-PERSON MAXIMUN	M MONTHLY INCOME	 E /	4575]		

		=					
		ete Update:	12/15/2021			AREA:	Palolo
PROJECT NAME:	PALOLO VALL	EY HOME	S (HPHA-	<mark>hon) - NOT A</mark> (CCE	PROJECT TYPE:	Family
ADDRESS:	2107 Ahe St.					PHONE: 808-733	-9113
CITY	Honolulu	STATE: HI	ZIP:	96816		FAX:	
3.11.	lionolala	OTATE: III		90010			
MANAGER	: Kelsie Tilton			APPLY ADD			OUT-OF-STATE
APPLY TO	• НРНА			Honolulu, HI	96817	.=.00	APPLICATION
/26	NOT ACCEPTING AP	PLICATIONS		NOT ACCE	PTING APPLICA	ATIONS	ACCEPTED: NO
APPLY ATTN	: Oahu applications offic						NO
	NOT ACCEPTING AP	PLICATIONS			EMAIL: h	phaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			FAX : 832-3461			
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:						
One E	Bdrm: 8	0		513	1	4	YES
Two E	Bdrm: 34	0		676	2	6	YES
Three E	Bdrm: 40	0		1045	3	8	YES
Four E	Bdrm: 32	0		1147	4	10	YES
5 Bedroom Units a	for Federal Low Income		UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		MINIMUM WA ESTIMATE ((Months): 36 AIT LIST
ACE ODITEDIA			ļ.		_	ESTIMATE (
AGE CRITERIA: Head of household	d must be 18 years or old	der			ı	O REMAIN ON W CALL EVERY (
	•		WAITLI PARKING INF	O: NO	PET INFO:	Р	ETS OK: YES
			Included	0. 140	With Permit		210 0111 1120
	ASSET LIMITS:	NONE					
AN OWN RESID	DENTIAL PROPERTY:				GENERAL II	NFO:	
ASSET LIMIT INFO			LEASE:			ICES: Domestic V	
Cannot own a hou	se on Oahu		1 year		displaced.	transitional shelte	ers; involuntary
					Funding: Fe	ed Low Inc Pub Hs	ing 100%
INCOME CRITERI	IA·					ons must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53, 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances on		crystal meth	namphetamine or s	ex offender
1-PERSON MAXIM	IUM MONTHLY INCOME	≣:	4570		Į.		
2-PERSONS MAXII	MUM MONTHLY INCOM	ΛE:	5220				

PROJECT NAME:	DAL C	Last Compl		9/3/2024 STRINGT	ACCEPTING	2 AD	AREA:	
ADDRESS:			ET HOWE	3 LF I NOI	ACCEPTING	J AP		
ADDRESS:	2170 An	ie St.					PHONE: 808-733	
CITY:	Honolulı	ı	STATE: HI	ZIP:	96816		FAX : 735-521	11
MANAGER	: Wanda	Samson - Prop	perty Mgr.		APPLY ADD			OUT-OF-STATE
APPLY TO	: Mutual Homes		ciation of Hawaii	dba Palolo Valley	Honolulu HI			APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: 808-73	3-8650		i	FAX: 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:							
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 renters names are	s not hav	ve a waitlist; po	tential	UTILITIES INCL	UDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	
Head of household applying.	d must be	e 18 years or ol	der when	WAITLIS	T FOR PARKING:		CALL EVERY	
Applicants must ha	ave verifi	able residential	history.	PARKING INFO:		PET INFO		PETS OK: NO
,	Δ	SSET LIMITS:	YES	Every unit given	only 1 stall	Service Al	nimals Only - MD No	ote Required
AN OWN RESID						GENERAL	. INFO:	
ASSET LIMIT INFO		- 1 - 1 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1		LEASE:		Funding: I		
Cannot own a hou applicable income limit for continued	for admi	ssion or three ti		1 year; then mor	nth-to-month	Applicatio		ffice
INCOME CRITERI	IA:							
Maximum Annual 2 persons - \$31,35 4 persons - \$39,18 6 persons - \$45,45 8 persons - \$51,72	50; 3 pers 30; 5 pers 50; 7 pers	sons - \$35,280; sons - \$42,330; sons - \$48,600;		FURNISHED: Partly furnished- appliances only	major			
1-PERSON MAXIM				2287		Į.		

	La	st Compl	ete Update:	9/3/2024			AREA:	Palolo
PROJECT NAME:	PALOLO	VALL	EY HOME	S LP II NO	T ACCEPTIN	IG AP	PROJECT TYPE:	Family
	2170 Ahe St.						PHONE: 808-733	3-8650
							FAX: 735-521	
CITY:	Honolulu		STATE: HI	ZIP:	96816		,	
	: Wanda Sam		. 0	i dha Balala Valla	APPLY ADI 2170 Ahe S Honolulu, H	t.		OUT-OF-STATE APPLICATION
	Homes, L.P.		Jation of Flawa	i dba Palolo Valle	У			ACCEPTED: YES
APPLY ATTN	l :							
APPLY PHONE	: 808-733-865	50			FAX : 735-5211	EWAIL:	wsamson@mutual-	nousing.org
Unit		mber NITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 5Bc	drm 8	1511		1345	5	12	
One I	Bdrm:	16	668		478	1	4	YES
Two	Bdrm:	64	849		647	2	6	YES
Three I	Bdrm:	76	1068		880	3	8	YES
Four	Bdrm:	60	1286		1100	4	10	NO
Palolo Homes doe pulled from Sectio 16 full handicappe available	es not have a v	vaitlist; na	mes are	Water	.UDED:		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
AGE CRITERIA:				į.			ESTIMATE	
Head of household	d must be 18 y	ears or ol	der when	\A.(A.IT) 10	T 500 0 10 10 10 10 10 10 10 10 10 10 10 10		TO REMAIN ON W	
applying. Applicants must h	ave verifiable	residential	history.	PARKING INFO	ST FOR PARKING:):	PET INFO	: F	PETS OK: NO
<u> </u>			·	Every unit giver	n only 1 stall	Service A	nimal ONLY - MD no	ote required
	ASSET	LIMITS:	YES					
AN OWN RESID		PERTY:	NO			GENERAL		
ASSET LIMIT INF		ited to two	times the	LEASE:		Funding: Funding:		
applicable income limit for continued		or three t	imes that	1 year; then mo	onth-to-month	Applicatio Program	ns available through	Section 8
INCOME CRITER	IA:			•		NO RESF	ONSE 2021	
Maximum Annual 2 persons - \$31,34 4 persons - \$39,18 6 persons - \$45,48 8 persons - \$51,72	50; 3 persons 80; 5 persons 50; 7 persons	- \$35,280; - \$42,330; - \$48,600;		FURNISHED: Partly furnished appliances only				
1-PERSON MAXIM	IUM MONTHL	Y INCOM	E:	2287		P		
2-PERSONS MAXI	MUM MONTH	LY INCO	ME:	2612				

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

	Last Comp	lete Update:	10/19/2023			AREA	. Chinatown
PROJECT NAME:	PAUAHI HALE	CLOSED				PROJECT TYPE	- 1
ADDRESS:	126 North Pauahi St.					PHONE: 808-52	24-7233
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
	,						
MANAGER	R: Bi			APPLY ADI	ORESS:		OUT-OF-STATE
APPLY TO) :						APPLICATION ACCEPTED:
APPLY ATTN	N:						
APPLY PHONE	E: 808-737-2523		F	AX:	EMAIL:		
Unit	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	Studio: 38	760		120	1	1	YES
One	Bdrm:						
	Bdrm:						
Three							
Four	Bdrm:						
RENT INFO: RE	ENT IS 30% OF INCOME	: YES	UTILITIES INCLU	JDED:		тот	AL UNITS: 38
	00. Maximum rent \$760 offered to those eligible		Electricity and wa	ater		MINIMUM V	
	nt payment. Security de						(Months): 6
equivalent of one	monur rent.					MAXIMUM V ESTIMATE	VAIT LIST E (Months): 12
AGE CRITERIA:						TO REMAIN ON	WAITLIST
SINGLE ROOM C Must be over the a	OCCUPANCY (SRO) age of 18			FOR PARKING:		CALL EVERY	, ,
			PARKING INFO:		PET INFO:	<u> </u>	PETS OK: NO
	ASSET LIMITS:	NONE	door for \$40/mor				
AN OWN RESI	DENTIAL PROPERTY:				" GENERAL	INFO:	
ASSET LIMIT INF	O:		LEASE:			ılk-up. Single roon en's and women's	
			1 year			each floor	batillooms and
					Funding: l	Jnknown	
INCOME CRITER	IA:				Application	n: om Manager's Offi	ce
Maximum Annual 50% area AMI)	Income: 1 person - \$40,	,260 (below	FURNISHED: Unfurnished.			city, has not reop	
 1-PERSON MAXIM	MUM MONTHLY INCOM	E:	3355]		
2-PERSONS MAXI	IMUM MONTHLY INCO	ME:					

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	4/19/2024				AREA:	Makiki
PROJECT NAME:	PIIKOI VISTA						PROJECT TYPE:	
ADDRESS: 1							PHONE: 808-589	5-8882
CITY: H	Jonalulu 1	STATE: HI	ZIP:	968	21.4		FAX: 521-689	97
S	ionolulu	OTATE: ITT		900	014			
MANAGER:	Paul Hobson				LY ADD		nolulu HI	OUT-OF-STATI
APPLY TO:	Hawaii Affordable Prop	perties, Inc.		968	•	u Avenue, Ho	molulu, Fi	APPLICATION ACCEPTED:
APPLY ATTN:								YES
APPLY PHONE:	808-585-8882			FAX: 808-5	521-6897		http://www.location ble-rentals.aspx	srentals.com/afforda
Unit T	ype: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ F	T:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	dio:							
One Bo		1225	2xrent	420)			
Three Bo								
Four Bo								YES
Section 8 certificate gross income require			Electric, water,	, and sewer			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W	(Months): 3 /AIT LIST (Months): 36 VAITLIST
All residents must be Does not require ver	e 55 or older. rifiable residential histo			ST FOR PAR			CALL EVERY	
		_	ARKING INFO			PET INFO:	<u>'</u>	PETS OK: NO
	ASSET LIMITS:	NONE	all stalls are as occupancy is r	estricted to				
	NTIAL PROPERTY:	\/EO	enants withou quest parking	,		GENERAL		
ASSET LIMIT INFO: All income from asso eligibility.	ets is counted to deter	mine	EASE:			Has Victor Communit and reside	Short walk to groce	entry doors, s, Social Worker e, Laundry room on
INCOME CRITERIA:						Application		
50% AMI: 1 person \$	\$48,750; 2 persons \$5	I	FURNISHED: Partly furnishe appliances, vir	nyl floording,		Download Ask mana Send requ envelope	from website gement to mail it est with self-addres om Manager's office	·
-PERSON MAXIMU	M MONTHLY INCOME	<u> </u>	1063			<u> </u>		

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	Last Compl	ete Update:	4/23/2024			AREA:	Kakaako
PROJECT NAME:	POHULANI EL	DERLY				PROJECT TYPE:	Elderly
ADDRESS:	626 Coral St.					PHONE: 808-744	1-6063
CITY:	Honolulu	STATE: HI	ZIP:	96813		FAX : 744-658	32
J. 1	lionolala	OTATE: IT		90013			
MANAGER	t: DeAnn Auwae, Manag	ger		APPLY AI	DDRESS: St. Ste. #507		OUT-OF-STATE
APPLY TO): Hawaii Affordable Pro	perties Inc.		Honolulu,			APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	E: 808-744-6063			FAX: 744-6582	EMAIL:	http://hawaiiafforda properties/	ble.com/residential-
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 128	1350	2.5 x rent	425	1	2	YES
One I	Bdrm: 135	1493	2.5 x rent	454	1	2	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:		<u> </u>				YES
RENT INFO: RE	NT IS 30% OF INCOME	:: NO	UTILITIES INC	CLUDED:		TOTA	L UNITS: 263
	rent; accepts section 8	t	Electricity and	water		MINIMUM W	
	esponse to inquiry by Po					ESTIMATE	
, application recomp						MAXIMUM W ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
application. Careg	mbers must be 62 at time giver allowed over age 18	3.		IST FOR PARKING	_	CALL EVERY	
Does not require v	verifiable residential histo	ory.	PARKING INF	O: YES n-site parking; \$42	PET INFO	; F	PETS OK: YES
	ASSET LIMITS:	NONE	month; parking				
AN OWN RESID	DENTIAL PROPERTY:		District prking		GENERAL	. INFO:	
ASSET LIMIT INF			LEASE:			are allowed in both	
	jority interest in residenti asehold, usuitable for a one county.		1 year		Emerg. C Studio ha Services:	etter; cannot work of all system; Secure of s lanai; 3 elevators Meals on Wheels mation to Shopping a	entrance lobby
INCOME CRITER	IA:				Catholic C	Charities Hawaii	•
Maximum Annual 1 person - \$78,000			FURNISHED:	ad mai	opened 1	State Rental Assista 992 with lap pool, joggir	
rsons - \$89,120			Partly furnishe appliances, dr	apes, carpet,		tipurpose room	iy pairi, yarueri
Note: Minimum Ir minimum rent	ncome Required is 2.5 x	the	cable ready, to amount of) wa				
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	6500		Į.		
			7427				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	PUAHALA HOI	MES I (HPH	A) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	1638 - 1699 Ahiahi Pl.	-	<u> </u>			PHONE: 808-832	2-3336
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	35
	lionoidid	0.7.1.2.1		90017			
MANAGER	R: Julie Wiggett			APPLY ADD	School St.		OUT-OF-STATE
APPLY TO	D: NOT ACCEPTING AF	PPLICATIONS		Honolulu, HI NOT ACC	EPTING APP	PLICATIONS	APPLICATION ACCEPTED: NO
APPLY ATTN	I: NOT ACCEPTING AF (Oahu applications of						
APPLY PHONE	E: 808-832-5961			FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm:						
	Bdrm:						
Three							
Four	Bdrm: 14	0		1116	4	10	YES
14 five bdrm units Minimum Rent: Or Three Bdrm - \$15 funding source: st	ne Bdrm - \$108; Two Bo 2; Four Bdrm - \$180 cate	Irm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: wance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	∩⊂ED 9/2/2016*********	****				TO REMAIN ON W	· / [00
	d must be 18 years or o	der	WAITLI	IST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO:	F	PETS OK: NO
J	ASSET LIMITS:	YES	Included				
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INF	<u> </u>		LEASE:			OUSING PREFERE derly 2.) The Displace	
times the applicab	use on Oahu. Assets limple income for admission continued occupancy.		1 year		Veterans v Families o was deter	w/ service connecte of deceased veteran mined to be service erans 6.) Families re	d disabilities 4.) s whose death connected. 5.)
INCOME CRITER						al Shelters 7.) All of	
	n \$33,300; 2 persons \$3 4 person \$47,550.		FURNISHED: Partly furnishe appliances on			State Pub Hsing 100 ions must be 3 yrs	
1-PERSON MAXIM	MUM MONTHLY INCOM	E:	3450				
2 DEDSONS MAY		ME.	1895				

	Last Co	mplete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	PUAHALA H	OMES II (HF	PHA) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi PI.	•	•			PHONE: 808-832	2-3336
CITY	J	CTATE: U				FAX: 322-063	32
CITY:	Honolulu	STATE: HI	ZIP:	96817		•	
MANAGER	: Julie Wiggett			APPLY ADI	DRESS:		
APPLY TO	: NOT ACCEPTING	APPLICATIONS		NOT ACCE 1002 North Honolulu, H		CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: NOT ACCEPTING (Oahu applications						NO
APPLY PHONE				FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 12	0		676	2	6	YES
Three B	Bdrm: 8	0		940	3	8	YES
Four B	Bdrm:		<u> </u>]	
Minimum Rent: Or Three Bdrm - \$152 funding source: sta	NT IS 30% OF INCOme Bdrm - \$108; Two 2; Four Bdrm - \$180 ate	Bdrm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: owance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
Head of household	d must be 18 years o	or older		IST FOR PARKING:		CALL EVERY	
			PARKING INF	O:	PET INFO	: F	PETS OK: NO
	ASSET LIMIT	S: YES					
	DENTIAL PROPERT	Y: NO			GENERAL		
times the applicab	O: lise on Oahu. Assets lile income for admiss continued occupand	sion or three	LEASE: 1 year		1.)The Eld Veterans Families d was deter	OUSING PREFERE derly 2.) The Displace w/ service connected deceased veteran mined to be service erans 6.) Families referens 6.)	ced 3.) Disabled disabilities 4.) s whose death connected. 5.)
INCOME CRITERI	IA:				Transition	al Shelters 7.) All of	
50% AMI: 1 person persons \$42,800;	n \$33,300; 2 persons 4 person \$47,550.	s \$38,050; 3	FURNISHED: Partly furnishe appliances on			State Pub Hsing 100 tions must be 3 yrs	
	IUM MONTHLY INC		3450				

	Last Comp	lete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	PUAHALA HOI	MES III (HPI	HA) NOT A	CCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	Ahiahi Pl.	•				PHONE: 808-832	2-3336
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 832-338	35
	J. Torriolala		J.	00011			
MANAGER	: Julie Wiggett			APPLY ADD	PTING APPLI	CATIONS	OUT-OF-STATE
APPLY TO): NOT ACCEPTING AF	PPLICATIONS					APPLICATION ACCEPTED:
APPLY ATTN	I: NOT ACCEPTING AF Oahu applications offi						NO
APPLY PHONE	808-832-5961		F	FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						VEC
	Bdrm: 10	0		504	1	4	YES
Three	Bdrm: 14	0		940	3	8	YES
	Bdrm:						
Minimum Rent: Or Three Bdrm - \$15 funding source sta	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bd 2; Four Bdrm - \$180 ate CLOSED 8/2/2016******	drm - \$128;	ITILITIES INCLI Water and allowand gas	UDED: ance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:						TO REMAIN ON W	. ,
Head of househole	d must be 18 years or o	lder	WAITLIS [*]	T FOR PARKING:		CALL EVERY	(Months): 12
		-	PARKING INFO:		PET INFO	: F	PETS OK: NO
	ASSET LIMITS:	YES					
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INF	O: ise on Oahu. Assets lim	nited to two	EASE:		1.)The Eld	OUSING PREFERE derly 2.) The Displac	ed 3.) Disabled
	ole income for admission continued occupancy.	or three	1 year		Families o	w/ service connecte of deceased veteran mined to be service erans 6.) Families re	s whose death connected. 5.)
INCOME CRITER					Transition Wait	al Shelters 7.) All ot	hers - Indefinate
	n \$33,300; 2 persons \$3 4 person \$47,550.	F	TURNISHED: Partly furnished- appliances only	major	Funding: State Pub Hsing 100% All convictions must be 3 yrs old.		
1-PERSON MAXIM	IUM MONTHLY INCOM	E: 3	3450]		
2-PERSONS MAXI	MUM MONTHLY INCO	ME: 4	1895				

	Last Comple	ete Update:	12/15/2021			AREA:	Kapalama
PROJECT NAME:	PUAHALA HON	MES IV (HI	PHA) - NO	T ACCEPTING	G AP	PROJECT TYPE:	
	School St. and Lanakila					PHONE: 808-832	2-3336
OLTY	J	OTATE III	710 -			FAX: 322-063	32
CITY:	Honolulu	STATE: HI	ZIP:	96817		-	
MANAGER	: Julie Wiggett			APPLY ADD	DRESS: PTING APPLI	ICATIONS	OUT-OF-STATE
APPLY TO	: NOT ACCEPTING AP	PLICATIONS		1002 North Honolulu, H	School St.	1071110110	APPLICATION
	НРНА			Honolulu, H	1 900 17		ACCEPTED: NO
APPLY ATTN	I: NOT ACCEPTING AP Oahu applications office						
APPLY PHONE				FAX: 832-3461	EMAIL:	hphaishereforyou.o	org
ATTENTIONE	000 002 000			TAX: 002 0 10 1			
Unit	Type: Number		Minimum INCOME		MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
S	tudio:						
One I	Bdrm: 4	0		519	1	4	YES
Two I	Bdrm: 32	0		662	2	6	YES
Three I	Bdrm: 4	0		808	3	8	YES
Four I	Bdrm:						
Minimum Rent: Or Three Bdrm - \$152	NT IS 30% OF INCOME ne Bdrm - \$108; Two Bdi 2 SED 8/2/2016***********	rm - \$128;	UTILITIES INC Water and allo and gas	CLUDED: wance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:						TO REMAIN ON W	
1	d must be 18 years or old	der	\/\ΔITI I	IST FOR PARKING:		CALL EVERY	
			PARKING INF		PET INFO): F	PETS OK: NO
			Included				
	ASSET LIMITS:	YES			<u> </u>		
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO	o. ise on Oahu. Assets lim	ited to two	LEASE:		1.)The Ele	IOUSING PREFERE derly 2.) The Displac	ced 3.) Disabled
	le income for admission continued occupancy.	or three	1 year		Families of was deter	w/ service connecte of deceased veteran rmined to be service terans 6.) Families re	s whose death connected. 5.)
INCOME CRITERI	IA:					nal Shelters 7.) All of	
50% AMI: 1 perso persons \$42,800;	n \$33,300; 2 persons \$3 4 person \$47,550.	8,050; 3	FURNISHED: Partly furnishe appliances on		Funding: State Pub Hsing 100% All convictions must be 3 yrs old.		
1-PERSON MAXIM	IUM MONTHLY INCOME	Ē:	3450		J		
2-PERSONS MAXI	MUM MONTHLY INCOM	ΛΕ:	4895				

	Last Comp	lete Update:	11/24/2021			AREA	- Palama
PROJECT NAME:	PUALANI MAN	OR				PROJECT TYPE	
	1216 Pua Ln.					PHONE: 808-84	1-5657
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX:	
MANAGER APPLY TO):			APPLY ADI Get applicat	DRESS: ion onsite; brir	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	Bdrm:						NO
	NT IS 30% OF INCOME		UTILITIES INCLU Water	JDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 48
AGE CRITERIA:						TO REMAIN ON V	
Head of household	d must be 18 years or ol	der	WAITLIST PARKING INFO:	FOR PARKING:	PET INFO:	CALL EVERY	PETS OK: NO
	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF	O:		LEASE:		Funding: \$	Section 8 100%.	
I INCOME CRITER	IA:		1				
Maximum Annual	Income: 50% AMI. to new HUD guidelines		FURNISHED: Partly furnished-appliances only.	major			

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Compl	ete Update:	12/15/2021			AREA:	Makiki	
PROJECT NAME:	PUMEHANA (H	IPHA-hon)	- NOT AC	CEPTING A	PPLIC	PROJECT TYPE:	1	
	1212 Kinau St.					PHONE: 808-586	6-9724	
						FAX: 973-019		
CITY:	Honolulu	STATE: HI	ZIP:	96814				
MANAGER	: Sol Sentous				DDRESS:			
APPLY TO	: HPHA NOT ACCEPTING AP	PLICATIONS		Honolulu,	th School St. HI 96817 CEPTING APPLI	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	: Oahu applications office NOT ACCEPTING AP						NO	
APPLY PHONE	: 808-832-5961			FAX : 832-3461	EMAIL:	hphaishereforyou.o	rg	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
S	tudio: 98	0		454	1	2	YES	
One I	3drm: 40	0		553	1	4	YES	
Two I	3drm: 1	0						
Three I								
Four I	Bdrm:							
	NT IS 30% OF INCOME for Federal Low Income 8/2/2016*****		UTILITIES INC Water and allo	CLUDED: owance for utilities		MINIMUM W ESTIMATE MAXIMUM W	(Months): 24 AIT LIST	
AGE CRITERIA:						ESTIMATE TO REMAIN ON W		
Head of household	d must be 62 years or ol	der, or	WAITL	IST FOR PARKING	G:	CALL EVERY		
disabled			PARKING INF		PET INFO		PETS OK: YES	
]	ASSET LIMITS:	NONE	Included		Small pet	s under 25 lbs. only		
AN OWN RESID	DENTIAL PROPERTY:				GENERAL	. INFO:		
ASSET LIMIT INFO			LEASE:			ENCES: Domestic V in transitional shelt		
			1 year		displaced			
						es, under age 62 sp ling: Fed Low Inc Pu		
ncome Eligibility =			FURNISHED:			tions must be 3 yrs		
Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53, 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;		Partly furnishe appliances on		crystal ma	crystal methamphetamine or sex offender		
1-PERSON MAXIM	IUM MONTHLY INCOMI	Ξ:	4570		Įt.			

	Last Comp	olete Update:	12/15/2021			AREA:	Makiki	
PROJECT NAME:	PUNCHBOWL	HOMES (HPHA-hon) - NOT ACCE	EPTIN	PROJECT TYPE:	Elderly	
ADDRESS:	730 Captain Cook Ave) .				PHONE: 808-586	6-9724	
						FAX : 586-9728		
CITY:	Honolulu	STATE: HI	ZIP:	96813		,		
MANAGER	: Sol Sentous			APPLY ADI	DRESS:			
				1002 North			OUT-OF-STATE	
APPLY TO	: HPHA NOT ACCEPTING A			Honolulu, H NOT ACCE	PTING APPLIC	ATIONS	APPLICATION ACCEPTED:	
ADDLY ATTN							NO	
APPLY ATIN	 Oahu applications off NOT ACCEPTING A 				Essau I			
APPLY PHONE	: 808-832-5961			FAX: 832-3461	EMAIL: r	nphaishereforyou.o	rg	
Unit	Type: Number		Minimum		MINIMUM	MAXIMUM	CAREGIVER	
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:	
Si	tudio:							
One E	Bdrm: 97	0		548	1	4	YES	
Two E	3drm: 58	0		711	2	6	YES	
Three E	Bdrm: 1	0						
Four E	3drm:							
1			,	,	,	,		
RENT INFO: REI	NT IS 30% OF INCOM	E: YES	UTILITIES INC	CLUDED:		TOTA	L UNITS: 156	
Minimum Rent: \$0	for Federal Low Incom	ne projects	Water and allo	wance for utilities		MINIMUM W	Į.	
**********CLOSED 8	3/2/2016*****					ESTIMATE		
						MAXIMUM W ESTIMATE	(NA 11)	
AGE CRITERIA:						TO REMAIN ON W		
	d or spouse must be 62	2 years or				CALL EVERY		
older, or disabled			WAITLI PARKING INF	ST FOR PARKING: O: NO	PET INFO:	F	PETS OK: YES	
			Included	0. 110		under 25 lbs. only	210 01 123	
	ASSET LIMITS:	NONE				·		
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I	NFO:		
ASSET LIMIT INFO		INO	 			NCES: Domestic V	/iolence victims;	
Cannot own a hou	se on Oahu		LEASE: 1 year		homeless i	n transitional shelt	ers; involuntary	
			you					
						s, under age 62 sp ng: Fed Low Inc Pu		
INCOME CRITERI					All conviction	ons must be 3 yrs	ago, unless it's	
ncome Eligibility = Maximum Annual I	80% of AMI Income: 1 person - \$53	3.250:	FURNISHED:	d control		hamphetamine or		
2 persons - \$60,90	00; 3 persons - \$68,500 00; 5 persons - \$82,200);	Partly furnishe appliances on			tion to Shopping a	vailable through	
6 persons - \$88,30	00; 7 persons - \$94,350				Catholic Ch	narities Hawaii		
8 persons - \$100,4	150							
I-PERSON MAXIM	UM MONTHLY INCON	ΛΕ:	4570		J			
	MUM MONTHLY INCO		5220					

	Last Comp	lete Update:	12/15/2021			AREA:	Aiea
PROJECT NAME:	PUUWAI MOM	I (HPHA-h	on) - NOT	ACCEPTING	APP	PROJECT TYPE:	Family
ADDRESS:	99-132 Kohomua St.					PHONE: 808-483	-2550
CITY:	Aina	STATE: HI	ZIP:	96701		FAX: 483-255	2
3.1.1.	Alea	OTATE: TII		90701			
APPLY TO	NOT ACCEPTING AF 1: Oahu applications offit NOT ACCEPTING AF	ce		APPLY ADD 1002 North S Honolulu, HI NOT ACCEF	School St. 96817 PTING APPLIC	CATIONS nphaishereforyou.or	OUT-OF-STATE APPLICATION ACCEPTED: NO
74.121.110.112							
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One I	Bdrm: 48	0		550	1	4	YES
Two I	Bdrm: 86	0	<u></u>	724	2	6	YES
Three	Bdrm: 88	0		1080	3	8	YES
	Bdrm: 38	0		1158	4	10	YES
	NT IS 30% OF INCOME of for Federal Low Income 8/2/2016******		UTILITIES INC			MINIMUM WA ESTIMATE MAXIMUM WA	(Months): 36 AIT LIST
ACE CRITERIA.			P.			ESTIMATE (
AGE CRITERIA: Head of household	d must be 18 years or o	lder				TO REMAIN ON W CALL EVERY	
	,		WAITL PARKING INF	IST FOR PARKING:	PET INFO:	P	ETS OK: YES
	ASSET LIMITS:	NONE	Included	0.	multiple an	imals ok, but only or ries listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:	NO			GENERAL	INFO:	
ASSET LIMIT INF			LEASE:			NCES: Domestic V in transitional shelte	
Cannot own a hou	ise on Oanu		1 year		displaced.	Fed Low Inc Pub Hs	•
INCOME CRITER	IA·		,			ons must be 3 yrs a	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10	: 80% of AMI Income: 1 person - \$53, 00; 3 persons - \$68,500 00; 5 persons - \$82,200 00; 7 persons - \$94,350	· ·	FURNISHED: Partly furnishe appliances on		crystal me	thamphetamine or s	ex offender
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	4570		p-		
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	5220				

	Last Comple	ete Update:	4/23/2024			AREA:	Downtown
PROJECT NAME:	QUEEN EMMA	APARTMI	ENTS			PROJECT TYPE:	Family
	1270 Queen Emma St.					PHONE: 808-646	6-2660
			=			FAX: 808-490	
CITY:	Honolulu	STATE: HI	ZIP:	96813		,	
MANAGER	: Veronica Malabey			APPLY AI			
APPLY TO	: Indigo Real Estate				en Emma Street Hawaii 96813		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						
APPLY PHONE	:: 808-646-2660			FAX: 808-490-07		www.queenemmaa manager@queener ~	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio: 32	1325	2 x rent	369-405	1	2	
One I	Bdrm: 13	1300	2 x rent	446-680	1	3	
Two E	Bdrm: 26	1673	2 x rent	618-850	2	5	
Three E	Bdrm:						
Four I	Bdrm:		<u> </u>				YES
RENT INFO: RE	NT IS 30% OF INCOME	: -	UTILITIES INC	CLUDED:		TOTA	L UNITS: 71
LIHTC; Income res			Water, sewer,	trash		MINIMUM W	
	80% AMI - \$550 mo.					ESTIMATE	
	heck fee for each adult a	pplicant				MAXIMUM W. ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
Age 18				IST FOR PARKING	_		, ,
			PARKING INF	TO: YES te parking available	PET INFO: Pets not a		PETS OK: NO
	ASSET LIMITS:						
	DENTIAL PROPERTY:				GENERAL	INFO:	
ASSET LIMIT INFO	O:		LEASE:		ceiling win	social spaces, new dows, 9 ft. ceilings,	walk-in closets,
			12 month		site mana	e flooring, some unit gement, laundry fac	ilities, elevator, on-
					areas, bus	ency maintenance, siness center/compu	uter lab,
INCOME CRITERI		20	ELIDNICHED.		community	y lounges, secured	entry, bike sotrage
\$27,510; 2 person 60% AMI maximur	naximum income - 1 pers 1 - \$31,440. m income for 1 - 55,020, 740, 4 - 78,600; 5 - 84,90	2 -	FURNISHED: Major applian window cover counter tops	ces, microwave, ings, granite			
1-PERSON MAXIM	IUM MONTHLY INCOME	 E:	4585		,		
2-PERSONS MAXI	MUM MONTHLY INCOM	1E:	5240				

		Last Comp	ete Update:	8/7/2023			AREA:	Chinatown
PROJECT NAME:	RHF	PAUAHI K	(UPUNA H	IALE		P	ROJECT TYPE:	Elderly
ADDRESS:	167 Nort	h Pauahi St.				F	PHONE: 808-524	1-5844
CITY:	Honolulu	I	STATE: HI	ZIP:	96817		FAX: 949-258	54
MANAGER	R: Sue Sta	acey, Manager				DRESS: debaker Rd. n, CA. 90815-490	0	OUT-OF-STATE APPLICATION
1		nent Housing F	oundation		(562) 257-5		O	ACCEPTED: YES
APPLY ATTN	l:							
APPLY PHONE	: 808-52	4-5844			FAX:	EMAIL: w	ww.rhf.org	
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	12	0		539	1	1	YES
One	Bdrm:	36	0		579	1	2	YES
Two	Bdrm:							
Three	Bdrm:							
Four	Bdrm:							YES
RENT INFO: RE 2023 Update: No a contact informatio	action rec			UTILITIES INCL Water, sewer &			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 96 AIT LIST
AGE CRITERIA:						T	O REMAIN ON W	
Head of household			der, or	WAITLIS	T FOR PARKING:	1	CALL EVERY	
disabled (mobility	impaired)			PARKING INFO		PET INFO:	F	PETS OK: YES
	AS	SSET LIMITS:	NONE	Parking not ava	ilable			
AN OWN RESI	DENTIAL	PROPERTY:	NO			GENERAL IN	IFO:	
ASSET LIMIT INF	O:			LEASE:		outside hom	re allowed with Ne. If elderly tenanal rent the unit.	MD letter; can work nt dies, under age
						Services: m	eal site next door	,
INCOME CRITER	IΔ·					Funding: Se	ction 202	
Maximum Annual persons - \$39,700	Income:	1 person - \$34,	750; 2	FURNISHED: Partly furnished appliances only		Project will c	all applicant to ke	eep application on
							ment to mail it st with self-addres	ssed stamped
1-PERSON MAXIM	NOM MUI	ITHLY INCOM	E:	2895				
2-PERSONS MAXI	ІМИМ МС	NTHLY INCO	ME:	3308				

PROJECT NAME: RHF PHILIP STREET AF ADDRESS: 1605 Philip St. CITY: Honolulu STATE: HI MANAGER: Sue Stacey, Manager - Suite 200		96826 APPLY ADD		AREA: PROJECT TYPE: PHONE: 808-949 FAX: 949-255	Elderly 9-2555 808-692
APPLY TO: Retirement Housing Foundation APPLY ATTN:		911 N. Stude Long Beach, (562) 257-51	, CA. 90815-49	00	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE : 808-949-2555		FAX: 949-2554	EMAIL: v	ww.rhf.org	
Unit Type: Number of UNITS: RENT: Studio: 10 0 One Bdrm: 24 0 Two Bdrm:	Minimum INCOME Required: NO NO UTILITIES INC Electricity and WAITL PARKING INF Available	water IST FOR PARKING:	MINIMUM Number of People 1 1 PET INFO: One small p	MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE TO REMAIN ON W. CALL EVERY	(Months): 96 AIT LIST (Months): 120 /AITLIST
ASSET LIMITS: NONE AN OWN RESIDENTIAL PROPERTY: NO ASSET LIMIT INFO: INCOME CRITERIA: Maximum Annual Income: 1 person - \$33,550; 2 persons - \$38,350.	LEASE:		GENERAL I Caregivers outside hor 62 spouse Opened 19 Funding: Si Application Ask manag Send reque envelope	NFO: are allowed with Me. If elderly tenarmay rent unit. 93 ection 202 100%	ssed stamped
1-PERSON MAXIMUM MONTHLY INCOME:	3404				

		Last Compl	lete Update:	5/4/2023			AREA	: Chinatown
PROJECT NAME:	RIVE	R PAUAH	l				PROJECT TYPE	: Family
ADDRESS:	1155 Ri	ver St.					PHONE: 808-89	92-1812
CITY:	Honolul	u	STATE: HI	ZIP:	96817		FAX: None	
MANAGER	R: Luis; S	Ste. 111			APPLY AD 1155 River	DDRESS: St Honolulu, HI	96817	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	E: 808-89	92-1812			FAX: 892-1801	EMAIL:		
Unit	t Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	itudio:							
One	Bdrm:	41	0	NO		1	3	YES
Two	Bdrm:	7	0	NO		3	5	YES
Three	Bdrm:							
Four	Bdrm:							
			•	Electricity and	water		MINIMUM V	(Months): 60
AGE CRITERIA:						-	TO REMAIN ON	r
Head of househol	ld must b	e 18 years or ol	der	WAITLIS	ST FOR PARKING:	:	CALL EVERY	(Months): 6
				PARKING INFO	D:	PET INFO:		PETS OK: NO
				No parking.				
AN OWN DECI		SSET LIMITS:				CENEDAL	NEO.	
AN OWN RESII ASSET LIMIT INF		PROPERII.	INO	LEASE:		GENERAL I Funding: S	ection 8 100%	
				1 year		3 handicap	units 2 - 1 bdrm	& 1 - 2 bdrms
INCOME CRITER	-1Δ-							
Maximum Annual 2 persons - \$38,0 4 persons - \$47,5	Income: 00; 3 per	sons - \$42,750;		FURNISHED: Partly furnished appliances only		_		
-PERSON MAXIN	иим моі	NTHLY INCOM	E:	2771				
P-PERSONS MAX	IMUM MO	ONTHLY INCOM	ME:	3167				

	L	ast Comple	ete Update:	9/4/2024			AREA:	Makiki
PROJECT NAME:	ROYAL	KINAU	APARTM	FNTS			PROJECT TYPE:	
ADDRESS: 7			7 (1 7 (1 (1 1))				PHONE: 808-52	1
CITY:			STATE: HI	ZIP:	96813		FAX: 521-293	
MANAGER:						DDRESS: u Street, Honolulu	л, HI 96813	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN:								YES
APPLY PHONE:	808-521-36	678			FAX: 521-2931		https://www.royalki royalkinaumanager ~	nau.com/ r@royalkinauapts.co
Unit T		umber UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One Bo	drm:	60	1228	1.5 x rent	741	1	2	YES
Four Bo								NO
RENT INFO: REN' No action is required information. Longer Section 8 certificate	d unless up wait for tw	dating conta o-bedrooom	ct units.	UTILITIES INC			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6
AGE CRITERIA:							TO REMAIN ON V	
All residents must be	e 62 or old	er		PARKING INF	O: YES	PET INFO:	CALL EVERY imals are allowed v	PETS OK: NO
	ASSE	T LIMITS:	NONE		. First come first	documenta		
AN OWN RESIDE						GENERAL	INFO:	
5,000	:			LEASE: 1 year; then m	onth-to-month	Funding: I	lanais IHTC, Section 8 RHTF	
INCOME CRITERIA	:			,			oped access	
50% AMI: 1 person persons \$54,250: 4	\$45,250; 2 persons \$6	persons \$52 60,250	2,250; 3	FURNISHED: Partly furnishe appliances only		envelope Pick up fro Email requ	est with self addresom manager's office	e
1-PERSON MAXIMU				3771		Nov. 1st 2	2024 rent increases	s, already reflected.

ADDRESS: 126 N. Pauahi St. CITY: Honolulu STATE: HI ZIP: 96817 MANAGER: Bill Hanrahan APPLY ADDRESS: 126 N Pauahi Street Honolulu, HI 96817 APPLY TO: Mental Health Kokua Intake Monday - Friday from 1pm - 4pm APPLY ATTN: EMAIL: APPLY PHONE: 808-524-7233 FAX: 524-0353	OUT-OF-STATE APPLICATION ACCEPTED: NO
MANAGER: Bill Hanrahan APPLY ADDRESS: 126 N Pauahi Street Honolulu, HI 96817 APPLY ATTN: APPLY ATTN: EMAIL: APPLY PHONE: 808-524-7233 FAX: 524-0353	OUT-OF-STATE APPLICATION ACCEPTED: NO
MANAGER: Bill Hanrahan APPLY ADDRESS: 126 N Pauahi Street Honolulu, HI 96817 APPLY ATTN: APPLY ATTN: EMAIL: APPLY PHONE: 808-524-7233 FAX: 524-0353 MINIMUM Number of Number Income	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY TO: Mental Health Kokua Intake Monday - Friday from 1pm - 4pm APPLY ATTN: APPLY PHONE: 808-524-7233 FAX: 524-0353 MINIMUM Number Number AND MINIMUM Number of MINIM	APPLICATION ACCEPTED: NO
APPLY TO: Mental Health Kokua Intake Monday - Friday from 1pm - 4pm APPLY ATTN: EMAIL: APPLY PHONE: 808-524-7233 FAX: 524-0353 Minimum INCOME SOFT: MINIMUM Number of	ACCEPTED: NO
APPLY PHONE: 808-524-7233 FAX: 524-0353 Unit Type: Number Number INCOME SO ET: Number Number of Number of Number of Number Number of N	
Unit Type: Number INCOME Number Number of	
Required: SQ F1. of People People:	Allowed:
Studio: 25 80 1 1	
One Bdrm:	
Two Bdrm:	
Four Bdrm:	
RENT INFO: RENT IS 30% OF INCOME: Rooms with shared bath and communal dining. Includes 3 meals per day. Homeless mentally ill. (bi-polar, Schizophrenia, depression). 18 yrs or older. UTILITIES INCLUDED: All utilities MINIMUM WA ESTIMATE ((Months): 2
AGE CRITERIA: Head of household must be 18 years or older CALL EVERY (
WAITLIST FOR PARKING:	PETS OK: NO
ASSET LIMITS: AN OWN RESIDENTIAL PROPERTY: NO GENERAL INFO:	
ASSET LIMIT INFO: LEASE: Clients must be homeless and mentally ill.	d severely
Month-to-month Funding: HUD Continuum of C AUW, C & C Esg; State HPHA provided: residential, Case Mg Plcmt Services,	A; other services
INCOME CRITERIA: Activity Center (waiting list) - p rehab, med/psych svcs, ch	provides social nemical
Max income limits - None FURNISHED: Bed, dresser dependency treatment, con integration services. Intake M-F 1 - 4pm NO RESPONSE IN 2023	

1-PERSON MAXIMUM MONTHLY INCOME:

2-PERSONS MAXIMUM MONTHLY INCOME:

Last Complete Update:	12/15/2021			AREA:	Salt Lake
PROJECT NAME: SALT LAKE (HPHA-hon) - NOT AC	CEPTING APP	PS	PROJECT TYPE:	Family
ADDRESS: 2907 Ala Ilima St.				PHONE: 808-483	3-2550
				FAX: 483-25	52
CITY: Honolulu STATE: HI	ZIP:	96818			
MANAGER: Marcus Asami		APPLY ADDI			011 05 07475
APPLY TO: LIPLIA	1002 North School St. Honolulu, HI 96817				OUT-OF-STATE APPLICATION
APPLY TO: HPHA NOT ACCEPTING APPLICATIONS		NOT ACCEP	TING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN: Oahu applications office					NO
NOT ACCEPTING APPLICATIONS			EMAIL:	nphaishereforyou.c	org
APPLY PHONE: 808-832-5961		FAX : 832-3461			
Unit Type: Number	Minimum		MINIMUM	MAXIMUM	CAREGIVER
of UNITS: RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Studio:		-			
One Bdrm: 28 0		642	1	4	YES
Two Bdrm:		0.2			
Three Bdrm:					
Four Bdrm:					
RENT INFO: RENT IS 30% OF INCOME: YES Minimum Rent: \$0 for Federal Low Income projects ***********************************	UTILITIES INC	ELUDED: wance for electricity		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36
AGE CRITERIA:				TO REMAIN ON V	
Head of household must be 18 years or older	\Λ/ΔΙ Τ Ι Ι	ST FOR PARKING:		CALL EVERY	
	PARKING INFO		PET INFO:	F	PETS OK: YES
ASSET LIMITS: NONE	Included		the categor	imals ok, but only ries listed below: nder 25 lbs) or cat	
AN OWN RESIDENTIAL PROPERTY: NO			GENERAL	INFO:	
ASSET LIMIT INFO:	LEASE:			NCES: Domestic \ n transitional shelt	
Cannot own a house on Oahu	1 year		displaced.	ii tiansiionai siicit	crs, involuntary
			Funding: F	ed Low Inc Pub H	sing 100%
INCOME CRITERIA:	1		All convicti	ons must be 3 yrs	ago, unless it's
ncome Eligibility = 80% of AMI	FURNISHED:		crystal met	thamphetamine or	sex offender
Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450	Partly furnishedmajor appliances only some carpets				
8 persons - \$100,450					

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

	Last Compl	ete Update:	5/30/2024			AREA:	Iwilei
PROJECT NAME:	SENIOR RESID	ENCE AT I	WILEI			PROJECT TYPE:	Elderly
ADDRESS:	888 Iwilei Rd.					PHONE: 808-888	3-0876
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 808-888	3-2565
MANAGER	R: Indigo Real Estate			APPLY ADD			OUT-OF-STATE
APPLY TO): Senior Residence at Iv	vilei			oad #100, Hono	blulu, Hi	APPLICATION ACCEPTED:
APPLY ATTN	1: Manager's Office						YES
APPLY PHONE	E: 808-888-0876			FAX: 808-888-2565	EMAIL:		
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	Bdrm: 146	1440	45	504			
	Bdrm: 146	1410	1.5 x rent	594			
Three		1000	1.5 x Tent	815			
	Bdrm:						NO
1 000	Durini.			,			140
RENT INFO: RE	ENT IS 30% OF INCOME	: NO l	JTILITIES INCL	LUDED:	_	TOTA	L UNITS: 159
Application fee - \$	\$17 per person	1	Water and sew	er		MINIMUM W	
						ESTIMATE	_
		Į.				MAXIMUM W ESTIMATE	
AGE CRITERIA:					-	TO REMAIN ON W	
62+ whole housho	old			ST FOR PARKING:		CALL EVERY	
			PARKING INFO): NO	PET INFO:	F	PETS OK: NO
	4.00ET L IMITO		or stalls				
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INF			EASE:		Application	·	
Income from asse	ets cannot exceed maxim	um limits.	One-year			ement to mail it m manager's office site office	3
INCOME CRITER	IA:	,					
	0 1 person; \$55,700 2 ppl 0 1 person; \$66,8409 2 pp	ol;	FURNISHED: Partly furnished appliances only	dmajor r; bathroom tub			
-PERSON MAXIN	MUM MONTHLY INCOME	 :	4875]		
PERSONS MAXI	IMUM MONTHLY INCOM	ΛE:	5570				

	Last Compl	ete Update:	6/6/2023			AREA:	Kaneohe	
PROJECT NAME:	SENIOR RESID	ENCE AT	KANEOH	IE		PROJECT TYPE:	Elderly	
ADDRESS:	45-705 Kamehameha F	lwy.				PHONE: 808-235	5-2898	
CITY:	Kaneohe	STATE: HI	ZIP: 96744			FAX: 235-0897		
	t: Joshua Monton, Resid	dent Manager		APPLY AD Mail to proj			OUT-OF-STATE APPLICATION	
APPLY ATTN	e: Bob Tanaka, Inc.						ACCEPTED: YES	
	:: 808-235-2898			FAX : 235-0897	EMAIL:			
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
One	Bdrm: 74	1025	2x rent	428			YES	
Three Four	Bdrm:						NO	
*44 (HUD) Rents a *30 (LIHTC) units Deposit same as i	NT IS 30% OF INCOME are 30% of income; waith are \$1025; waithist 1-3 y rent. Must be below 60% te holders need not mee uirement	list 4 - 6 yrs rs. 6 AMI	UTILITIES ING Water & Sewe			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12 AIT LIST	
AGE CRITERIA:						TO REMAIN ON W	/AITLIST	
All residents must	be 62 or older		WAITL PARKING INF	IST FOR PARKING: FO:	: PET INFO	CALL EVERY	(Months): 6 PETS OK:	
]	ASSET LIMITS:	NONE	Monthly Rent include paark First Come Fi	ing; 48 stalls;	LIHTC - N HUD - PE			
AN OWN RESI	DENTIAL PROPERTY:				GENERAL	. INFO:		
ASSET LIMIT INF	O:		LEASE:		Opened 2 extra stora floor near Units have	age compartments a laundry room		
INCOME CRITER	IA:				Funding: I	LIHTC (30 units), Se		
50% AMI: 1 perso persons \$58,800 60% AMI: 1 perso	n \$45,750; 2 persons \$5	52,250; 3	FURNISHED: Partly furnishedmajor appliances only		Transport Catholic C	Funding: RHTF, Section 202 (44 units), Transportation to Shopping available through Catholic Charities Hawai'I Left voicemail 9/4/2024		
1-PERSON MAXIM	IUM MONTHLY INCOMI	E:	4575		Į.			

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	Last Comp	lete Update:	5/11/2023			AREA:	Kapolei
PROJECT NAME:	SENIOR RESI	DENCE A	T KAPOLEI	1 & 2		PROJECT TYPE:	Elderly
ADDRESS:	91-1034 Namahoe St.					PHONE: 808-674	1-2937
CITY:	Kapolei	STATE: HI	ZIP:	96707		FAX: 674-293	38
On i.	rapolei	OTATE: HI	2	90707			
MANAGER	l: Cat Suan, Resident M	lanager			ORESS: Place Ste 103 H	lonolulu, HI	OUT-OF-STATE
	: Bob Tanaka Inc.			96826			APPLICATION ACCEPTED: YES
APPLY ATTN	I: Ext 24						
APPLY PHONE	: 808-949-4111			FAX : 949-7211	EMAIL:		
Unit	Type: Number	55.15	Minimum INCOME	20.57	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio:						
	Bdrm: 79	0		463-500	1	3	
	Bdrm:						
Three	Bdrm:						NO.
Four	Barm:			,			NO
60 unit @ 30% AN Namahoe St. 20 91-1098 Namahoe Gross maximum r	NT IS 30% OF INCOME MGI at Kapolei 1 - 91-10 units @ 50% AMGI at K St. ent: \$725/778 month or d) Monthly amount is \$	24 apolei 2 - 30% of		S88/ utility allowance		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
Chango Socurity	Donocit - 1 month's re		Į.			ESTIMATE	
AGE CRITERIA: All residents 62+.	Caregiver allowed with	MD letter.	\\/\ITI IC	ST FOR PARKING:		TO REMAIN ON W CALL EVERY	
			PARKING INFO		PET INFO:	F	PETS OK: YES
			Parking include	d			
	ASSET LIMITS:	NONE]		
AN OWN RESIDE	DENTIAL PROPERTY:	NO			GENERAL Opened 6/2		
	wn a majority interest in	residential	LEASE: One-year		HUD PRAC Ammenitie property, o	c 202 RHTF s include: screen c n bus route, laundi ss to the recreatior	y room, ceiling
INCOME CRITER	IA:					e; about a 10 minut	
30% of AMI: 1 person \$25,400; 2 persons \$29,000 50% of AMI: 1 person \$45,750; 2 persons \$52,250		FURNISHED:		1	al conviction = inelise in Sept. 2024, C		
1-PERSON MAXIM	IUM MONTHLY INCOM	E:	3812				

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	Last Comp	lete Update:	5/10/2023			AREA:	Wahiawa	
PROJECT NAME:	SILVERCREST	Γ				PROJECT TYPE:	Elderly	
ADDRESS:	520 Pine St.					PHONE: 808-622	2-2785	
CITY:	 Wahiawa	STATE: HI	ZIP:	96786		FAX : 621-778	31	
MANAGER	: Lisa Esteron - Proper	ty Manager		APPLY ADI On-Site #11			OUT-OF-STATE APPLICATION ACCEPTED:	
APPLY ATTN	l:						YES	
APPLY PHONE	: 808-622-2785			FAX: 621-7781	EMAIL:	https://hawaiisilverorg/	crest.salvationarmy.o	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
	tudio:						YES	
	Bdrm: 78	0	NO	500	1	3	YES	
Three								
	Bdrm:						NO	
30% of Adjusted In After application is sent. ALL HAP WORKE ON THE APPLICATION AGE CRITERIA: Head of Househol (companion) 18+,	s received, a confirmation	on letter is EIR NAME	WAITLI PARKING INFO	Trash Removal, \$63 e. ST FOR PARKING: D: YES ed if available.	PET INFO	MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 24 AIT LIST (Months): 36 /AITLIST	
	ASSET LIMITS:		Limited guest parea.	parking in outside				
AN OWN RESIDE	DENTIAL PROPERTY: O:	NO	LEASE: 1 year; Recerti	ification	denial (ap and sex o regardless Will not ac	ction in the last 7 ye plicant or caregiver) ffenses will result in s of time. ccept any evictions/s	. Violent, drug, automatic denial -	
INCOME CRITERIA: Maximum Annual Income: changes per HUD			FURNISHED:	tove, carpet, blinds	Opened 1 Library, co Laundry F Applicatio Send requ envelope	sessions. ned 1995; Funding: Section 202 PRAC ary, community room, Lanai lounge, Coin- ndry Facilities lication: Ask management to mail it d request with self addressed stamped elope manager's office. nge in property manager is effective Sept.		

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comp	lete Update:	5/17/2023			AREA:	Chinatown	
PROJECT NAME:	SMITH BERET	ANIA				PROJECT TYPE:	Family	
ADDRESS:	1170 Nuuanu Ave.					PHONE: 808-52	1-6486	
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX : 531-660	05	
MANAGER:	Ko Norasing-Yun			APPLY AD			OUT-OF-STAT	
APPLY TO:	Indigo Real Estate Se	ervices, Inc.					APPLICATIO ACCEPTED	
APPLY ATTN:	***WAITLIST	CLOSED SINCE 2	2018***					
APPLY PHONE:	808-521-6486			FAX : 531-6605	EMAIL:	https://www.smithb	eretania.com/	
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:	
One B	udio: 82	0	NO	548	1	2	YES	
Two B		0	NO	719	2	4	YES	
Three B	drm:							
Four B	drm:						NO	
No action required	IT IS 30% OF INCOMI unless updating contac communication by pro	ct info or in	JTILITIES INC Water	LODED.		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 2	
AGE CRITERIA:						TO REMAIN ON V		
Head of household	must be 18 years or o		WAITLI PARKING INFO	ST FOR PARKING:	PET INFO	CALL EVERY	PETS OK: NO	
			Parking include		TET IIVI O	<u>. </u>	LTO OK. NO	
	ASSET LIMITS:							
AN OWN RESID ASSET LIMIT INFC	ENTIAL PROPERTY:):		E40E		GENERAL Accepts n	ew applicants only	when announced.	
			EASE: 1 year			s after announcemented and accepted		
					A lottery is	s performed to sele	ct applicant's # for	
INCOME CRITERIA	A :				Funding	Section 8 100%		
Maximum Annual Income: 1 person - \$36,650; 2 persons - \$41,850; 3 persons - \$47,100; 4 persons - \$52,300; 5 persons - \$56,500; 6 persons - \$60,700; 7 persons - \$64,900; 8 persons - \$69,050			FURNISHED: Partly furnishe appliances onl		. I unuing.	Funding: Section 8 100%		
-PERSON MAXIMU	JM MONTHLY INCOM	IE: ;	3517		J			
DEDSONS MAYIA	ALIM MONTHLY INCO	ME	1017					

	Last Comple	ete Update:	12/15/2021			AREA:	Makiki
PROJECT NAME:	SPENCER HOL	JSE (HPHA	<mark>A-hon) - N</mark>	IOT ACCEPT	ING A	PROJECT TYPE:	Family
ADDRESS:	1035 Spencer St.	•				PHONE: 808-586	6-9724
CITY	Discount to	STATE: HI	ZIP:	20000		FAX: 586-972	28
CITT	Honolulu	STATE: HI	ZIP:	96822			
MANAGER APPLY TO	: Sol Sentous : HPHA NOT ACCEPTING API	PLICATIONS		Honolulu, I	School St.	CATIONS	OUT-OF-STATE APPLICATION ACCEPTED: NO
APPLY ATTN	 Oahu applications office NOT ACCEPTING API 						
APPLY PHONE				FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 1	0					YES
Three E	Bdrm: 16	0		798	3	8	YES
Four I	Bdrm:						
	NT IS 30% OF INCOME for Federal Low Income 8/2/2016******		UTILITIES INC Water and gase electricity	CLUDED: s + allowance for		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:	d must be 18 years or old	ter				TO REMAIN ON W	
Troud of floddefiold	a made be 10 years of old		WAITL PARKING INF	IST FOR PARKING O: NO	: PET INFO:	F	PETS OK: YES
	ASSET LIMITS:	NONE		,	the catego	nimals ok, but only ories listed below: under 25 lbs) or cat	
	DENTIAL PROPERTY:	NO			GENERAL		
ASSET LIMIT INFO			LEASE: 1 year			ENCES: Domestic Vin transitional shelt	
					, ,	Fed Low Inc Pub Hs	
INCOME CRITERI			ELIDNICHED:			ions must be 3 yrs thamphetamine or	
ncome Eligibility = 80% of AMI Maximum Annual Income: 1 person - \$53,250; 2 persons - \$60,900; 3 persons - \$68,500; 4 persons - \$76,100; 5 persons - \$82,200; 6 persons - \$88,300; 7 persons - \$94,350; 8 persons - \$100,450			Partly furnishedmajor appliances only, carpets				
1-PERSON MAXIM	IUM MONTHLY INCOME	<u>:</u>	4570		Įr.		
O DEDCONO MAYU		4-	E220				

		Last Comp	lete Update:	6/7/2023			AREA	.: Mililani
PROJECT NAME:	THE (COURTY	ARDS AT I	MILILANI N	MAUKA		PROJECT TYPE	Family
ADDRESS:	95-1015	Koolani Dr.					PHONE: (808)-5	589-1845
CITY:	Mililani		STATE: HI	ZIP:	96789		FAX : 626-94	156
MANAGER	t: Tiffany	Gates, Reside	nt Manager		APPLY AD ATTN: Man	DRESS:	ce, 95-1015	OUT-OF-STATE
APPLY TO): The Co	ourtyards at Mil	ani Mauka		Koolani Dr.	, Mililani, HI 9	6789	APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	: : (808)-5	89-1845			FAX: 626-9456	EMAIL:	: http://www.location ble-rentals.aspx	nsrentals.com/afforda
	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	10	070	0.05.001	000			
	Bdrm:	12	979	2.25xRent				
Three		24	1147	2.25xRent 2.25xRent				
	Bdrm:	12	1319		1 100			YES
Tour	Duilli.					,	,	123
RENT INFO: RE	NT IS 30	% OF INCOME	: NO	UTILITIES INC	CLUDED:		тот	AL UNITS: 48
				Water			MINIMUM V ESTIMATE	VAIT LIST E (Months): 24
							MAXIMUM V ESTIMATE	VAIT LIST E (Months): 36
AGE CRITERIA: Head of househole	d must he	2 18 years or o	der				TO REMAIN ON V	
i lead of flousefior	a mast be	o to years of or	dei	WAITL PARKING INF	IST FOR PARKING: O: NO	PET INFO		PETS OK: NO
	Δ	SSET LIMITS:	NONE	1 stall include	d; Max 2 stalls, but d to have 2nd stall,		··	and any five
AN OWN RESI						GENERAI	L INFO:	
ASSET LIMIT INF	O:			LEASE:		LIHTC		
Cannot own a maj properties.	jority intei	rest in resident	al	1 year		Accepts	Section 8 & Rent S	upplement
						Application		
INCOME CRITER	IA:			,			d from website rom manager's offic	e
60% of AMI: 1 per persons \$70,740;			\$62,880; 3	FURNISHED: Partly furnishe appliances on		,		
1-PERSON MAXIM				4585				

Last Complete Upda	te: 3/3/2020		AREA: Kalihi
PROJECT NAME: THE TOWERS AT KL	JHIO PARK	PROJE	Family
ADDRESS: 1475 Linapuni St.		PHONE	E: 808-888-2816
CITY: Honolulu STATE	: HI ZIP: 96	FA)	X : 888-0631
MANAGER: Andrew Kopecky, Manager -To Tyrone Colding, Manager -Towe	P DII 002 1621	PPLY ADDRESS: -site	OUT-OF-STATE APPLICATION
APPLY TO: The Michaels Organization			ACCEPTED: YES
APPLY ATTN:			120
APPLY PHONE: 808-888-2816	FAX: 888	EMAIL: towers@ i-0631	}tmo.com
Unit Type: Number of UNITS: REN	T: Minimum INCOME Required: SQ	Number Number	CAREGIVER Allowed:
One Bdrm: 156	6 3280 5	79	
Two Bdrm: 187	9 3937 79	92	
Three Bdrm: 217	2 4268 94	44	
Four Bdrm:			
RENT INFO: RENT IS 30% OF INCOME: NO Rent listed is for Tax Credit units (58). Apply directly to The Towers at Kuhio Park for market units. Subsidized units - apply via Hawai'i Public Housing Authority	y UTILITIES INCLUDED: Water, electricity and gas	E	TOTAL UNITS: 555 INIMUM WAIT LIST ESTIMATE (Months): 0 AXIMUM WAIT LIST
AGE CRITERIA:	Į.		ESTIMATE (Months): 6
Head of household must be 18 years or older	WAITUST FOR D	CAL	MAIN ON WAITLIST LL EVERY (Months):
	WAITLIST FOR PARKING INFO:	NO PET INFO:	PETS OK: NO
ASSET LIMITS:	Parking included. Each u 2 unassigned stalls. Park open lot.		
AN OWN RESIDENTIAL PROPERTY: UNKNO	N	GENERAL INFO:	
ASSET LIMIT INFO: If asset generates income, then it is counted toward income	LEASE: One-year		ogram for all residents tion 8 okay on tax credit
INCOME CRITERIA:		24-hour maintenan	nce and security
2x rent	FURNISHED:	NO RESPONSE IN	N 2021
1-PERSON MAXIMUM MONTHLY INCOME: 2-PERSONS MAXIMUM MONTHLY INCOME:	4220 4820		

	Last Complete Update:	12/16/2021			AREA	. Downtown
ROJECT NAME: THOMA	AS BUILDING				PROJECT TYPE	Family
ADDRESS: Unknown					PHONE:	,
CITY: Honolulu	STATE: H	ZIP:	0		FAX:	
MANAGER:			APPLY ADI	DRESS:		OUT-OF-STAT
APPLY TO: Housing S	Solutions, Inc.					APPLICATION ACCEPTED
APPLY ATTN: BUILDING	S IS NOT OPEN OR IN O	PERATION				
APPLY PHONE:		F	AX:		Website: https://w Email: Unknown	ww.hsiservices.net/
	Number f UNITS: RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	0					
One Bdrm:	0					
Two Bdrm:	0					
Three Bdrm:	0					
Four Bdrm:	0					
ENT INFO: RENT IS 30%	OF INCOME:	UTILITIES INCLU	JDED:		тот	AL UNITS: 25
					MINIMUM V	
					ESTIMATE	
					MAXIMUM V ESTIMATE	VAIT LIST E (Months):
GE CRITERIA:					TO REMAIN ON V	
			FOR PARKING:		CALL EVERY	
		PARKING INFO:		PET INFO:		PETS OK:
۸۹۹	ET LIMITS:					
ASSI AN OWN RESIDENTIAL PF				general.	INFO:	
SSET LIMIT INFO:		LEASE:		Three-stor	story, century-old structure in downtown	
					hrooms, opening	
COME CRITERIA:						
		FURNISHED:				
PERSON MAXIMUM MONTH	HLY INCOME:	0]		
PERSONS MAXIMUM MON	THLY INCOME:	0				

	Last Com	plete Update:	5/18/2023			AREA:	Manoa
PROJECT NAME:	VANCOUVER	HOUSE				PROJECT TYPE:	Emergency/Transi
ADDRESS:	2019 Vancouver Dr.					PHONE : 808-947	'-7181
CITY:	Honolulu	STATE: HI	ZIP:	96822		FAX : 944-397	76
	Tionolaia			00022			
MANAGER	: Chris Gerson			APPLY ADI			
APPLY TO	: Housing Solutions,	Inc.		Referred by homeless sl	outreach agen nelter	cy or	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Chris Gerson						NO
APPLY PHONE	: 947-7181			FAX : 944-3976	EMAIL: o	chris@hsiservices.ı	net
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
St	tudio:						
One E	3drm: 25	1100		460	2	4	
Two E	3drm: 8	1400		580	5	7	
Three E	3drm:						
Four E	3drm:						NO
RENT INFO: REI	NT IS 30% OF INCOM \$1400 for 2-bdrm	ME: NO	UTILITIES INCI Electricity, wate disposal	LUDED: er, sewer, and refuse		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 6 AIT LIST
AGE CRITERIA:					-	TO REMAIN ON W	
Adult 18+ with at I or at least 6 month	east 1 minor child (18 ns pregnant	3 and under)	WAITLIS	ST FOR PARKING: YES	PET INFO:	CALL EVERY	(Months): 1 PETS OK: NO
AN OWN RESID	ASSET LIMITS DENTIAL PROPERTY D:		Limited parking month, approx no guest parkin parking for resi	g at \$50 per 6-12 mon waitlist; ng on site. Street dents and guest st come first serve.	GENERAL I Homeless of Homeless f	INFO: or at risk families with at leas	
			Month to Month	1	Head of Hohours a we	ousehold must be v	vorking at least 19
Less than 50% AM			FURNISHED:			currently unshelter shelter or at risk o	
33,0,0,0			No			sneiter or at risk o	-

2-PERSONS MAXIMUM MONTHLY INCOME:

		Last Compl	ete Update:	11/24/2021			AREA:	Ewa Beach
PROJECT NAME:	VILL/	AGES OF	MOA'E KI	J - PHASE	1		PROJECT TYPE:	Family
ADDRESS:	91-1655	Pahika St.					PHONE: 808-681	-3000
CITY	<u> </u>		STATE: HI	ZIP:	20722		FAX: 681-300)4
Citt	Ewa Bea	acn	STATE: HI	ZIP:	96706			
	Mercad	vasaki, Mgr; Jai lo, Admin Asst. Villages of Moa		sing Agent; Bet	91-1655 F			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	:							YES
APPLY PHONE	: 808-68	1-3000			FAX: 681-3004	EMAIL:	www.eahhousing.orvmk-management@	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:							
	3drm:	6	986	2.5x rent	674	1	3	
Two E	3drm:	32	1175	2.5x rent	797	2	5	
Three I	3drm:	25	1348	2.5x rent	1119	3	7	
Four I	Bdrm:						J	YES
Based on 2019 MT Change A security deposit required AGE CRITERIA: 18+ Multi-Family F	FOO/ AMI	Income Limits S	Subject to	UTILITIES INC	irash		MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 12 AIT LIST (Months): 17
				WAITL PARKING INF	IST FOR PARKING	S: PET INFO	ı· F	PETS OK: NO
	AS	SSET LIMITS:	YES	Assigned on a	an "As needed" nt drivers license,		nagement if have a	P
AN OWN RESID				registration re	equired	GENERAL	INFO:	
ASSET LIMIT INFO				LEASE:		Application	on Fee of \$35 per ad	ult
Depends on inpute	ea income	е		1 year			king property - smole on the property, inc	
INCOME CRITERI						Laundry F	nd/Totlot, Communit Room, Picnic Area, ed internet	
Maximum monthly annually	income l	limits subject to	change	FURNISHED: Refrigerator, s blinds	stove, rangehood,	_ ' '	RHTF, LIHTC, CDE	BG, NSP, HOME,
						NO RESE	PONSE IN 2021	
						Update re	equest email sent on	9/5/2024
1 DEDSON MAYIM	UM MON	NTHLY INCOME	≣:	4220				

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	Last Comp	olete Update:	11/24/2021			AREA:	Ewa Beach
PRO IECT NAME:	VILLAGES OF	MOVE KII	_ DUACE	п		PROJECT TYPE:	
	91-1655 Pahika St.	WOA E NO	- PHASE				1
ADDICESS.	91-1000 Pallika St.					PHONE: 808-681	
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		1 88. [001-300	4
	R: Gary Iwasaki, Mgr; Ja Mercado, Admin Ass D: EAH - Villages of Mo	t.	ing Agent; Betty	y APPLY ADI 91-1655 Pa Ewa Beach	hika St.		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
	:: 808-681-3000			FAX : 681-3004	EMAIL:	www.eahhousing.or	rg
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
	Bdrm: 9	915	2.5xrent		1	3	
	Bdrm: 37	1082	2.5xrent		2	5	
Three I		1245	2.5xrent		3	7	
Four	Bdrm:			J		J	YES
RENT INFO: RE	NT IS 30% OF INCOM	E: NO	UTILITIES INCI	LUDED:		TOTA	L UNITS: 75
Max rent is around AMI % - 30/50/55			Water/sewer/tra	ash		MINIMUM W. ESTIMATE	AIT LIST
2021 Update: Wai	TSP/VLI income limits itlist is purged annually					MAXIMUM W.	AIT LIST
AGE CRITERIA:						TO REMAIN ON W	/AITLIST
18+			WAITLIS	ST FOR PARKING:		CALL EVERY	(Months):
			PARKING INFO		PET INFO:	: F	PETS OK: NO
				drivers license,			
	ASSET LIMITS:		insurance, safe registration req		J		
AN OWN RESID	DENTIAL PROPERTY: O:				GENERAL An applica	INFO: ation fee of \$35 per	adult household
Depends on input	ed income		LEASE: 1 year		member		
			. you			d/Totlot, Communit toom, Picnic Area, C	
INCOME CRITER	IA:				' '	ng on Property	
Maximum monthly annually	/ income limits subject t		FURNISHED: Refrigerator, st blinds	ove, rangehood,		4 units, 50% AMI 19	units, 55% AMI
					Funding:	RHTF, LIHTC, CDB	G, HOME, HMMF
II 1-PERSON MAXIM	IUM MONTHLY INCOM	 1E:	4042		Į.		
2-PERSONS MAXI	MUM MONTHLY INCO	ME:	4620				

		Last Compl	ete Update:	3/5/2020			AREA:	Ewa Beach
PROJECT NAME:	VII I A	GES OF	MOA'F KI	J - PHASE	: 111		PROJECT TYPE:	-
ADDRESS:			MO/TE /T	1117102	• •••		PHONE: 808-681	<u> </u>
	J						FAX:	3000
CITY:	Ewa Bea	ach	STATE: HI	ZIP:	96706			
	Mercad	vasaki, Mgr; Jai o, Admin Assis /illages of Moa	tant	asing Agent; Be	91-1655	ADDRESS: Pahika Street ach, HI 96706		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:							YES
APPLY PHONE	:: 808-68°	1-3000			FAX: 681-3004		www.eahhousing.or	rg
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:		0					
One I	Bdrm:	4	996	2.5x rent	674	1	3	
Two I	Bdrm:	28	1185	2.5x rent	797	2	5	
Three I	Bdrm:	20	1361	2.5x rent	1119	3	7	
Four I	Bdrm:		0					YES
Based on 2019 M change. 30% AMI 3 units, sunits	TSP/VLI I	ncome Limits.	Subject to	Water/Sewer/			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12 AIT LIST (Months): 0
AGE CRITERIA: 18+ Multi-Family F	Property						TO REMAIN ON W	
				WAITL PARKING INF	IST FOR PARKIN	NG: PET INFO)· F	PETS OK: NO
	AS	SSET LIMITS:		Assigned on a basis. Curren insurance, sa	an "As needed" t drivers license, fety check,		nagement if have a	
AN OWN RESID		PROPERTY:		registered red	quired	GENERAL	_ INFO:	
ASSET LIMIT INFO		9		LEASE:		Non-Smo	oking property - smole on the property, inc	king not allowed sluding inside apts
						Playgroui Laundry I	nd/Tot lot, Communi Room, Picnic Area, (ed internet	ty Meeting Room,
INCOME CRITERI Maximum monthly		imits subject to	change	FURNISHED:		Funding:I	RHTF, LIHTC, CDBC	G, HOME, HMMF
annually	income i	irinis subject to	Change		stove, rangehood,	Download	on: d from website PONSE IN 2021	
1-PERSON MAXIM	IUM MON	ITHLY INCOME	≣:	4220		1		
2-PERSONS MAXI	мим мо	NTHLY INCOM	ΛE:	4820				

		Last Comp	lete Update:	6/1/2023				AREA:	Kapolei
PROJECT NAME:	VILL	AS AT A'E	LOA					PROJECT TYPE:	
				s: 91-1130 Nam	nahoe St	:.)		PHONE: 808-674	I-4245
	J							FAX: 674-424	
CITY:	Kapolei		STATE: HI	ZIP:		96707		,	
MANAGER	t: Amand	a Mercado				APPLY AD			
APPLY TO	: Locatio	ns LLC				91-1130 Na Kapolei, HI			OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Afforda	ble Housing D	ept.						
APPLY PHONE	:: 808-67	4-4245			FAX:	674-4246		locationsrentals.com rentals.aspx	m/affordable-
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:								
	Bdrm:	19	1100	2.25x rent		637	2	5	
	Bdrm:	32	1200	2.25x rent	<u> </u>	1068	3	9	
Three I	Bdrm:	20	1500	2.20X 1011		1000			YES
Four	Burin.								TES
RENT INFO: RE				UTILITIES IN		D:		TOTA	L UNITS: 71
Section 8 applications income requireme	nt.	•	e minimum	Water and Se	ewer			MINIMUM W ESTIMATE	
Must be below 50° Minimum Income 1 bdrm: \$2182.50-	Requirem -\$2322.50	nents:)						MAXIMUM W	AIT LIST
AGE CRITERIA:	¢ ንፖ <mark>ር</mark> ስ ሰ	10		le.				ESTIMATE TO REMAIN ON W	` '
Head of household	d must be	e 18 years or o	lder	WAITI	IST FO	R PARKING:		CALL EVERY	
				PARKING IN		NO	PET INFO	; F	PETS OK: NO
				1 assigned pa	arking st	all included			
		SSET LIMITS:]		
AN OWN RESIDE		PROPERTY:	NO				GENERAL LIHTC Fu		
				LEASE: 1 year; then r	month to	month	Accepts S	•	
				, , , , , , , , , , , ,				or 60%AMI	
								r 50% AMI	
50% AMI: 1 perso		0, 2 persons \$5	52,250, 3	FURNISHED:			Maximum AMI	Monthly Income be	low based on 60%
persons \$58,800, 60% AMI: 1 perso persons \$70,560, \$84,660, 6 person	4 persons n \$54,900 4 person	s \$65,300, 0, 2 persons \$6 is \$78,360, 5 p	62,700, 3	Partly furnish appliances or		or	Applicatio Donwnloa	n: d from website om manager's office	3
							NO RESP	ONSE IN 2021	
1-PERSON MAXIM	NOM MUI	NTHLY INCOM	E:	4220					
2-PERSONS MAXI	MUM MC	NTHLY INCO	ME:	4820					

		Last Comp	lete Update:	6/7/2023			AREA:	Kapolei
PROJECT NAME:	VILL/	AS AT MA	LU'OHAI				PROJECT TYPE:	Family
ADDRESS:	91-1025	Kaiau Ave.					PHONE: 808-888	3-2377
CITY	IZ L-1		STATE: HI	7ID. [00707		FAX: 808-888	3-2297
CII T.	Kapolei		STATE: HI	ZIP:	96707			
	Indigo	na James, Prop Real Estate at Malu'Ohai	erty Manager		APPLY AC 91-1025 Ka Kapolei, H	aiau Ave		OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	I: Reside	nt Manager						YES
APPLY PHONE	: 808-94	3-9314			FAX : 946-0572	EMAIL:	manager@villasatn	naluohai.com
Unit	Туре:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:							
	Bdrm:	55	1112	2.25xrent	713	2	5	
Three	Bdrm:	16	1329	2.25xrent	940	3	7	
Four	Bdrm:							NO
RENT INFO: RE Minimum income voucher. Credit ev tenants. Tenants i reference. Must n criteria.	requiremoral valuation must have	ents waived wit will be done for e good landlord	h Sec 8 all	UTILITIES INC	CLUDED:		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 24 AIT LIST
AGE CRITERIA:							TO REMAIN ON W	/AITLIST
Head of Househol	d 18+			WAITL PARKING INF	LIST FOR PARKING	: PET INFO	CALL EVERY	(Months): 6 PETS OK: NO
	AS	SSET LIMITS:	NONE	2 designated unit	parking stalls per	Service ar document	nimals allowed with ation.	proper
AN OWN RESID		PROPERTY:	NO			GENERAL		
ASSET LIMIT INF Applicant cannot oproperties		ajority interest ir	n residential	LEASE: 1 year; month	n to month	shopping, Applicatio	Room, air conditioning schools and recreating in: utside of building ne	tion center.
INCOME CRITER 50% AMI: 1 perso 3 persons \$58,800 60% AMI: 1 perso 3 persons: \$70,56 5 persons: \$84,66 7 persons: \$97,20	n \$45,750 D; 4 person: \$54,90 O; 4 person: 6 person:	ons \$65,300 00; 2 persons: ons: \$78,360 ons: \$90,900		FURNISHED: Partly furnished appliances or	edmajor		Maangement has ch te 9/5/2024, no long	
1-PERSON MAXIM	IUM MON	NTHLY INCOM	E:	4575				

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

	Last C	Complete Updat	e: 12/	15/2021			AREA:	Wahiawa
PROJECT NAME:	WAHIAWA	TERRACE	(HPHA	-cen)	- NOT ACCEP	TIN	PROJECT TYPE:	Family
	337 Palm St.		•				PHONE: 808-622	2-6360
							FAX: 622-636	
CITY:	Wahiawa	STATE:	HI	ZIP:	96786			
MANAGER	: Jimary Quinones	S			APPLY ADD	RESS:		
					1002 North			OUT-OF-STATE
APPLY TO		10 ADDI 10 ATIO	NO		Honolulu, HI NOT ACCEF	96817 PTING APPLI	CATIONS	APPLICATION ACCEPTED:
	NOT ACCEPTIN		INS					NO
APPLY ATTN	 Oahu application NOT ACCEPTIN 		NS					
APPLY PHONE	808-832-5961				FAX: 832-3461	EMAIL:	hphaishereforyou.o	rg
ATTETTTIONE	. 000 002 0001				TAX. 002 0401			
Unit	Type: Numbe	r		Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNIT			NCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
Si	tudio:		- F	•				
					547			YES
		0	_		547	1	4	
Two E	3drm : 16	0			691	2	6	YES
Three I	3drm: 24	0			936	3	8	YES
Four I	3drm: 8	0	\neg \Box		1200	4	10	YES
RENT INFO: RE Minimum Rent: \$0 ********CLOSED 8	for Federal Low I				LUDED: wance for electricity		MINIMUM W ESTIMATE MAXIMUM W	(Months): 36 AIT LIST
A OF ODITEDIA			,				ESTIMATE	
AGE CRITERIA: Head of household	d must be 18 years	s or older	_				TO REMAIN ON W CALL EVERY	
Ticad of flousefloid	Tillust be 10 years	3 Of Older	545		ST FOR PARKING:	DET INFO		
			PAR	KING INFO	J:	PET INFO:	nimals ok, but only o	PETS OK: YES
,	ASSET LIM	IITS: NONE				the catego	ories listed below: under 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPER	RTY: NO	T			GENERAL	INFO:	
ASSET LIMIT INFO			LEAS	SE:			NCES: Domestic V	
Cannot own a hou	se on Oahu		1 ye	ar		displaced.		ers, involuntary
						Funding: F	Fed Low Inc Pub Hs	ing 100%
J								
INCOME CRITERI				NICHED.			tions must be 3 yrs a ethamphetamine or s	
ncome Eligibility = Maximum Annual 2 persons - \$60,90 4 persons - \$76,10 6 persons - \$88,30 8 persons - \$100,4	Income: 1 person 00; 3 persons - \$68 00; 5 persons - \$82 00; 7 persons - \$94	8,500; 2,200;	Part	NISHED: ly furnishe iances onl	dmajor y, no carpet			
1-PERSON MAXIM	UM MONTHLY IN	ICOME:	4570)				
2-PERSONS MAXI	MUM MONTHI Y I	NCOME:	5220)				

	Last Comple	te Update:	12/15/2021			AREA:	Waianae
PROJECT NAME:	WAIMAHA/SUN	FLOWER	(HPHA-le	e) - CLOSED	F	PROJECT TYPE:	Family
ADDRESS:	85-186 McArthur St.		•			PHONE: 808-697	7-7171
CITY	J	CTATE: I.I.	71D.			FAX: 697-717	74
CITY:	Waianae	STATE: HI	ZIP:	96792			
MANAGER	: Mandy Miyamoto			APPLY ADD			0117 05 07475
APPLY TO	. LIDITA			1002 North S Honolulu, HI	96817		OUT-OF-STATE APPLICATION
APPLY TO	: HPHA			NOT ACCEF	PTING APPLICA	ATIONS	ACCEPTED:
APPLY ATTN	: Oahu applications office	e					NO
					EMAIL: hp	ohaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			FAX: 832-3461			
Unit	Type: Number	$\overline{}$	Minimum		MINIMUM	MAXIMUM	CAREGIVER
	of UNITS:	RENT:	INCOME Required:	SQ FT:	Number of People	Number of People:	Allowed:
s	tudio:						
	Bdrm: 52	0		513	1	4	YES
							YES
		0		650	2	6	YES
Three I		0		991	3	8	TES
Four I	Bdrm:						
Minimum Rent: \$5 Security Deposit is ********WL CLOS Timoly response to	NT IS 30% OF INCOME: 60 for Federal Low Income 6 equal to rent amount 6 ED 8/2/2016***** 6 communication by proice 6 must be 18 years or olde	e projects	UTILITIES INC Water and allo	CLUDED: wance for electricity	Т	TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE O REMAIN ON W CALL EVERY	(Months): 36 AIT LIST (Months): 60 /AITLIST
nead of flousefloid	u must be to years or olde	EI		IST FOR PARKING:			` ' '
			PARKING INF	0:	PET INFO: Subject to a		PETS OK: YES
	4005T L WITO TO	IONE				pp.010.	
ANI OWNI PESIT	ASSET LIMITS: NO PENTIAL PROPERTY:				GENERAL IN	NEO:	
ASSET LIMIT INFO		10	LEASE:			ICES: Domestic V	/iolence victims;
			1 year		homeless in displaced.	transitional shelte	ers; involuntary
			,		'	d Low Inc Pub Hs	ring 100%
2 persons - \$60,90 4 persons - \$76,10	80% of AMI Income: 1 person - \$53,25 20; 3 persons - \$68,500; 20; 5 persons - \$82,200; 20; 7 persons - \$94,350;	50;	FURNISHED: Partly furnishe appliances on			ns must be 3 yrs amphetamine or	
1-PERSON MAXIM	IUM MONTHLY INCOME:	:	4570		k		
2-PERSONS MAXI	MUM MONTHLY INCOME	E:	5220				

		Last Compl	ete Update:	9/6/2024				AREA:	Waimanalo
PROJECT NAME:	WAIN	MANALO A	PARTME	NTS				PROJECT TYPE:	Family
		Hihimanu St.						PHONE: 808-259	-5649
	<u> </u>							FAX: 259-970	
CITY:	Waimar	nalo	STATE: HI	ZIP:		96795		,	
MANAGER		at the moment, F	,	ger		APPLY AD	DRESS:		
APPLY TO		ridge Manageme analo Apartmen				41-545 Hihi Hawaii 9679	manu Street, V 95	/aimanalo,	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	l:								YES
APPLY PHONE	: 808-25	59-5649			FAX:	259-9705		waimanalo@cmi.ne waimanaloapartmei	
	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: Bdrm:	37	1566	2.5xrent	 	576	1	3	YES
	Bdrm:	28	1879	2.5xrent		720	2	5	YES
Three I		8	2172	2.5xrent	+ -	864	3	7	YES
	Bdrm:	2	2422	2.5x rent	- F	1134	4	9	YES
RENT INFO: RE Rent range - 1 bdrm - \$1093 - \$ 2 bdrm - \$1312 - \$ 3 bdrm - \$1516 - \$ 4 bdrm - \$1691 - \$	51312 51575 51819, 2	bath	: NO	UTILITIES INC Electricity and charge			tra	TOTA MINIMUM W. ESTIMATE MAXIMUM W.	(Months): 3
	2029, 2	Datii						ESTIMATE	, , , , , , , , , , , , , , , , , , , ,
AGE CRITERIA: Head of household	d must be	e 18 years or ol	der					TO REMAIN ON W CALL EVERY	
		·		WAITL PARKING INF		R PARKING:	PET INFO:	F	ETS OK: NO
				Parking include parking spots	ded, 12 (guest			into into
		SSET LIMITS:							
AN OWN RESIDE		. PROPERTY:	YES				GENERAL Project do	INFO: es not maintain a w	aitlist: vacancies
				LEASE: 6 months			are filled o	n a first-come, first- area, on bus line	
								.waimanaloapartme	
INCOME CRITERI		4 055	200	ELIDAHOLIED.			onsite mgr	nt by Cambridge M	gmt. Inc.
Maximum Annual 2 persons - \$62,88 4 persons - \$78,60	30; 3 pers 00	sons - \$70,740;	020;	FURNISHED: Partly furnishe appliances on		or	Send requienvelope	gement to mail it est with self-addres	·
60% AMI, follows	siale gul	ueimes.						m manager's office irough waimanaloa	
1-PERSON MAXIM	IOM MOI	NTHLY INCOM	≣:	4585					
2-PERSONS MAXI	мим мс	ONTHLY INCOM	ИE:	5240					

	Last Compl	ete Update:	10/16/2023			AREA:	Waimanalo
PROJECT NAME:	Waimanalo Em	ergency Sh	elter; p	reviously Wei	<mark>nber</mark>	PROJECT TYPE:	Emergency
ADDRESS:	41-490 Saddle City Rd.					PHONE : 808-204	-0982
CITY:	Waimanalo	STATE: HI	ZIP:	96795		FAX : 744-061	6
	Waimanaio			30730			
MANAGER	: Destiny, Site Manager			APPLY ADI	DRESS:		OUT-OF-STATE
APPLY TO	:						APPLICATION ACCEPTED:
APPLY ATTN	l:						NO
APPLY PHONE	: 204-0982			FAX: 744-0616	EMAIL:	www.kahumana.org	
Unit	Type: Number	DENT.	Minimum INCOME	00 FT.	MINIMUM Number	MAXIMUM Number of	CAREGIVER
	of UNITS:	RENT:	Required:	SQ FT:	of People	People:	Allowed:
	tudio: 8 Bdrm: 8			180	3	4	
	Bdrm: 7			550	3	6	
Three I	Bdrm: 7			950	5	10	
Four	Bdrm:						NO
RENT INFO: RE Emergency Shelte 30%; cap \$250/mo			TILITIES ING	CLUDED:		TOTA MINIMUM W. ESTIMATE	(Months): 0
		Į.				ESTIMATE	
AGE CRITERIA:						TO REMAIN ON W	
lioyo		Р	WAITL ARKING INF	IST FOR PARKING: O:	PET INFO		ETS OK: NO
]						fied with documentat	
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:	NO			GENERAL	_ INFO:	
ASSET LIMIT INF	O:	L	EASE:		Must part casework	icipate in programs a	as determined by
		F	Program agre	eement: 90 Days	Must follo	nd on site. w Program Rules. villing to work if not c	lisabled.
INCOME CRITER	IA:						
None		_	URNISHED: Stove, refrige	rator, no carpet,			
				tress if needed			
1 DEDSON MAYIN	IUM MONTHLY INCOME	<u> </u>]		

	Last Comple	ete Update:	12/15/2021			4854	Waimanalo
PPO IECT NAME:	WAIMANALOL	IOMES I 8	II /UDUA	wind) NOT	ACC	AREA: PROJECT TYPE:	
	WAIMANALO H		ІІ (ПРПА	-wina) - NOT	ACC]
ADDRESS.	Humuniki St. & Humuna	i Pi.				PHONE: 808-233	
CITY:	Waimanalo	STATE: HI	ZIP:	96795		FAX : 233-376	9
MANAGER	: Roberta Kahele			APPLY AD			
APPLY TO	. UDUA			1002 North Honolulu, F	HI 96817		OUT-OF-STATE APPLICATION
AFFEITO	NOT ACCEPTING API	PLICATIONS		NOT ACCE	PTING APPLIC	CATIONS	ACCEPTED:
APPLY ATTN	l: Oahu applications offic						NO
	NOT ACCEPTING API	PLICATIONS			EMAIL:	hphaishereforyou.o	rg
APPLY PHONE	: 808-832-5961			FAX: 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:						
Two I	Bdrm: 19	0		877	2	6	YES
Three		0		1017	3	8	YES
		0		1171	4	10	VEC
Four	Bdrm: 4	U	1			1	YES
RENT INFO: RE	NT IS 30% OF INCOME:	: YES I	JTILITIES INC	CLUDED:		ТОТА	L UNITS: 41
Minimum Rent: \$0	for Federal Low Income			wance for electricity	•	MINIMUM W	
********CLOSED	8/2/2016*****		and gas			ESTIMATE	(Months): 36
						MAXIMUM W	(2.4)
		įt.				ESTIMATE	
AGE CRITERIA:	d must be 18 years or old	der				TO REMAIN ON W CALL EVERY	
Troud of Household	a made so to yourd of ore		WAITL PARKING INF	IST FOR PARKING:	PET INFO:		PETS OK: YES
			-ARRING INI	0.		imals ok, but only o	
	ASSET LIMITS:	NONE				ries listed below: Inder 25 lbs) or cat	
AN OWN RESI	DENTIAL PROPERTY:				GENERAL		
ASSET LIMIT INF			_EASE:		PREFERE	NCES:(A) domest	
Cannot own a hou	se on Oahu		1 year			omeless in transitior . (B) substandard h	
			·		of income.	(C) others = indefin	nite wait.
J					Funding: F	ed Low Inc Pub Hs	ing 100%
ncome Eligibility =			FURNISHED:		Income El	igibility=80% of AM	ı
Maximum Annual	Income: 1 person - \$53,2	DEO:	Partly furnishe	edmajor	All convict	ions must be 3 yrs	ago, unless it's
4 persons - \$76,10	00; 3 persons - \$68,500; 00; 5 persons - \$82,200;		appliances on	ly	crystal me	thamphetamine or	sex offender
6 persons - \$88,30 8 persons - \$100,4	00; 7 persons - \$94,350; 450						
, , , , , , , , , , , , , , , , , , , ,							
1-PERSON MAXIM	IUM MONTHLY INCOME	: :	4570		P		
2-PERSONS MAXI	MUM MONTHLY INCOM	1E:	5220				

	Last Comp	lete Update:	9/6/2024				AREA:	Waipahu
PROJECT NAME:	WAIPAHU HAL	L ELDERL	Υ			I	PROJECT TYPE:	Elderly
ADDRESS:	94-1060 Waipahu St.						PHONE: 808-671	-3801
CITY:	J Waipahu	STATE: HI	ZIP:	96	797		FAX : 680-045	56
	R: Collette Sanchez, Ser Kelsey Chalmers, Ass D: Cambridge Managem	sistant Communit		Wa 94- Wa	PLY ADE ipahu Ha 1060 Wa ipahu, Hi site drop	ill ipahu St., Office 96797	Э	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY PHONE	E: 808-671-3801			FAX: 680-	0456		aipahu@cmiweb.r ttps://www.waipah	net uapartments.com/
	Number of UNITS:	RENT:	Minimum INCOME Required:	SQI	T:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
One	Bdrm: 72	0		63	6	1	3	YES
Four	Bdrm:							NO
RENT INFO: RE Max rent \$2027; n	NT IS 30% OF INCOME to application fee.		UTILITIES IN				TOTA MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE	(Months): 18
AGE CRITERIA:						Т	O REMAIN ON W	/AITLIST
disabled. Other m	d must be 62 years or ol nembers of the househo ldren, siblings, or friends	ld may be	WAITL PARKING INF Parking include		RKING:			PETS OK: YES
AN OWN RESI	ASSET LIMITS: DENTIAL PROPERTY:					GENERAL II	<u>'</u>	
ASSET LIMIT INF	O: ets cannot put household . Asset limits are expect	over	LEASE: 1 year, then r	month-to-mon	th	Pavilion cer Bbq Area & Recreation A gated con On-site mar Guest interd	nter & social activit lush landscaping room with tv nmunity on busling nagement com system	
	IA: income: 1 person - \$48,); 3 persons - \$62,650	750; 2	FURNISHED: Partly furnish appliances or floor, tub sho	edmajor nly, laminate t	ile	Catholic Ch Application: Request by Ask Manage	ion to Shopping av arities Hawai'l	miweb.net
 1-PERSON MAXIN	IUM MONTHLY INCOM	E:	4062]		

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	Last Comple	ete Update:	12/15/2021			AREA:	Waipahu
PROJECT NAME:	WAIPAHU I (HF	PHA-lee) -	NOT ACC	EPTING APP	S	PROJECT TYPE:	Family
ADDRESS:	94-111 Pupuole St.					PHONE: 808-483	3-2550
CITY	N/ainah	STATE: HI	ZIP:	00707		FAX: 483-255	52
CIII.	Waipahu	STATE. HI	ZIF.	96797			
MANAGER APPLY TO	: Marcus Asami : HPHA NOT ACCEPTING API	PLICATIONS		APPLY ADI 1002 North Honolulu, H NOT ACCE	School St.	ATIONS	OUT-OF-STATE APPLICATION ACCEPTED:
APPLY ATTN	: Oahu applications office						NO
APPLY PHONE		FLICATIONS		FAX : 832-3461	EMAIL: h	phaishereforyou.o	rg
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio:						
One E			-	050			YES
Three E		0		650 817	3	8	YES
Four E							
	NT IS 30% OF INCOME for Federal Low Income 8/2/2016******		Water and ele			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 36 AIT LIST
AGE CRITERIA:					7	ΓΟ REMAIN ON W	/AITLIST
Head of household	d must be 18 years or old	der		IST FOR PARKING:		CALL EVERY	, , , , , , , , , , , , , , , , , , , ,
	ASSET LIMITS:	NONE	PARKING INF Included	O:	the categor	mals ok, but only or ies listed below: nder 25 lbs) or cat	
AN OWN RESID	DENTIAL PROPERTY:				GENERAL I	NFO:	
ASSET LIMIT INFO			LEASE:			NCES: Domestic V n transitional shelt	
					Funding: Fe	ed Low Inc Pub Hs	sing 100%
INCOME CRITERI	•					ons must be 3 yrs hamphetamine or	
2 persons - \$60,90 4 persons - \$76,10	Income: 1 person - \$53,2 00; 3 persons - \$68,500; 00; 5 persons - \$82,200; 00; 7 persons - \$94,350;	250;	FURNISHED: Partly furnishe appliances on			·	
1-PERSON MAXIM	UM MONTHLY INCOME	<u> </u>	4570		•		

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

	Last Comp	lete Update:	10/16/2023			AREA:	Waipahu
PROJECT NAME:	WAIPAHU TO	WERS			ı	PROJECT TYPE:	Family
ADDRESS:	94-337 Pupumomi St.					PHONE : 808-75	3-9440
CITY:	Waipahu	STATE: HI	ZIP:	96797		FAX:	
MANAGEF	R: Sonja Tupua			APPLY ADI	DRESS: ae Avenue, Suite	200	OUT-OF-STAT
APPLY TO	D: Mark Development, In	nc.		Honolulu, H		e 200	APPLICATION ACCEPTED:
APPLY ATTN	N:						YES
APPLY PHONE	E: 808-735-9099			FAX : (781)295-342	27 e		waii.com/waipahuto
	t Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
l	Bdrm: 2	0	<u> </u>	482	1	4	
	Bdrm: 62	0		684	2	6	YES
Three	Bdrm:						
Four	Bdrm:						YES
30% of household	d's income	E	Electricity and	water		MINIMUM W ESTIMATE MAXIMUM W	(Months): 12
AGE CRITERIA:		į.			Т	ESTIMATE O REMAIN ON V	
	ld must be 18 years or o	lder	WAITLI	ST FOR PARKING:	·	CALL EVERY	
			ARKING INF		PET INFO:	ation considered f	PETS OK: NO
	ASSET LIMITS:		Parking includ There is a cha stalls.	rge for additional	service anin		or verillable
	DENTIAL PROPERTY:				GENERAL II		
ASSET LIMIT INF	- O:	_	EASE:		Amenities: I Laundry Ro	Recreation Area, om	Playground,
			1 year		Funding: Pr	oject based Sec	8
INCOME CRITER	DIA -				Credit & Cri	minal checks	
Maximum Annual 2 persons - \$48,2	Income: 1 person - \$42 200; 3 persons - \$54,350 250; 5 persons - \$65,100	;	URNISHED: Partly furnishe appliances onl			https://www.mdih ‹ up from manage	awaii.com/waipahut er's office
-PERSON MAXIN	MUM MONTHLY INCOM	 E: 3	3516]		
-PERSONS MAX	IMUM MONTHLY INCO	ME: 4	1016				

		Last Comp	lete Update:	9/6/2024			AREA:	Moilili
PROJECT NAME:	WEIN	IBERG H	ALE				PROJECT TYPE:	Singles or Couple
ADDRESS:	2734 S.	King St.					PHONE: 808-946	6-6953
CITY:	Honolulu	J	STATE: HI	ZIP:	96826		FAX: 973-060	05
MANAGER	: Ruel Al	benjar; Proper	ty Manager		APPLY ADI	DRESS: m case manage	r	OUT-OF-STATE
APPLY TO	: Housing	g Solutions, In	C.		2734 S. Kin		•	APPLICATION ACCEPTED:
APPLY ATTN	l:							NO
APPLY PHONE	: 946-69	53		F	FAX: 973-0605	EMAIL: r	uel@hsiservices.n	et
Unit	Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio:	60	1250		266	1	2	
One I	Bdrm:							
Two I	Bdrm:							
Three I	Bdrm:							
Four I	Bdrm:							
RENT INFO: RE Security Deposit \$ Section 8 accepte Shelter + Care pro or other housing v AGE CRITERIA: Head of household	d d ogram ouchers			All utilities include			MINIMUM W ESTIMATE MAXIMUM W ESTIMATE TO REMAIN ON W CALL EVERY	(Months): 1 AIT LIST (Months): 6 /AITLIST
		, ,		WAITLIST PARKING INFO:	FOR PARKING: YES	PET INFO:	F	PETS OK: YES
AN OWN RESID	DENTIAL	SSET LIMITS: PROPERTY:		Tenant parking \$ pre approved by guest parking is between 7am to	640/month; when management, available	GENERAL I	ounds; limit 1 per (P.
ASSET LIMIT INFO	O:			LEASE: Month to month; the situation	dependent on	Funding: Shelter + C Funding: R Application		Section 8 100%
INCOME CRITERI	IA:			1		Ask manag Send reque	ement to mail it est with self-addres	ssed stamped
Follows state guid limit.		d 60% AMI ma	ax income	FURNISHED: No carpet, full six microwave, and cabinet, kitchene	counter top	Email reque	m manager's office est to maretta@hs anager is no longe rty manager apoin	iservices.net
1-PERSON MAXIM	IUM MON	NTHLY INCOM	IE:	4230]		

	Last Comp	lete Update:	9/6/2024			AREA:	Lanakila
PROJECT NAME:	WEINBERG SE	ENIOR RE	SIDENCE	AT MALUHIA		PROJECT TYPE:	Elderly
ADDRESS:	1111 Hala Dr.					PHONE: 808-842	2-1082
CITY:	Honolulu	STATE: HI	ZIP:	96817		FAX: 843-01	57
	Tionolaid			30017			
MANAGER	: Kuulani Fong, Tempo	rary Resident N	/lanager	APPLY ADI	DRESS:		OUT-OF-STATI
APPLY TO	: Hawaii Affordable Pro	perties					APPLICATION ACCEPTED:
APPLY ATTN	l:						YES
APPLY PHONE	: 808-949-4111			FAX : 949-7211	EMAIL	thttps://www.pacific- residence-at-maluh	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
s	tudio:		rtoquilou.		от георіе	т сорю.	
One I	Bdrm: 39	965		400+	1	3	YES
	Bdrm:						
Three	Bdrm:						NO
Preference is no lo frail (needing help living eg: eating, d	NT IS 30% OF INCOME onger given to applicant with at least 3 activities lressing, shopping, etc.) sit equal to 1 months re- er)	s who are of daily Minimum	UTILITIES INC	CLUDED: utility allowance		TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months): 12
AGE CRITERIA:						TO REMAIN ON V	
	d and co-tenants must b application. Caregiver n		PARKING INF		PET INFO	CALL EVERY	(Months): 12 PETS OK: NO
<u> </u>	ASSET LIMITS:		Parking includ	led but limited			
AN OWN RESID ASSET LIMIT INF	DENTIAL PROPERTY: O:	NO	15465		GENERAI Walk in s	L INFO: hower and closet, w	heelchair
Must not wholly ov real estate.	wn a majority interest in	residential	LEASE: 1 year; month	to month	shoot and lanai area allowed v	e, community cented laundry room on eas, storage lockers. with MD letter; can w	ach floor. Covered Caregivers are ork outside home
INCOME CRITER MUST BE LESS T			FURNISHED:		site mana Full-time	s there's other care ager, interior landsc Activity Coordinator	aped courtyard.
	HAN 50% AMI UD income limits.)		Range, refrige		Funding:	HUD PRAC 202	
 -PERSON MAXIM	IUM MONTHLY INCOM	E:	3821]		

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	Last Cor	mplete Update:	9/6/2024			AREA:	Ewa
PROJECT NAME:	WEST LOCH	ELDERLY \	/ILLAGE			PROJECT TYPE:	Elderly
ADDRESS:	91-1472 Renton Rd					PHONE: 808-681	-0562;
CITY:	Ewa Beach	STATE: HI	ZIP:	96706		FAX : 681-414	.0
APPLY TO	:: Koaneti Lauaki - R Lisa Oasay - Proje :: Hawaii Affordable	ct Admin Assistant		APPLY ADI 91-1472 Re 96706	DRESS: enton Road, Ev	va Beach, Hi	OUT-OF-STATE APPLICATION ACCEPTED: YES
APPLY ATTN	:: 808-681-0562			FAX: 681-4140	EMAIL:	koanetil@hawaiiaffo elizabetho@hawaiia	
Unit	Type: Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 90	865	2x rent	556	1	2	YES
One I	Bdrm: 60	940	2x rent	686	1	3	YES
Two I	Bdrm:						
Three I	Bdrm:						
Four	Bdrm:						NO
No application fee Limited number of check with manag Waitlist purged ev respond or will be AGE CRITERIA: All residents must be 55+. Handicap	subsidies available ement company. ery 6 months; application	(max of \$170) ants must	water	and water heater) ar	PET INFO	MINIMUM W. ESTIMATE MAXIMUM W. ESTIMATE TO REMAIN ON W. CALL EVERY	(Months): 12 AIT LIST (Months): 7 (AITLIST
age requirement.			\$10/month	O: YES There		s, fish, or 1 dog und	
AN OWN RESID	ASSET LIMIT DENTIAL PROPERT			parking stalls. d on first come I waitlist.		gmt & vets "clean b	
income.	O: n assets puts applica ne primary residence.		LEASE: 1 year		has a sep Funding: I Asst Prgn Recreatio	s are allowed with Marate bedroom, with Participating in the Conand Sec. 8 and Ren hall with tv, 24/7 Son hall with tv, 24/7 Son hall with tv, 24/7 Son hall with two the second	sliding door. City Housing Rntl ent Supplmnt Prgm ecurity; Resident
INCOME CRITER Maximum Annual 1 person - \$55,000 2 persons - \$62,800 *60% AMI	Income: 0;		FURNISHED: Partly furnishe appliances on stove, 1 bdrm fan, bathtub		Shopping Hawaii; op walk-up, la	Coordinator; Transpo available through C bened 1993; no elev anais ap Accessible Units	atholic Charities ator: two-story
1-PERSON MAXIM	IUM MONTHLY INCO	DME:	4583				

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

2-PERSONS MAXIMUM MONTHLY INCOME:

	Last Comple	ete Update:	9/6/2024				AREA:	Wahiawa
PROJECT NAME:	WHITMORE CII	RCLE APAR	TMENT	S			PROJECT TYPE:	Elderly
ADDRESS:	111 N Circle Makai St.						PHONE: 808-753	3-3973
CITY	Wahiawa	STATE: HI	ZIP: □		00700		FAX: eFax: 3	23-648-8212
OII I.	vvariiawa	STATE: ITI	211 .]_		96786			
	: Laura Lynn Daniels - F				APPLY ADDR 3165 Waialae Hawaii 96816	Ave. #200,	Honolulu,	OUT-OF-STATE APPLICATION
	: Mark Development - 7							ACCEPTED: YES
APPLY PHONE	·	30 3033		FAX:	(781)295-3427		https://mdihawaii.co	om/rentals/whitmore-
	Type: Number of UNITS:	RENT:	Minimum INCOME Required:		SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
	tudio: 40	0	<u> </u>	 	516		3	YES
Two E	3drm: 4	0			645	2	5	YES
Three E	3drm:							
Four I	Bdrm:							YES
RENT INFO: RE	NT IS 30% OF INCOME	: YES U	TILITIES IN	CLUDE) :		TOTA	L UNITS: 43
Section 8 vouchers eposit \$1,155 - 1 bedroor	m		ater and ga		ed in rent. sible for electric	;	MINIMUM W ESTIMATE	
\$1,355 - 2 bedroor	m						MAXIMUM W ESTIMATE	
AGE CRITERIA:	d must be 62 years or old	dor or					TO REMAIN ON W	
disabled. Other m	embers of the household children if head of house	d can be	WAITL ARKING INF		R PARKING:	PET INFO:		PETS OK: YES
legal guardian.		P	arking included				llowed, with restrict	
AN OWN RESID	ASSET LIMITS: DENTIAL PROPERTY:	YES				GENERAL	INFO:	
ASSET LIMIT INFO	O:	LE	ASE:				s are allowed with Nome. Caregiver inco	
		1	year; month	n to mon	th	eligibility.3 Built in 19 Pictures a	handicapped acce 90 vailable on	ssable units.
INCOME CRITERI	Δ.						shiconsulting.com/\ ee; Coin Operated	
50% of Honolulu N		P	JRNISHED: artly furnish opliances or	edmajo	or	television Education Open gaze Application	nal Room equipped and computers with al and social activiti ebo and outside lou n:Download from m om manager's office	printer es nge area dihawaii.com
						No need to	o call to remain on v	vaitlist, call to
1-PERSON MAXIM	UM MONTHLY INCOME	≣: 30	004			P		
2-PERSONS MAXII	MUM MONTHLY INCOM	ΛΕ: 3 ₄	433					

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

	Last Comp	lete Update:	7/16/2020			AREA:	Wahiawa
ROJECT NAME:	WILIKINA PAR	RK				PROJECT TYPE:	Elderly
ADDRESS:	298 Wilikina Dr.					PHONE: 808-622	2-6125
CITY:	Wahiawa	STATE: HI	ZIP:	96786		FAX : 622-612	27
MANAGER	R: Debra Fong; Sandalwood Manage	ment, Inc.		APPLY ADI	DRESS:		OUT-OF-STA
APPLY TO	: Wilikina Park Apartm	ents		on one			APPLICATIO ACCEPTED
APPLY ATTN	l:						YES
APPLY PHONE	E: 808-622-6125		FA	AX : 622-6127	EMAIL:	wilikinapark@sanda	alwoodmgt.com
Unit	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
S	tudio: 45	900	2xrent	479	1	2	YES
One	Bdrm: 19	1050	2xrent	627	1	2	YES
Two	Bdrm:						
Three	Bdrm:						
Four	Bdrm:						NO
Market Rents: stu Longer waits for o At move in: must	NT IS 30% OF INCOM dio - \$800, one bdrm - \$ ne bedroom. pay ONE full month's re t . Not prorate 1st mont	\$875. ent plus	UTILITIES INCLU Water, trash and s			TOTA MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA:						TO REMAIN ON W	VAITLIST
	st be 55 or disabled; spo an be 55 or disabled. C			FOR PARKING:		CALL EVERY	, la
llowed over 18yr	s old. Children under 1	8 allowed.	PARKING INFO: Long w/l for parking	YES	PET INFO	: F , and small dogs Ok	PETS OK: YES w/
			is included	ig, but parking	note.	, and small dogs Or	C WITH GOOTOLS
	ASSET LIMITS:	NONE	is included		note.		
	DENTIAL PROPERTY:		is included		GENERAL		
	DENTIAL PROPERTY:		LEASE:		GENERAL Opened 1 Services: clubhouse maintenar 5 handica	994 CCH shopping van e, trash chute on eve nce person lives on pped units (3 for mo	ery floor, site.
SSET LIMIT INF	DENTIAL PROPERTY: O:		LEASE:		GENERAL Opened 1 Services: clubhouse maintenar 5 handica impairmer Funding: I	994 CCH shopping van be, trash chute on even ce person lives on pped units (3 for mont) Low Income Housin	ery floor, site. obility, 2 for visual
AN OWN RESII SSET LIMIT INF NCOME CRITER MAXIMUM incomperson - \$43,98	DENTIAL PROPERTY: O: IA: e:		LEASE:		GENERAL Opened 1 Services: clubhouse maintenar 5 handica impairmer Funding: I Rental As	994 CCH shopping van e, trash chute on evonce person lives on pped units (3 for mont)	ery floor, site. obility, 2 for visual

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	Last Comp	lete Update:	5/8/2023			AREA:	Chinatown
ROJECT NAME: WIN	STON HAL	.E				PROJECT TYPE:	Family
ADDRESS: 1055 R	liver St.					PHONE: 808-74	
CITY: Honolu	llu	STATE: HI	ZIP:	96817		FAX: 744-130	08
MANAGER: Justin	Gonsalves, Site	e Manager		APPLY ADI			OUT-OF-STA
APPLY TO: Hawa	ii Affordable Pro	perties Ltd.		Honolulu, H	l 96817		APPLICATIO ACCEPTED
APPLY ATTN: Mana	ger						
APPLY PHONE: 808-7	44-1307			FAX: 744-1308	EMAIL:	https://www.hawaiiaential-properties-oa	
Unit Type:	Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Studio:	97	850	2x Rent	310	1	2	YES
One Bdrm:							
Two Bdrm:							
Three Bdrm:							
Four Bdrm:							NO
equired						MINIMUM W ESTIMATE MAXIMUM W ESTIMATE	(Months):
GE CRITERIA:						TO REMAIN ON V	
ead of household must b	oe 18 years or o	der	WAITLI	ST FOR PARKING:		CALL EVERY	
			PARKING INFO		PET INFO		PETS OK: NO
,	ASSET LIMITS:	NONE	Parking not ava	ailable	Per reaso managem	nable accomodation ent.	n from
AN OWN RESIDENTIA					GENERAL	. INFO:	
SSET LIMIT INFO:			LEASE:		Funding:	unknown	
			1 year		Left Voice	email 9/6/2024	
NCOME CRITERIA:							
Maximum Annual Income person - \$54,900; persons - \$62,700	:		FURNISHED: Partly furnisher allpiances only				
PERSON MAXIMUM MC	NTHLY INCOM	E:	4220				
PERSONS MAXIMUM M	ONTHLY INCO	ME:	4820				

Last Comp	lete Update:	5/14/2024			AREA:	Ala Moana
WISTERIA VIS	TA				PROJECT TYPE:	Elderly
1239 South King St.					PHONE: 808-597	7-8963
Honolulu	STATE: HI	ZIP:	96814		FAX : 735-197	78
R: Kayla Kedro, Residen	t Manager					OUT-OF-STAT
O: Wisteria Vista						APPLICATION ACCEPTED
N: Resident Manager						YES
E: 808-597-8963			FAX: 808-735-197	8	/wisteria-vista/	
Number of UNITS:	RENT:	Minimum INCOME Required:	SQ FT:	MINIMUM Number of People	MAXIMUM Number of People:	CAREGIVER Allowed:
Bdrm: 91	805	2xrent	384			YES
Bdrm:						NO
an be included to meet ment. Section 8 certificate	inimum holders				MINIMUM W ESTIMATE MAXIMUM W	(Months):
		is.			TO REMAIN ON W	/AITLIST
t be 62 or older		WAITL				
				PET INFO:	: F	PETS OK: NO
	NONE	stalls are assis	sgned, occupancy			
		vernole.				
IDENTIAL PROPERTY:	YES	vernicie.		GENERAL Electric		arato Air
IDENTIAL PROPERTY: FO: lousing.org/apartments/w		LEASE:		Electric, conditione and multisocial wor Walking d	able and phone sep ad units. Coin-opera purpose room on si ker available on site istance to grocery s tts. Has emergency	ated laundry room te. Library. CCH 22x per week. tore, bus line and
FO:		LEASE:		Electric, conditione and multisocial wor Walking drestrauran opened 20	able and phone sep ad units. Coin-opera purpose room on si ker available on site istance to grocery s tts. Has emergency	ated laundry room te. Library. CCH e 2x per week. tore, bus line and call system.
	1239 South King St. Honolulu R: Kayla Kedro, Residen D: Wisteria Vista N: Resident Manager E: 808-597-8963 t Type: Number of UNITS: Studio: 91 Bdrm: 91 Bdrm: 91 Bdrm: Bdrm: ent. Section 8 certificate e min gross income requent t be 62 or older	Honolulu STATE: HI R: Kayla Kedro, Resident Manager D: Wisteria Vista N: Resident Manager E: 808-597-8963 t Type: Number of UNITS: RENT: Studio: Bdrm: 91 805 Bdrm: 91 805 Bdrm: NO an be included to meet minimum ent. Section 8 certificate holders e min gross income requirement.	1239 South King St. Honolulu STATE: HI ZIP: R: Kayla Kedro, Resident Manager D: Wisteria Vista N: Resident Manager E: 808-597-8963 Type: Number of UNITS: RENT: Required: Bdrm: 91 805 2xrent Bdrm: Bdrm: Water & Sewer emin gross income requirement. UTILITIES INC Water & Sewer emin gross income requirement. Type: None was a stalls are assi is restricted to	Honolulu STATE: HI ZIP: 96814 APPLY ADI 1239 S King Honolulu, H 1239 S King Honolulu, H R: Kayla Kedro, Resident Manager D: Wisteria Vista N: Resident Manager E: 808-597-8963 FAX: 808-735-197 Type: Number of UNITS: RENT: NCOME Required: SQ FT: Studio: Studio: Sq. FT:	Honolulu STATE: HI ZIP: 96814 R: Kayla Kedro, Resident Manager APPLY ADDRESS: 1239 S King St. Honolulu, HI 96814 N: Resident Manager E: 808-597-8963 FAX: 808-735-1978 EMAIL: Type: Number of UNITS: RENT: Minimum INCOME Required: SQ FT: Myumber of People Bdrm: 91 805 2xrent 384 Bdrm: Bdrm: Water & Sewer ENT IS 30% OF INCOME: NO UTILITIES INCLUDED: Water & Sewer Ent is 30% OF INCOME: NO UTILITIES INCLUDED: Water & Sewer ASSET LIMITS: NONE ASSET LIMITS: NONE	Honolulu STATE: HI ZIP: 96814 APPLY ADDRESS: 1239 S King St Honolulu, HI 96814 N: Resident Manager EMAIL: https://www.eahhou./wisteria-vista/ N: Resident Manager E: 808-597-8963 FAX: 808-735-1978 EMAIL: https://www.eahhou./wisteria-vista/ E: 808-597-8963 FAX: 808-735-1978 Minimum INCOME Required: SQ FT: Minimum Number of People Studio: Bdrm: 91 805 2xrent 384 Bdrm: 91 805 2xrent

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