

Naulu

99-009 Kalaloe Street
Aiea, HI 96701

Email: leasing@nauluhawaii.com
Phone: 808-850-0512 Fax: 808-400-7747

Office Use Only

Rcvd by: _____

Rcvd Date: _____

Rcvd Time: _____

WAITLIST APPLICATION

Every line of this application must be filled in. If an item does not apply to you, write "N/A". The application must be completed, signed, and returned to the property you are applying for before you can be placed on the waiting list.

Head of Household Information:

Head of Household Name	Phone Number	Email Address
Street Address	City, State	Zip Code

1st Choice Bedroom Preference

☐ Studio ☐ One Bedroom ☐ Two Bedroom ☐ Four Bedroom

2nd Choice Bedroom Preference

☐ Studio ☐ One Bedroom ☐ Two Bedroom ☐ Four Bedroom

Check required features:

☐ N/A ☐ Mobility Unit ☐ Visual Impaired Unit ☐ Hearing Impaired Unit

Do you require any additional features:

List all persons that will reside in the home:

Name	Relationship	SSN Last 4 Digits	Birthdate	Student Status (FT, PT, NA)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

List all earned and unearned income received by each household member

Household Member	Type of Income	Monthly Amount	Annual Amount

Please answer all the following questions concerning your household

	Yes	No
Do you have any pets? List here:		
Is any member of the household a student enrolled in an institute of higher education?		
Have you ever been convicted of a crime against any person or property?		
Are you or anyone named on this application subject to State Lifetime Sex Offender registration in any state?		
Have you ever been evicted? If so, when?		
Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?		
Do you currently have a Section 8 Voucher?		
Has your tenancy or subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?		
Do you have any outstanding balances owed to Utility Companies or Previous Landlords?		

Please provide a complete listing of all states where the applicant and members of the applicant's household have resided:

This pre-application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list. Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community.

Individuals with disabilities have the right to request reasonable accommodation in all written notices given to applicants and tenants.

I/We understand that upon receipt of the completed application for tenancy, our name will be placed on the waiting list, processed for admission, or may be rejected based on preliminary eligibility determination. If placed on the waiting list, this application will be recorded by date and time received by Management.

I/We certify that to the best of my/our knowledge, all statements made herein are true and correct. False, fraudulent, and or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Indigo Real Estate Services and Naulu Apartments, are committed to providing equal opportunity in the provision of housing. We do not discriminate on the basis of race, color, religion, sex, disability, national origin or familial status. If you have any questions about the application process, please call the Manager of the building(s) to which you applied.

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED.

Head of Household	Signature	Date
Co-Head/Other Adult	Signature	Date
Other Adult	Signature	Date
Other Adult	Signature	Date
Other Adult	Signature	Date