HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION

App. No/PSN _____/_____
(To be completed by Sales Staff Only)

APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS

Project Name: Mohouli Subdivision Section 1

Do you have a pending application with HHFDC? Y N ****YES?** Name of Project(s):

A. APPLICANT			SPOUSE		
Print Full Name (no middle initials)			Print Full Name (no middle initials)		
Social Security No:	Home Phone	Cell Phone	Social Security No:	Other Phone	Cell Phone
___ Married ___ Unmarried (incl. single, divorced & widowed) ___ Separated (pending divorce) ___ Separated (by Decree)					
Present Address: ____ No. of Yrs at Address ____ Rent ___ Own*			Mailing Address (if different):		

**If own present address, refer to Exhibit "A" – Document Checklist, Section II-C*

B. EMPLOYMENT INFORMATION			
Name & Address of Employer	Yrs. on this job / Yrs. in this line of work	Name & Address of Employer	Yrs. on this job / Yrs. in this line of work
Position	Bus Phone	Position	Bus Phone
Self-Employed? Y N	If Yes, effective date as self-employed***		

****Refer to Exhibit "A" – Document Checklist, Sections II-B and IV-A*

C. HOUSEHOLD COMPOSITION

Legal dependent(s) include dependents claimed on Income Tax Returns, expectant child, foster children, and hanai children. Non-dependent family members include persons who are related by blood, marriage, or operation of law and/or legal custody who are currently living with or intend to live with Applicant and Spouse (or Applicant and Co-applicant) in the property.

List Household Member Name(s) Include Expectant Child - Do not include Applicant & Spouse	Sex	Age	**SS#,** for 18yrs* & older	Relation?	Legal Dependant **		Non-Dependant Household Member?		**Status?** Student Employed Unemployed	Gross Monthly Income, if Employed	No. of Yrs on Job
1.					Y	N	Y	N		$	
2.					Y	N	Y	N		$	
3.					Y	N	Y	N		$	
4.					Y	N	Y	N		$	
5.					Y	N	Y	N		$	
6.					Y	N	Y	N		$	
7.					Y	N	Y	N		$	

***Household members 18 yrs. and older, refer to Exhibit "A" – Document Checklist, Section I-D.**

****For Legal Dependents, refer to Exhibit "A" – Document Checklist, Section I-C.**

D. CO-APPLICANT IDENTIFICATION

Are you applying with a Co-Applicant(s)? Y N ****YES?** Refer **Exhibit "A" – Document Checklist, Section I-A.**

Name of Co-Applicant(s)? _____

E. HHFDC ELIGIBILITY REQUIREMENTS

		Applicant		Spouse	
1.	Are you a U.S. citizen:	Y	N	Y	N
	If no, are you a Resident Alien?	Y	N	Y	N

**** If YES, refer to Exhibit "A" – Document Checklist, Section II-A.**

2.	Date of Birth:				
	Age:				
3.	Are you a legal resident of Hawaii?	Y	N	Y	N
4.	Are you physically residing in Hawaii?	Y	N	Y	N
5.	Do you or any household member(s) own any leasehold and/or fee simple properties or lands suitable for dwelling purposes anywhere in the world?	Y	N	Y	N

YES? Refer to Exhibit "A" – Document Checklist, Section II-C.

6.	Have you ever purchased an affordable for-sale home from the Hawaii Housing Finance & Development Corporation, Housing Finance and Development Corporation, Housing and Community Development Corporation of Hawaii, Hawaii Housing Authority developed under Chapter 359F, 201E, 201G, or 201H Hawaii Revised Statutes (HRS), or from any county agency?	Y	N	Y	N

YES? Refer to Exhibit "A" – Document Checklist, Section II-D.

F. PREFERENCE DETERMINATION - prior to Public Drawing only NEW PROJECTS ONLY

1.	Are you eligible for a **disability** preference? *(For **Multi-Family** Projects Only)*	Y	N	Y	N
	YES? Refer to Exhibit "A" – Document Checklist, Section III-A.				
2.	Do you have **dependents**? *(For **Single Family** Projects Only)*	Y	N	Y	N
	YES? Refer to Exhibit "A" – Document Checklist, Section III-B.				
3.	Are you eligible for a **displacement** preference? (***Any*** new project)	Y	N	Y	N
	YES? Refer to Exhibit "A" – Document Checklist, Section III-C.				
4.	Are you currently residing in a public housing project administered by the Hawaii Public Housing Agency (HPHA) or in a HHFDC subsidized rental project and receiving rental assistance? (***Any*** new project)	Y	N	Y	N
	YES? Refer to Exhibit "A" – Document Checklist, Section III-D.				

G. DECLARATION & ACKNOWLEDGEMENT OF ELIGIBILITY

EACH APPLICANT, APPLICANT'S SPOUSE AND ALL CO-APPLICANTS (*collectively referred to as 'Applicant(s)'*) HEREBY DECLARE THAT APPLICANT IS ELIGIBLE TO PURCHASE A DWELLING UNIT UNDER CHAPTER 201H, HAWAII REVISED STATUTES (HRS), AND SECTIONS 15-174-73, 15-174-74, AND 15-174-75 OF THE HAWAII ADMINISTRATIVE RULES; AND FURTHER ACKNOWLEDGE & AGREE THAT:

1. The affordable property purchased shall be restricted with HHFDC's use, sale, and transfer restrictions ("buyback") and the HHFDC has the first option to purchase the property during the buyback restriction period;
2. The affordable property purchased shall also be restricted with HHFDC's Shared Appreciation Equity ("SAE") Program and this lien will encumber the property until HHFDC is paid its share of the appreciated value and the lien is released;
3. The property must be owner occupied at all times during both the "buyback" restriction period and while the property is encumbered by the SAE Program;
4. Applicant will inform the HHFDC of any change in Applicant's marital status, household size, disability preference, displacement preference, State residency requirements, resident alien requirements or any other change that affects the HHFDC's eligibility and/or preference requirements, prior to closing the purchase;
5. All eligibility requirements must be maintained until recordation of the sales of the property, except for income eligibility which is determined at time of application review only, except in cases where changes occur to the original application due to increase in household size and/or co-applicant applying with primary applicant;
6. Applicant agrees to update this application when necessary, and at HHFDC's request;
7. Applicant affirms that all of the information provided on this application is true and supports the APPLICATION TO PURCHASE A REAL PROPERTY UNDER CHAPTER 201H, HRS;
8. Applicant meets the eligibility requirements and understands that making any false statements knowingly in connection with this Application shall constitute perjury and is a crime punishable under the provision of the Hawaii Penal Code.
9. At time of unit/lot selection, Applicant, Applicant's Spouse and all Co-applicants (collectively referred to as 'Applicant') agree to have at least one applicant member present, as a representative authorized to select a unit on behalf of all applicants.

Print Applicant's Name	Applicant's Signature	Date
Print Spouse's Name	Spouse's signature	Date

Application No.: _____

HHFDC HOUSEHOLD INCOME ELIGIBILITY WORKSHEET

Mohouli Subdivision Section 1

	Applicant (a)	Spouse (b)	Other Non-Dep Household Member (c)	Co-Applicant (d)	Co-Applicant Spouse (e)	Other Non-Dep Household Member (f)
I. Current Monthly Base Pay:						
A. 1-month current pay stubs, and	_____	_____	_____	_____	_____	_____
B. HHFDC Request for Verification of Employment (VOE) -- (***NOTE: If no VOE, submit 2-months current pay stubs***)						
II. Additional monthly and/or Periodic* Income:						
A. Use current pay stub, OR	_____	_____	_____	_____	_____	_____
B. HHFDC Request for Verification of Employment						
1. Tips	_____	_____	_____	_____	_____	_____
2. COLA	_____	_____	_____	_____	_____	_____
3. Military Allowances (BAH, Subsistence, etc.)	_____	_____	_____	_____	_____	_____
C. Refer to Income Tax Returns & ATTACH signed Federal & State tax returns with additional schedules, if applicable and W-2s.						
4. Dividends	_____	_____	_____	_____	_____	_____
5. Interest	_____	_____	_____	_____	_____	_____
6. Royalties	_____	_____	_____	_____	_____	_____
7. Pension or Annuity Distributions	_____	_____	_____	_____	_____	_____
8. VA Compensation	_____	_____	_____	_____	_____	_____
D. Refer to Income Tax Returns & ATTACH signed Schedule SE (for Self-Employed) and/or Schedule C (for Business) (add back depreciation and utilities)						
9. Net Rental Income	_____	_____	_____	_____	_____	_____
10. Business Income & Investments	_____	_____	_____	_____	_____	_____
E. Refer to Divorce Decree & ATTACH complete copy						
11. Alimony	_____	_____	_____	_____	_____	_____
12. Child Support	_____	_____	_____	_____	_____	_____
F. Refer to Benefit Letter at Beginning Year or Copy of Check (**Refer to Exhibit "A" – Document Checklist, Section IV-C.**)						
13. Social Security Benefits	_____	_____	_____	_____	_____	_____
14. Public Assistance	_____	_____	_____	_____	_____	_____
15. Unemploy. Benefits	_____	_____	_____	_____	_____	_____
16. Sick Pay	_____	_____	_____	_____	_____	_____
17. Income from Trusts	_____	_____	_____	_____	_____	_____
18. Contributions to Deferred Compensation Plan	_____	_____	_____	_____	_____	_____
19. Other _____	_____	_____	_____	_____	_____	_____
III. Gross Monthly Income (Total of Section I. & II. A-F)	_____	_____	_____	_____	_____	_____
IV. Yearly Household Income (Line III. multiply by 12)	_____ a.	_____ b.	_____ c.	_____ d.	_____ e.	_____ f.

V. APPLICANT'S TOTAL ANNUAL HOUSEHOLD INCOME (Sum of Line IV a-f): $ _____

We, the undersigned Applicant(s) hereby certify that the information is true and correct to the best of my knowledge and will be used by HHFDC to determine total household income eligibility. Applicant understands that income eligibility approval is required at time of HHFDC application review only, except in cases where changes occur to the original application due to increase in household size and/or co-applicant applying with primary applicant. This worksheet is made a part of the Application to Purchase Real Property under 201H, HRS.

Print Applicant's Name	Applicant's Signature	Date
Print Spouse's Name	Spouse's signature	Date
Print Co-Applicant's Name	Co-Applicant's Signature	Date
Print Spouse's Name of Co-Applicant	Spouse of Co-Applicant's Signature	Date

For HHFDC Use Only:

HUD ESTABLISHED MEDIAN HOUSEHOLD INCOME

FOR A HOUSEHOLD SIZE OF _____ / _____.

Total HH Size No. Dependents

a. [ ] 140% and below HUD est. median income

___ **<80%** ___ **<100%** ___ **<120%**

b. [ ] 140% and above HUD est. median income

HHFDC Reviewer: _____

Pending _____ **Apprvd** _____ **Disapprvd** _____

Date Date Date

ASSETS	
TOTAL Cash Available for Down Payment and Closing Costs	$
Source of Down Payment (e.g. savings, checking, gift from relative, stocks, etc.)	
Is any part of the Down Payment / closing costs borrowed? **No Yes*** *Amount borrowed: $ _____	
Is buyer required to have a co-mortgagor or co-signor in order to qualify for the purchase of a unit? **No Yes*** *YES, refer to Exhibit A – Document Checklist, Section IV-C.	

EXHIBIT "A"

APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS

DOCUMENT CHECKLIST

This checklist is provided to assist the applicant in submitting a *completed* Application to Purchase Real Property Under 201H, HRS (Application). ***Attach all applicable supporting documentation*** as may be required **to the Application** for HHFDC to verify eligibility and household income requirements and requested preference, if any. Upon request by HHFDC, any additional information and/or documentation must be submitted in order for HHFDC to complete its review of the Application. ***Refer to Information Packet – Section D for all applicable forms.***

® ***means Required by all applicants***

I. Household Composition/Size Verification Documents (Section C & D of Application):

A. If applying with a Co-applicant*****, complete and submit Co-Applicant application form

- ☐ Anyone who is not married to the applicant or is unrelated and 18-yrs and older who will reside in the unit, must complete the co-applicant application.

B. Unmarried Marital Status, other than Single.

- ☐ Copy of certified final divorce decree (complete document in its entirety).
- ☐ Copy of certified separation decree (complete document in its entirety).

C. Legal Dependents NOT claimed on income tax return.

- ☐ If expectant child, submit doctor's certification to include expectant child as part of total household size. If not received, expectant child will not be included in total household size.
- ☐ If newborn, submit copy of birth certificate or hospital certificate.
- ☐ If foster or hanai child:
  - Complete, notarize and submit Affidavit as to Applicant's Legal/Physical Custody of Children form.
  - Submit copy of certification of foster child.
- ☐ If children while unmarried or from a previous marriage, other than applicant or co-applicant:
  - Complete, notarize and submit Affidavit as to Applicant's Legal/Physical Custody of Children form.
- ❖ **Note:** If in the process of securing legal custody of a minor child or disabled adult, process must be completed in order to claim children as part of the total household size.

D. Non-dependent household members, 18-yrs. and older.

- ☐ Complete & Submit, **notarized** Affidavit as to Family Member form.
- ☐ If employed, submit all applicable documentation according to Section IV, below.
- ☐ If retired or unemployed but receiving income, refer to Section IV-B, below and submit all applicable documentation for sources of income.

II. Eligibility Verification Documents (Section E of Application):

A. Citizenship

- ☐ If Permanent Resident Alien, submit copy of Permanent Resident Alien card (front & back). (Persons with temporary alien cards are ineligible until permanent resident alien status is received.)
- ☐ If citizen of the Republic of Marshall Islands, Federated States of Micronesia or Palau, submit copy of I-94.

B. Legal & Physical Resident in Hawaii

- ☐ **® *Signed*** State of Hawaii Income Tax Returns & all applicable schedules, for the most current year. If self-employed, submit last two (2) years with all worksheets.
- ☐ **® *Signed*** Federal Income Tax Returns & all applicable schedules, for the most current year. If self-employed, submit last two (2) years with all worksheets, such as Schedules SE/C.
- ☐ Voter Registration Certificate, if recent resident and no Hawaii state tax returns filed.
- ☐ Pay statement showing Hawaii state withholdings, if recent resident and no Hawaii state tax returns filed.

C. Property Ownership

- ☐ Complete Real Estate Disclosure Statement form.
- ☐ Submit copy of conveyance document (deed) for the property owned.

D. Prior Purchase of Affordable Property
- ☐ Complete Acknowledgment of Prior Purchase of Affordable Property form.
- ☐ Submit copy of conveyance document showing non-ownership of property due to sale, disposition by decree, etc.

III. Preference Determination Documents (Section F of Application):

For New Projects Only & Applications received prior to public drawing

A. Disability Preference – ***Multi-Family unit only***.
- ☐ Complete Request for Preference form.
- ☐ Complete & Attach Disability form & Certification by Treating Physician or Independent Consultant.

B. Dependent Preference – ***Single Family dwelling only***.
- ☐ Submit evidence of dependents, if applicable. Refer to Para. I-C above for additional documentation, as applicable.

C. Displacement Preference
- ☐ Complete Request for Preference form.
- ☐ Submit copy of certification letter confirming displacement, as applicable.

D. Public Housing & State Subsidized Rental Housing Preference
- ☐ Complete Request for Preference form.
- ☐ Submit copy of your rental agreement and certificate of occupancy from HPHA or HHFDC.

IV. Household Income Eligibility Verification Documents (Income Eligibility Worksheet):

TOTAL HOUSEHOLD INCOME is the sum of the gross **monthly** income received from all household members, 18 yrs and older, from income generating sources such as, the **primary job** before taxes, or a compilation of various part-time jobs comprising 40 hours per week, tips, cost of living allowance (COLA), basic allowance for housing (BAH), dividends, interest, royalties, pensions or annuity distribution, Veterans Administration (VA) compensation, net rental income, business income & investments, alimony, child support, social security benefits, public assistance, unemployment compensation, sick pay, income from trusts, contributions to deferred compensation plan, and other income from sources such as welfare benefits, workers compensation, aid to families with dependent children, tax-exempt interest income. DO NOT INCLUDE overtime income, bonuses and other income from part-time employment if in addition to a primary job, on this application.

A. Income from Employment:
- ☐ ® W-2 statements for the most current year.
  - If self-employed, submit copy of General Excise Tax filing for the most current two (2) years.
- ☐ ® Employment pay statements:
  - For all employed household members, 18-yrs. and older.
    1. 1-month pay statements **AND** Verification of Employment (VOE) form, **or**
    2. 2-month pay statements, ***if* NO** VOE form
  - 1-month pay statements is considered as: If paid weekly, submit 5 consecutive pay statements; if paid bi-weekly, submit 3 consecutive pay statements; if paid semi-monthly, submit 2 consecutive pay statements. 2-month pay statements, if NO VOE requires double the amount as described for 1-month statements.

B. Income from Benefits such as alimony, child support, social security benefits, public assistance, unemployment compensation, sick pay, income from trusts, contributions to deferred compensation plan, and other income from sources such as welfare benefits, workers compensation, aid to families with dependent children, tax-exempt interest income, etc.

- ☐ Copy of annual benefits letter for the most current year.
- ☐ Copy of monthly bank statement showing direct deposit of monthly payment.
- ☐ Copy of certified program notice confirming annual payment.
- ☐ Copy of Form 1099-MISC.

C. Assets

- ☐ If applicant requires co-signor or co-mortgagor in order to financially qualify for a mortgage loan, complete & notarize Co-Signor/1% Co-Mortgagor & Owner-Occupant Buyer(s) Affidavit form.