

APPENDIX 2

HHFDC SUPPLEMENTAL FORMS

1. Applicant & Co-Signor Affidavit (2 pgs.) – must be signed in front of a notary public.
2. Applicant & 1% Co-Mortgagor Affidavit (3 pgs.) – must be signed in front of a notary public.
3. Acknowledgement of Prior Purchase of Affordable Property
4. Adult Household Member Acknowledgement with Exhibit A – Document Checklist (3 pgs.)
5. Affidavit as to Applicant's Legal/Physical Custody of Children (2 pgs.) – must be signed in front of a notary public.
6. Request for Preference
7. Verification of Employment ("VOE")
8. Note change to the form for the *Co-Applicant Application with Exhibit A – Document Checklist. *Use the Application Form from the Application Packet and check the "Co-Applicant" box under the title of the form.

For additional copies of the attached forms, please duplicate as necessary.

APPLICANT & CO-SIGNOR AFFIDAVIT

For HHFDC's Affordable For-Sale Program

Primary Applicant Name: _____

Co-Signor Name(s): _____

The above-named Applicant¹ is applying to purchase a unit in the above, named project in accordance with the Hawaii Housing Finance and Development Corporation's (HHFDC) affordable for-sale housing program.

For purposes of qualifying for a mortgage loan to finance the purchase of a dwelling unit, a "qualified resident" as defined in section 201H-32, may be assisted by a co-signor, who may own other lands in fee simple or leasehold suitable for dwelling purposes, who shall not have an interest in the dwelling unit to be purchased, and who certifies that as the co-signor does not intend to reside in the dwelling unit. The income and assets of the co-signor shall not be counted in determining eligibility of the qualified resident.

Applicant requests a Co-Signor to financially pre-qualify for a mortgage loan. HHFDC requires that the Applicant and the Co-Signor(s) comply with the program requirements such as non-occupancy; no ownership interest in title; and as listed below.

State of Hawaii)
) SS.
County of _____)

Each of the undersigned Applicant and if applicable, Spouse, Co-Applicant and Co-Spouse and the undersigned Co-signor(s), being first duly sworn on oath, deposes and states that:

1. The Applicant submits this Affidavit in accordance with Applicant's Application to Purchase Real Property under 201H, HRS for purposes of qualifying for a mortgage loan to purchase a unit in the above referenced Project, if approved by HHFDC as an Eligible Purchaser;
2. The Applicant has requested a Co-Signor to assist with financially qualifying for a mortgage loan to purchase a unit in the above referenced project, if approved by the HHFDC as an Eligible Purchaser;
3. The Applicant's selected, preferred lender acknowledges and affirms Applicant and Co-Signor's mutual decisions to proceed under this arrangement;
4. Applicant and Co-Signor mutually agree that we are entering into this agreement on our own accord for Applicant to financially qualify for a mortgage loan to purchase a unit in this project, if approved by the HHFDC as an Eligible Purchaser;
5. As Co-Signor, I/we will not have an interest in the property, will not be on title to the property deed, and will not be an occupant or reside in the unit purchased;
6. By signing this affidavit, we authorize the State of Hawaii and the HHFDC, its representatives and staff to periodically verify compliance with each of the provisions herein;
7. I/We make this affidavit in support of being the Applicant of the above referenced project and to financially qualify under Chapter 201H, HRS and Title 15, Chapter 300, Hawaii Administrative Rules of the HHFDC; and
8. I/We have read, understand and accept the foregoing conditions for the subject Project and acknowledge that knowingly making a false statement in this Affidavit shall also be cause for HHFDC's automatic disqualification from this project and future HHFDC projects.

¹ Applicant shall mean the Primary Person applying to purchase a property under chapter 201H, HRS and if applicable, Applicant's Spouse, Co-Applicant and Co-Applicant's Spouse.

9. I/We understand that the statements made in this Affidavit are made under oath and will be relied upon by the HHFDC in its review of the application to purchase. Applicant and the Co-Signor shall be subject to misdemeanor criminal charges under Hawaii Penal Code, Section 710-1061, HRS, which are punishable by a fine and/or imprisonment and forfeiture of the property purchased, for knowingly making a false statement in this Affidavit.

APPLICANT:

| | | |
|----------------------------------|---------------------------------|-------|
| _____ | _____ | _____ |
| Print Applicant's Name | Applicant's Signature | Date |
| _____ | _____ | _____ |
| Print Spouse's Name | Spouse's signature | Date |
| _____ | _____ | _____ |
| Print Co-Applicant Name | Co-Applicant Signature | Date |
| _____ | _____ | _____ |
| Print Co-Applicant Spouse's Name | Co-Applicant Spouse's Signature | Date |

This _____ - page Applicant & Co-Signor Affidavit
dated _____ was subscribed and sworn
to before me this _____ day of _____
_____, 20 _____ by _____

Print Name _____
Notary Public, _____ Judicial Circuit, State of _____
My commission expires: _____

CO-SIGNOR(S):

Relationship(s) to Applicant: _____

| | | |
|---------------------------------------|-----------|----------------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Street Address, City, State, Zip Code | | Best Phone No. |
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Street Address, City, State, Zip Code | | Best Phone No. |

This _____ - page Applicant & Co-Signor Affidavit
dated _____ was subscribed and sworn to
before me this _____ day of _____
_____, 20 _____ by _____

Print Name _____
Notary Public, _____ Judicial Circuit, State of _____
My commission expires: _____

APPLICANT & 1% CO-MORTGAGOR AFFIDAVIT
For HHFDC’s Affordable Resale Program

Primary Applicant Name: _____

1% Co-Mortgagor Name(s): _____

The above-named Applicant¹ is applying to purchase a unit in the above, named project in accordance with the Hawaii Housing Finance and Development Corporation’s (HHFDC) affordable for-sale housing program.

For purposes of qualifying for a mortgage loan to finance the purchase of a dwelling unit, a “qualified resident” as defined in section 201H-32, may be assisted by **a co-mortgagor, who is a family member, as defined by the HHFDC, who may own other lands in fee simple or leasehold suitable for dwelling purposes, whose interest in the dwelling unit to be purchased is limited to no more than one percent (1%), and who certifies that as the co-mortgagor does not intend to reside in the dwelling unit (the “1% Co-Mortgagor”).** The income and assets of the 1% Co-Mortgagor shall not be counted in determining eligibility of the qualified resident.

Applicant requests a 1% Co-Mortgagor to financially pre-qualify for a mortgage loan. HHFDC requires that the Applicant and the **1% Co-Mortgagor** comply with the program requirements such as non-occupancy; limited ownership interest in title to 1% only; and as listed below.

State of Hawaii)
) SS.
County of _____)

Each of the undersigned Applicant and if applicable, Spouse, Co-Applicant and Co-Applicant Spouse and the undersigned 1% Co-Mortgagor, being first duly sworn on oath, deposes and states that:

1. I/We, the undersigned Applicant submits this Affidavit in accordance with Applicant’s Application to Purchase Real Property under 201H, HRS for purposes of qualifying for a mortgage loan to purchase a unit in the above referenced Project, if approved by HHFDC as an Eligible Purchaser;
2. The Applicant has requested a 1% Co-Mortgagor to assist with financially qualifying for a mortgage loan to purchase a unit in the above referenced project, if approved by the HHFDC as an Eligible Purchaser;
3. The Applicant’s selected, preferred lender acknowledges and affirms Applicant and 1% Co-Mortgagor’s mutual decision to proceed under this arrangement;
4. Applicant and 1% Co-Mortgagor mutually agree that we are entering into this agreement on our own accord for Applicant to financially qualify for a mortgage loan to purchase a unit in the Project, if approved by the HHFDC as an Eligible Purchaser;
5. As 1% Co-Mortgagor, I/we will only have a 1% interest in the property and will not be an occupant or reside in the unit purchased;
6. Applicant and 1% Co-Mortgagor understand that if the 1% Co-Mortgagor’s ownership interest in the unit is more than one percent (1%), the HHFDC will have the option to repurchase the unit during the 10- year Use, Sale and Transfer Restrictions and if the Applicant decides to sell or transfer the interest in the property, Applicant may not transfer his/her interest to the 1% co-mortgagor;
7. By signing this affidavit, we authorize the State of Hawaii and the HHFDC, by designating employees of the HHFDC, to periodically verify compliance with each of the provisions herein;

¹ Applicant shall mean the Primary Person applying to purchase a property under Chapter 201H, HRS and if applicable, Applicant’s Spouse, Co-Applicant and Co-Applicant Spouse.

8. I/We make this affidavit in support of being the Applicant of the above referenced property and to financially qualify under Chapter 201H, HRS and applicable Hawaii Administrative Rules of the HHFDC;
9. I/We have read, understand and accept the foregoing conditions for the subject Project and acknowledge that knowingly making a false statement in this Affidavit shall also be cause for HHFDC's automatic disqualification from this project and future HHFDC projects.
10. I/We understand that the statements made in this Affidavit are made under oath and will be relied upon by the HHFDC in its review of the application to purchase. Applicant and the 1% Co-Mortgagor shall be subject to misdemeanor criminal charges under Hawaii Penal Code, Section 710-1061, HRS, which are punishable by a fine and/or imprisonment and forfeiture of the property purchased, for knowingly making a false statement in this Affidavit.

APPLICANT(S):

| | | |
|--------------------------------|-------------------------------|-------|
| _____ | _____ | _____ |
| Print Applicant's Name | Applicant's Signature | Date |
| _____ | _____ | _____ |
| Print Spouse's Name | Spouse's signature | Date |
| _____ | _____ | _____ |
| Print Co-Applicant Name | Co-Applicant Signature | Date |
| _____ | _____ | _____ |
| Print Co-Applicant Spouse Name | Co-Applicant Spouse Signature | Date |

This _____ - page Applicant & 1% Co-Mortgagor Affidavit
dated _____ was subscribed and sworn to
before me this _____ day of _____,
20_____ by _____
_____.

Print Name _____
Notary Public, _____ Judicial Circuit, State of _____

My commission expires: _____

1% CO-MORTGAGOR(S):

Relationship(s) to Applicant: _____

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Print Name | Signature | Date |

1% Co-Mortgagor's Address:

Tel No. _____ (Res) _____ (Bus) _____ (Other) _____

APPLICANT &
1% CO-MORTGAGOR
AFFIDAVIT
Page 3

This _____ - page Applicant & 1% Co-Mortgagor Affidavit
dated _____ was subscribed and sworn to
before me this _____ day of _____,
20 _____ by _____

Print Name _____
Notary Public, _____ Judicial Circuit, State of _____

My commission expires: _____

ACKNOWLEDGEMENT OF PRIOR PURCHASE OF AFFORDABLE PROPERTY

Name of Primary Applicant: _____

Applicant(s) and/or Co-applicant(s) **have** previously purchased an affordable unit/property sold, developed by, or developed in partnership with the Hawaii Housing Finance & Development Corporation (“HHFDC”), Housing Finance & Development Corporation (“HFDC”), Housing Community Development Corporation of Hawaii (“HCDCH”), Hawaii Housing Authority (“HHA”), the Hawaii Community Development Authority (“HCDA”) **OR** one of the county agencies (Kauai, Maui, Molokai, Hawaii), (the, “Government Sponsor”).

Complete the following:

Project Name: _____
Type of Project: Single Family Multi-Family
Developed or Sponsored by: HHFDC, HCDCH, HFDC, or HHA (“State Housing Agency”)
(Identify Government Sponsor) County agency – specify:
 HCDA

(Check one below)

The **property was repurchased** by the Government Sponsor or its designated repurchase authority, if any. Since then, there has been a significant change in the following. Please explain:

- Household size Explain.
- Place of employment
- Income

The **sale of the property was due to extreme hardship** such as family member’s death, divorce, loss of employment or a disability and the property was repurchased by the Government Sponsor or its designated repurchase authority, if any.

The **previous spouse retained title** to the property and it has been more than one year since the final divorce decree was filed. (**Attach copy of certified divorce decree and copy of deed**).

For multi-family units only:

Applicant’s current family size exceeds the maximum household size for the unit based on the prevailing county building or housing codes.

No. of years at current residence: _____

The **property was not repurchased** by the Government Sponsor or its designated repurchase authority, if any. The property was sold at a restricted price to a qualified resident/affordable buyer whose income did not exceed the required maximum area median income in effect at the time and utilized by the respective Government Sponsor or its designated repurchase authority, if any. Therefore, the property remained affordable according to the Government Sponsored regulations. (**Attach copy of final escrow closing statement**)

The **property was sold unrestricted on the open market** to a willing buyer and was not repurchased by the Government Sponsor or its designated repurchase authority, if any.

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

ADULT HOUSEHOLD MEMBER ACKNOWLEDGEMENT*

NAME OF PRIMARY APPLICANT: _____

*If completed, signed and submitted, this form shall be made a part of the above-named Primary Applicant's application.

Before this application, (1) were you included as a household member on another person's application? No / Yes – are you still residing with said person? **Yes / No** – on the back of this page, explain why not; **(2) have you applied for any government (County, State, Federal) sponsored project? No / Yes** – were you approved to purchase a unit? **No / Yes** – did you sign a contract? **No / Yes.**
(3) What housing project(s) did you apply for?

A. HOUSEHOLD MEMBER ("HHM-1") INFORMATION HHM-1 SPOUSE ("HHM-2") INFORMATION

| | |
|--|---|
| Print Full, Legal Name (no middle initials or nicknames) First Name: _____ Middle Name: _____ Last Name: _____ Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female | Print Full Legal Name (no middle initials or nicknames) First Name: _____ Middle Name: _____ Last Name: _____ Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|---|

Married or Domestic Partnership (recognized under operation of law)
also check one, if applicable: Legally Separated by Decree; Separated (pending divorce); Separated (living apart)
 ♦ Refer to Exhibit A – Document Checklist, Section A.1.

Single: **also check one** → Never Married; Divorced; Widowed;
 ♦ Refer to Exhibit A – Document Checklist, Section A.2.

| | |
|--|---|
| Present Address: <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Own* No. of Yrs. at Address: _____ | Mailing Address (if different from Present Address): |
|--|---|

*If own present address, refer to Exhibit "A" – Document Checklist, Section A.3.

B. EMPLOYMENT INFORMATION

| | |
|---|---|
| (HHM-1): EMPLOYER - Name, Address & Phone # Position: Check one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Years at this job? _____ _____ Years in this line of work? | (HHM-2): EMPLOYER - Name, Address & Phone # Position: Check one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Years at this job? _____ _____ Years in this line of work? |
| Self-Employed? N_Y - If Yes, effective start date? •Refer to Exhibit A – Document Checklist, Section H.2. | Self-Employed? N_Y - If Yes, effective start date? •Refer to Exhibit A – Document Checklist, Section H.2. |

C. RESERVED

D. HOUSEHOLD INCOME WORKSHEET – ALL INCOME MUST BE REPORTED*

*Household member(s) must complete required sections of the above, named Primary Applicant's Household Income Worksheet.

E. HHFDC ELIGIBILITY REQUIREMENTS

| | | | |
|---|-------|---|-------|
| | HHM-1 | | HHM-2 |
| 1. Are you a U.S. citizen? | Y | N | Y N |
| 2. Are you a Resident Alien? <i>If Yes, refer to Exhibit A – Document Checklist, Section E.1</i> | Y | N | Y N |
| 3. (Age)/ Date of Birth: HHM-1: ()/mmddyy HHM-2: ()/mmddyy | | | |
| 4. Are you a legal resident of Hawaii? <i>Refer to Exhibit A – Document Checklist, Section E.2</i> | Y | N | Y N |
| 5. Are you physically residing in Hawaii? <i>Refer to Exhibit A – Document Checklist, Section E.2</i> | Y | N | Y N |
| 6. Do you or any additional household member own any leasehold and/or fee simple properties/lands suitable for dwelling purposes anywhere in the world? <i>If Yes, Refer to Exhibit A – Document Checklist, Sec E.3</i> | Y | N | Y N |
| 7. Have you ever purchased or owned an affordable unit/property <u>sold or developed by or in partnership with a government (county, state, federal) agency</u> such as the HHFDC, HFDC, HCDCH, HHA, or HCDA, in accordance with county ordinance or state laws? <i>If Yes, Refer to Exhibit A – Document Checklist, Section E.4., and PROVIDE REQUESTED INFORMATION.</i> | Y | N | Y N |

F. PREFERENCE DETERMINATION – Applicable only to new projects for applications submitted prior to the deadline date listed on page 3 of the Application Packet. *Refer to Appendix 2 – Preference Form for additional information and completion if applicable to you or your spouse. Attach completed form to Applicant's application.*

G. DECLARATION & ACKNOWLEDGEMENT OF HOUSEHOLD MEMBER

HOUSEHOLD MEMBER AND SPOUSE, IF ANY, HEREBY DECLARE AND FURTHER ACKNOWLEDGE & AGREE THAT:

a. All information provided herein and as attached are true; are for purposes of supporting Applicant's application according to HHFDC's for sale housing program, such as comprising applicant's total household size ; shall become the property of HHFDC for purposes of determining Applicant's eligibility to purchase; and will not be returned;

b. Applicant 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; and is cause for automatic disqualification from HHFDC's project and future projects.

| | | |
|--------------------------------------|-------------------------------------|------|
| Print Household Member's Name | Household Member's Signature | Date |
| Print Household Member Spouse's Name | Household Member Spouse's signature | Date |

EXHIBIT A - DOCUMENT CHECKLIST

Review this checklist and attach all applicable supporting documentation as may be required or applicable to your Acknowledgement form. HHFDC will use your information to verify Primary Applicant's eligibility, household income requirements and requested preferences, if any. HHFDC may request additional information and/or documentation to complete its review of your acknowledgement form; however, request for additional information only applies after the application deadline date. Refer to the Information Packet – Appendix 2 for Supplemental Forms, if required. **Important: (R) - means required of all household members.**

A. Household member Information & Spouse Information (Application - Section A)

1. If married or legally separated, pending divorce or living apart, the “Spouse” section of the application, must be completed. If legally separated, provide of certified separation decree in its entirety.
2. If single due to divorce or widowed, attach the following as applicable.
 - Copy of certified final divorce decree in its entirety. *One (1) page acknowledgement is not acceptable.*
 - Copy of decedent's death certificate.
3. If currently residing in a property owned by applicant and/or household member, refer to section E.3., below; ***and attach*** copy of requested supporting document(s) as indicated on the form.

B. Employment Information (Application - Section B)

1. If self-employed, refer to section H.2., below; ***and*** attach all required documents.

C. RESERVED.

D. HHFDC Household Income Eligibility Worksheet. Refer to section H below.

E. HHFDC Eligibility Requirements (Application - Section E)

1. Citizenship
 - If Permanent Resident Alien, submit copy of valid Permanent Resident Alien card (front & back).
 - Persons with temporary alien cards are ineligible until permanent resident alien status is received.
2. Legal & Physical Resident in Hawaii
 - **(R)** Submit a ***signed*** copy of the most recently filed State of Hawaii Income Tax Returns & all applicable schedules. If self-employed, submit last two (2) years with all worksheets.
 - **(R)** Submit a ***signed*** copy of the most recently filed Federal Income Tax Returns & all applicable schedules. If self-employed, submit last two (2) years with all worksheets, such as Schedules SE/C.
 - If a recent resident to Hawaii and no Hawaii state tax returns were filed at time of application, **submit *signed* copies of your last filed tax return for the state you lived in prior to moving to Hawaii together with current pay statement showing Hawaii state withholdings *and* one (1) of the following:**
 - Valid Hawaii state ID or Driver's License; or Hawaii Voter Registration Certificate
 - **If not required to file taxes, provide tax office transcript affirming not required to file taxes.**

❖ **Important:** If taxes were filed electronically, **provide required tax forms for submittal, not those marked “Keep for your Files”.** **Sign where required and attach.** Do not submit signed, one-page acknowledgement of electronic filing statement. *Submit copy the signed tax forms (i.e. Form 1040, HI N-37).*

3. Property Ownership
 - Complete supplemental form, Real Estate Disclosure Statement; ***and attach*** copy of requested supporting document(s) as indicated on the form.

❖ **IMPORTANT. Applicant and/or household member determined to have circumvented the rules of homeownership shall be automatically disqualified from participating in the project and future projects.**

4. Prior Purchase of Affordable Property
 - Complete supplemental form, Acknowledgment of Prior Purchase of Affordable Property; **and attach** copy of requested supporting document(s) as indicated on the form.

F. *Preference Determination – prior to Public Drawing only; New Projects Only (Application - Section F)

***If applicable, provide request for preference of Applicant’s application.**

Applicants need only request for one (1) of the following. Multiple requests or approvals constitute only one request. *HHFDC will approve or disapprove preference in its sole discretion.*

1. Public Housing & State Subsidized Rental Housing Preference
 - Complete supplemental form, Request for Preference; **and attach** copy of requested supporting document(s) as indicated on the form, such as a copy of your rental agreement and certificate of occupancy from HPHA or HHFDC.
2. Displacement Preference
 - Complete supplemental form, Request for Preference; **and attach** copy of requested supporting document(s) as indicated on the form, such as a certified displacement letter from the respective government agency.

G. Household Member’s Signed Declaration & Acknowledgement of Eligibility

1. Household member and Spouse, if any, **must sign in ink- original signature required.** No electronic signatures allowed.

H. HHFDC Household Income ⁽⁺⁾ Eligibility Worksheet.

⁽⁺⁾Income is primarily defined as “money received, especially on a regular basis, for work or through investments; and shall also include money received from sources as follows and listed on the HHFDC Household Income Worksheet. Refer to Appendix 1 of the Information Packet for further explanation. **All persons 18 years & older** living or intended to live in the purchased unit **must disclose all income, if any. If unemployed or not receiving income, must state \$0 and sign.**

HHFDC, in its sole and absolute discretion, shall determine TOTAL HOUSEHOLD INCOME as the sum of the gross **monthly** income received from all household members, 18 years 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, distribution from deferred compensation plan, and other income from sources such as welfare benefits, workers compensation, aid to families with dependent children, tax-exempt interest income. HHFDC DOES NOT INCLUDE overtime income, bonuses and other income from part-time employment if in addition to a primary job; but will include if part of primary job (i.e. retailer auto sales or service (waiter) industry).

1. Employment Income – for all household members 18 years and older:
 - **(R)** Submit copies of employment pay statements **dated within 1-2 months of the signed application date** as follows:
 - 1-month pay statements **and** complete supplemental form, Verification of Employment (VOE); **or**
 - 2-month pay statements, **if no** VOE form

- **Important:** One month pay statements means 5 consecutive pay statements, if paid weekly; 3 consecutive pay statements, if paid bi-weekly; 2 consecutive pay statements, if paid semi-monthly. If submitting two months' pay statements, submit double the amount of pay statements as described.
 - **(R)** Submit copies of all income reporting statements such as Form W-2, 1099-Misc, bank statements, etc., submitted with your filed tax returns.
2. Self-Employment Income:
- Submit **signed** copies of the most current year's General Excise Tax (GET) filing (if none, provide copies of payments received (e.g. copies of checks); **and**
 - Submit **signed** copies of the Annual GET filing for the most current two (2) years; **and**
 - Submit **signed** copies of last two (2) years Federal and Hawaii state tax returns with all attached Schedules.
3. Additional monthly and/or Periodic Income, such as financial assistance, supplemental benefits and the like.:
- Submit copies of the most current benefits letter **and** bank statement confirming receipt of payment such as:
 - Copy of certified program notice confirming annual payment.
 - Copy of Form 1099-MISC.

AFFIDAVIT AS TO APPLICANT'S LEGAL/PHYSICAL CUSTODY OF CHILDREN

Name of Primary Applicant: _____

Important: Applicant/Co-applicant (or other member of application required to provide proof of legal/physical custody of a minor child listed in section C of the application) **must complete, sign before a notary public, and attach** this form to the application as evidence of legal/physical custody of any minor child listed in section C of the application, **if Applicant/Co-applicant does not claim the minor child as a dependent** on their federal income tax return; **is not identified as a parent** on the child's birth certificate; **or, if requested by HHFDC.**

List name of person affirming legal/physical custody of minor child(ren):

Applicant or Household Member Name:

Address _____
 Tel. No. _____ (Res) _____ (Bus) _____ (Other) _____

Name of Other Party:

Address: _____
 Tel. No. _____ (Res) _____ (Bus) _____ (Other) _____

The above-named person (Applicant/Co-Applicant/Household Member) is applying to purchase a property in the above referenced project.

State of _____)
) ss.
 City and County of _____)

The above-named Applicant and Other Party acknowledge and agree that the following listed child(ren) were born of the unwed or marriage relationship to said above named parties; **and** that the children named below will not be listed as a household member on the Other Party's application for an HHFDC sponsored affordable for-sale housing development; **and** in doing so shall cause the HHFDC to automatically disqualify said parties from participating in any HHFDC sponsored affordable for-sale housing development.

| | <u>Name of Children</u> | <u>Date of Birth</u> | <u>Social Security No.</u> |
|----|-------------------------|----------------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Check box, as applicable:

- Pursuant to the attached separation/final divorce decree dated/filed on _____, the Applicant and the Other Party are awarded joint legal and physical custody of the above referenced children. ****Attach complete certified/recorded copy of the final divorce decree to verify child custody.**

- Applicant was never married to the other party and applicant has legal and physical custody of the above referenced children. ****Attach copies of children's birth certificates for the above listed children.**

Each person signing below (Applicant and/or Other Party), being first duly sworn on oath, deposes and says that:

1. The Applicant has joint and/or legal and physical custody of the above listed children;
2. The primary residence of the above listed children shall be with the Applicant;
3. The above listed children are currently physically residing with the Applicant and shall physically reside in the property purchased under Chapter 201H, HRS;
4. The Applicant will use the above listed children to qualify for a household size requirement to purchase a property in the above referenced project under Chapter 201H, HRS;
5. The Other Party may not use the above referenced children to qualify for the required household size to purchase any property under Chapter 201H, HRS.

6. The Applicant and the Other Party understand that it is a crime punishable by a fine or imprisonment for 30 days or both to knowingly make a false statement concerning the above facts as applicable under the provision of the Hawaii Penal Code, Part V Section 701-1063, as may be amended; and shall be cause for automatic disqualification from this and future HHFDC projects.

Applicant:

| | |
|------------------------|------|
| Applicant's Signature | Date |
| Print Applicant's Name | Date |

This ___- page Affidavit as to Applicant's Legal/ Physical Custody of Children dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

Print Name _____
Notary Public, _____ Judicial Circuit,
State of _____.
My commission expires: _____

Other Party:

| | |
|------------------------|------|
| Other Party Name | Date |
| Print Other Party Name | Date |

This _____ - page Affidavit as to Applicant's Legal/ Physical Custody of Children dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

Print Name _____
Notary Public, _____ Judicial Circuit,
State of _____.
My commission expires: _____

REQUEST FOR PREFERENCE*

*For use with New Projects only, prior to Public Drawing

Name of Primary Applicant: _____

Applicant(s)/Co-applicant(s) is/are requesting preference as follows and have attached the appropriate documentation to support this request.

❖ **Important: Applicant need only apply for one (1) type of preference. Multiple types of applicable preferences listed below will constitute only one (1) request and does not provide an advantage over other applicants who may be subject to only one type of preference. Request for preference is subject to HHFDC approval, in its sole discretion.**

Disability Preference (For Multi-Family Projects Only)

- Applicant/Co-Applicant or household member currently residing and/or shall physically reside in the home has a disability.

****Attach completed Disability Form & Certification by treating physician or by an Independent Consultant**

Public Housing Preference

I am currently residing in a public housing project:

- administered by the Hawaii Public Housing Authority (HPHA) or
- in a HHFDC subsidized rental project and receiving rental assistance.

****Attach a copy of your rental agreement and approved annual certification letter from the property manager/agent managing the affordable rental property.**

Displacement Preference (check only 1 below)

Hawaii Housing Finance & Development Corporation (HHFDC) Displacement Certificate due to Home Construction Defect.

- As a homeowner, I was displaced due to HHFDC's purchase of my home because of a substantial construction defect.

****Attach a copy of the displacement certificate received from HHFDC.**

Displaced by Government Action.

- As a homeowner, I was displaced from my home by a governmental agency.

****Attach a copy of the governmental agency's displacement certificate.**

Relocation from Public Housing Preference.

- As a resident in a public housing rental project, I was relocated because I was over income.

****Attach copy of letter from public housing rental project indicating displacement due to exceeding the income limits.**

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

HHFDC REQUEST FOR VERIFICATION OF EMPLOYMENT (“VOE”)

Name of Primary Applicant: _____

Privacy Act Notice: This information shall be used by the Hawaii Housing Finance and Development Corporation (“HHFDC”) to determine applicant’s eligibility as a prospective buyer under Chapter 201H, Hawaii Revised Statutes (“HRS”). **You do not have to give us this information, but if you do not, the applicant’s application for approval as a prospective buyer may be rejected.** Refer to Project Application Packet – Exhibit A – Document Checklist for additional, detailed information. **Upon receipt by HHFDC, the information as required and permitted by the HRS, as amended, will be confidential and used only by the HHFDC.**

A. EMPLOYEE (Applicant or Household Member): Complete the following, then give to your employer for completion.

The employee identified in this section A., (“Employee”), attests and affirms that he/she is employed by the employer identified in section B., below (“Employer”). Employee is applying to purchase a dwelling in the above-named project sponsored by HHFDC (“Applicant”); **or** is being included as a household member of an applicant wanting to purchase a dwelling in the above-named project (“Household Member”). **HHFDC requires Employee’s income information** to determine if Applicant meets HHFDC’s income eligibility requirements.

By signing below, the undersigned Employee authorizes the Employer to provide the requested/required information to assist HHFDC with determining Applicant’s household income eligibility to participate in the above referenced project.

Employee:

Name:(Print) _____ (Signature) _____
Address: _____ Zip _____
Tel. No.: _____ / Alternate Tel. No. _____ Best time to Contact _____

B. EMPLOYER verification of present employment. Complete the following, then give to the above-named Employee for further processing.

Name of Employer: _____

Employer Address: _____

NOTICE TO EMPLOYER: The above-named Employee is an Applicant or Household Member required to provide employment income information for purposes of participating in the above referenced project.

Employee’s Present Position _____ Date of Employment _____ Employee Number, if any _____
Salaried: [] No [] Yes Commission: [] No [] Yes If Yes, is it likely to continue? _____ Frequency? _____
Overtime: [] No [] Yes Bonus: [] No [] Yes If Yes, is it likely to continue? _____ Frequency? _____
Is overtime/bonus likely to continue? [] Yes [] No
Current Base Pay: \$ _____ [] Annual [] Monthly [] Weekly [] Hourly [] Other _____

| Employee’s Present Position | Date of Employment | Employee Number, if any |
|--|--|--|
| <u>Salaried:</u> [] No [] Yes | <u>Commission:</u> [] No [] Yes | If Yes, is it likely to continue? _____ Frequency? _____ |
| <u>Overtime:</u> [] No [] Yes | <u>Bonus:</u> [] No [] Yes | If Yes, is it likely to continue? _____ Frequency? _____ |
| Is overtime/bonus likely to continue? [] Yes [] No | | |
| <u>Current Base Pay:</u> \$ _____ | [] Annual [] Monthly [] Weekly [] Hourly [] Other _____ | |
| Base Earnings, Year-to-Date, As of (Date) | \$ | Past Year \$ |
| Overtime, Year-to-Date, As of (Date) | \$ | Past Year \$ |
| Commissions, Year-to-Date, As of (Date) | \$ | Past Year \$ |
| Tips, Year-to-Date, As of (Date) | \$ | Past Year \$ |
| Bonuses, Year-to-Date, As of (Date) | \$ | Past Year \$ |

NOTE: If paid hourly, please indicate average hours worked each week during current and past year:

- a. Current average hours worked per week: _____ Hours
- b. Past year average hours worked per week: _____ Hours

Certification: State statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy proposed to influence the approval of the HHFDC. The undersigned is a representative of the Employer authorized to provide income information for the above-named Employee; **or** is employed by the Employer in the capacity to provide such information (e.g. payroll department).

Legal Name of Employer: _____

Signature _____ Title _____ Date _____

Preparer’s Name (Print): _____ Phone No. _____