

# REQUEST FOR HHFDC INFORMATION – Property subject to HHFDC Lease Agreement

Complete all information as applicable, sign then send to HHFDC. Email is preferred.

FOR HHFDC USE ONLY
eRecd Date:
Assigned Staff:
Date Assigned:
Date File Pulled
Type Activity: Program:
Staff Start Date:

**SEND TO: HHFDC - ATTN: RESS\***  
**Mail to:** 677 QUEEN STREET, SUITE 300  
 HONOLULU HI 96813  
**FAX No:** (808) 587-0600  
**EMAIL to:** [HHFDC.RES.INFO@HAWAII.GOV](mailto:HHFDC.RES.INFO@HAWAII.GOV)

→ **Project Name:** \_\_\_\_\_  
**Unit/Lot No:** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
 \_\_\_\_\_

→ **Lessee/Owner Name (List All Owners of record):**

\_\_\_\_\_  
 Best Tel No.: \_\_\_\_\_

→ **Agent or Representative, if any:** \_\_\_\_\_

Agent contact information, such as Company, Address, Tel No, & Email:

\_\_\_\_\_  
 \_\_\_\_\_

Tel. No: \_\_\_\_\_ Email: \_\_\_\_\_

The Lessee/Owner or Owner's Agent named herein [→], requests information for the following activity checked below for the property listed herein [→].

- Capital Improvements**  
 \*Such as replacement, alteration and/or addition on the land.
- Consent to Mortgage.** Lender to attach borrower's signed authorization.  
 \*includes refinancing, equity line of credit (HELOC), loan modification.
- Transfer of title/ownership.** Known as Assignment of Lease.  
 \*includes transfer to a trust, change to title (add or remove), or sale.
- Land Purchase**  
 \*included in your lease or compliant with Section 171-64.7(f), HRS.
- Copy of Lease document(s)**  
 \*Available for 25-cents per page, payable in advance. HHFDC will provide the following upon receipt of payment.
  - Original Lease, typically 26-pages.
  - Current Amendment of Lease, typically 7-pages.
  - Current Assignment of Lease, typically 11-pages
  - Upon receipt of your request, staff will determine the number of pages & send a bill for collection for payment by check. Electronic payment not available or allowed.
- Other:** Explain or describe. \_\_\_\_\_

**READ CAREFULLY. I/WE, the undersigned, UNDERSTAND AND AGREE** that the requested information will be provided by **MAIL, FAX AND/OR EMAIL after review of the property file. Allow a minimum of 10-business days.** The undersigned is/are (all) of the owners, or owner's agent authorized to submit this request owner's behalf. Requested information will be sent to the Owner/Owner's Agent named above, if deemed to be acceptable for processing by the HHFDC. **\*\*IMPORTANT: If not signed by the owner(s), attached owner's signed authorization form /letter.**

PRINT – LESSEE/OWNER NAME	SIGNATURE	DATE
PRINT – LESSEE/OWNER NAME	SIGNATURE	DATE
PRINT – LESSEE/OWNER NAME	SIGNATURE	DATE
PRINT – AGENT NAME, if applicable	AGENT SIGNATURE, as applicable	DATE

\* HHFDC is the Hawaii Housing Finance & Development Corporation and successor to the Housing and Community Development Corporation of Hawaii (HCDCH) and the Housing Finance and Development Corporation (HFDC) and formerly a part of the Hawaii Housing Authority. RESS is the HHFDC's Real Estate Services Section responsible for managing the residential lease program.