

HHFDC RESS - Lessee Registration Form

Project: _____ Unit / Lot No.: _____
Property Address: _____
Lessees Print Name: _____

❖ IMPORTANT – YOU ARE REQUIRED TO COMPLETE THIS FULLY AND LEGIBLY.
Return this form by mail to HHFDC-RESS, 677 Queen St Suite 300, Honolulu, HI 96813 or
by email to HHFDC.RES.INFO@HAWAII.GOV.

A. Lessees MUST complete this part, section A:

1. Name (PRINT): _____ SIGNATURE: _____
Email: _____ Phone: _____ Occupant? Y N
2. Name (PRINT): _____ SIGNATURE: _____
Email: _____ Phone: _____ Occupant? Y N

B. Lessee complete if your mailing address is different from the above property address:

Mailing Address: _____ City/State/Zip: _____

C. Complete if you are the Authorized Representative and NOT the Lessee:

Name (PRINT): _____ SIGNATURE: _____
Mailing Address: _____ City/State/Zip: _____
Email: _____ Phone: _____ Occupant? Y N

D. List all who live in the property: Indicate if Minor or Adult, 18 years & older

1. Name: _____ Minor Adult
2. Name: _____ Minor Adult
3. Name: _____ Minor Adult
4. Name: _____ Minor Adult
5. Name: _____ Minor Adult
6. Name: _____ Minor Adult

E. If not an occupant and using a property managing company, provide their information:

Company Name: _____ Phone: _____
Contact Name: _____ Email: _____

F. By signing in section A above, you acknowledge and agree that you are the Lessee(s) of record or the Lessee's authorized representative and that the information provided in this Registration Form is accurate.

For HHFDC use only. The receipt of the fully completed Lessee Registration. Date: _____ By: _____