

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

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

**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)

The Lessee/Owner or Owner's Agent/Lender/Representative named herein [→], requests information for the following activity checked below for the property listed herein [→]. *Check all that apply.*

- ☐ **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.
  - After payment is received, the copies will be mailed.

☐ **Other:** Explain: \_\_\_\_\_  
\_\_\_\_\_

→Project Name: \_\_\_\_\_

Unit/Lot No: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

→Agent/Lender/Representative Name: \_\_\_\_\_  
\_\_\_\_\_

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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 representative authorized to submit this request owner's behalf. Requested information will be sent to the Owner/Owner's Representative named above, if deemed to be acceptable for processing by the HHFDC. **\*\*IMPORTANT: If not signed by the owner(s), attached owner/borrower signed authorization form.**

PRINT – LESSEE/OWNER NAME LESSEE SIGNATURE DATE

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PRINT – LESSEE/OWNER NAME LESSEE SIGNATURE DATE

PRINT AGENT/LENDER/REP NAME AGENT/LENDER/REP SIGNATURE DATE

FOR HHFDC USE ONLY

eRecd Date:

Assigned Staff:

Date Assigned:

Date File Pulled

Type Activity:

Program:

Staff Start

Date: