



STATEOFHAWAII

HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION  
("HHFDC")

# APPLICATION PACKET

FOR

The Central Ala Moana

FOR SALE HOUSING PROJECT

HONOLULU, OAHU, HAWAII

DEVELOPER:

**SAMKOO HAWAII, LLC**

The information included in the Application and Information Packets are not offers to sell any unit in the project, rather to provide information of HHFDC's requirements to purchase a unit developed under HHFDC's affordable sales program. Any information about the proposed project or any unit, including prices, design and availability are preliminary and subject to change.

## **IMPORTANT INSTRUCTIONS**

This is the **Application Packet** for the affordable units in the Project.

The **Project Information Packet** (considered a part of the Application Packet) **contains important and general information**, such as the Project Fact Sheet; HHFDC's processes; Commonly Used Terms, such as Eligible Purchaser and Household Income Limits; and copies of supplemental forms, if required, such as the Co-Applicant Application and Verification of Employment forms. It is recommended you **read through the information carefully** to avoid delay in submitting your "Complete" application to the Exclusive Sales Broker<sup>1</sup> ("Broker") listed below for HHFDC review and determination of your eligibility to purchase. Refer to the Information Packet for a definition of a "Complete" application.

**To become an HHFDC Eligible Purchaser for this Project**, interested persons must complete, sign and return the APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS ("Application") form, HHFDC HOUSEHOLD INCOME ELIGIBILITY WORKSHEET ("Income Worksheet") and all required and applicable verification/supporting documents to the Broker. For a list of required and applicable verification/supporting documents and further explanation of "Total Household Income", refer to Exhibit A – Document Checklist ("Document Checklist"), at the end of the Application Packet. The Document Checklist is provided to assist with preparing and completing your application.

**To complete the Application**, fill out all applicable information and answer all questions on pages 1 and 2; then read the Declaration and if you agree, sign where indicated. **To complete the Income Worksheet**, list all sources of income for household members, 18 years and older; then read the acknowledgement and if you agree, sign where indicated, as indicated. Note that **the Income Worksheet must be signed by all income earners 18 years and older, and, if applicable, spouses and household members who are unemployed are required to sign the Income Worksheet and must list their income as \$0. Incomplete applications are not acceptable by HHFDC and may not be accepted by the Broker for processing until complete.**

**All completed applications must include original signatures and be returned to the Broker in person at the address listed below. Mailed or faxed applications are NOT acceptable.**

Applications received by the Broker will be reviewed by the Broker for completeness then assigned an application receipt number. **Applications received by the application deadline<sup>2</sup> listed below will be included in the Public Drawing.** Refer to the Project Information Packet for additional information about the public drawing process including applications which may not be included in the Public Drawing. **Applications received after the deadline will be placed on a separate backup/waiting list.**

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<sup>1</sup> Exclusive Sales Broker: I Properties Hawaii LLC, dba Century 21 IProperties Hawaii (RB-21275)  
1585 Kapiolani Blvd, Suite 1533, Honolulu HI 96814.

**Submit completed applications to the Project Sales Center at 1391 Kapiolani Boulevard, Suite 104, Honolulu; Open Daily 10 am to 5 pm.**

<sup>2</sup> Application Deadline: Monday, January 14, 2019 at 5 pm

APPLICATION CHECKLIST

COMPLETE AND ATTACH THIS TO THE TOP OF YOUR COMPLETED APPLICATION FORM.

Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Co-Applicant & Spouse Name(s), if applicable: \_\_\_\_\_

☐ Check if more than one (1) CO-APPLICANT & CO-APPLICANT SPOUSE

This checklist is provided to assist you with compiling and submitting a “Complete” application packet. Refer to the Application Exhibit “A” – Document Checklist, for additional information that may be applicable to your application and attach the requested information as indicated. For additional assistance, contact a representative from the Exclusive Sales Broker’s (“Sales”) team identified in the Application and Information Packet.

FOR APPLICANT USE ONLY	AT MINIMUM, COMPLETE, SIGN AND SUBMIT THE FOLLOWING:	For use only by: SALES TEAM REVIEW	For use only by: HHFDC REVIEW
	Application Form (2 pgs)		
	Household Income Worksheet (1 pg)		
	Current pay stubs/statements for all employed household members 18 years and older. <b>IMPORTANT:</b> Paystubs must be dated within the last 1-2 months of the signed application date. <ul style="list-style-type: none"><li>1-month consecutive paystubs/statements <b>with</b> completed Verification of Employment form; <b>or</b></li><li>2-months consecutive paystub/statements</li></ul>		
	W-2, 1099-Misc, and any other reported income statements as required by the IRS or state tax office.		
	Copy of <b>signed</b> current year, or most recently filed, <b>signed</b> Federal Income Tax return <b>with</b> all applicable additional schedules submitted to the IRS with the Federal tax form; such as IRS Schedule A		
	Copy of <b>signed</b> current year, or most recently filed, State Income Tax return <b>with</b> all applicable additional schedules submitted to the state tax office with the State tax form; such as Schedule X – Food/ Excise Tax Credit or Credit for Child and Dependent		
	Pre-qualification letter from a preferred project lender following the project pre-qualification letter template included in the Information Packet.		

If applicable to your household composition, before submitting to the Sales Team complete, sign and attach the following supplemental documents to the Application form together with any additional supporting documents indicated on the respective supplemental forms. Refer to the Exhibit “A” – Document Checklist of the Application or Co-Applicant application forms for additional detailed information.

FOR APPLICANT USE ONLY	HHFDC SUPPLEMENTAL FORMS: (Refer to Section G of the Information Packet.)	For use only by: SALES TEAM REVIEW	For use only by: HHFDC REVIEW
	Attachment 1 to Application (continuation of <u>Application</u> – Section C. Household Composition)		
	Attachment 2 to Application (continuation of <u>HHFDC Household Income Eligibility Worksheet</u> )		
	HHFDC Request for Verification of Employment (“VOE”)		
	Affidavit as to Adult Household Member		
	Affidavit as to Applicant’s Legal/Physical Custody of Children (2 pgs)		
	HHFDC Co-Applicant Application* includes Exhibit A – Document Checklist (4 pgs)		
	Real Estate Disclosure Statement with required property ownership documents		
	Acknowledgement of Prior Purchase of Affordable Property		
	Request for Preference		
	Disability Certification		
	Acknowledgement of Co-Signor		
	Acknowledgement of 1% Co-Mortgagor		
	Refer to Exhibit A for additional details of acceptable forms of verification for the following:		
	Proof of Divorce, Widower, or Legal Separation		
	Proof of Property Ownership		
	Proof of Self Employment		
	Proof of Legal Dependents and/or Additional Household Members, if not listed on tax returns.		
	Proof of Resident Alien status		
	Proof of Hawaii Residency		
	Proof of Disability for Preference (prior to Public Drawing Only)		
	Proof of Displacement for Preference (prior to Public Drawing Only)		

HHFDC APPLICATION RECEIPT  
The Central Ala Moana For Sale Housing Project

Before completing the following, read the IMPORTANT INSTRUCTIONS on Page 1 of this Packet.

Please PRINT only

(A):

Applicant\* Name:

Spouse Name:

Mailing Address:

Telephone Nos.:

Social Security No.:

Social Security No.:

Best No. to Call

Alternate No.

Email Address

\*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.

(B):

Additional Household Members - First & Last Name:

Note: DO NOT INCLUDE Spouse from (A).

Include SS# for Household Members 18-yrs & older (Age)

1.

2.

3.

4.

5.

Social Security No.:

Social Security No.:

Social Security No.:

Social Security No.:

Social Security No.:

( )

( )

( )

( )

( )

(C):

If applicable, Co-Applicant1 First & Last Name

(COA1)

If applicable, Co-Applicant1 Spouse First & Last Name

(COAS1)

If applicable, Co-Applicant2 First & Last Name

(COA2)

If applicable, Co-Applicant2 Spouse First & Last Name

(COAS2)

Social Security No.:

Social Security No.:

Social Security No.:

Social Security No.:

☐ Applicant\* acknowledges receipt and review of the Project Information Packet from Sales Agent, as part of this Application Packet.

Applicant Initial

Date

Sales Agent Name

APPLICATION DEADLINE: 5:00 PM on January 14, 2019

Direct all questions regarding the project to:

I Properties Hawaii LLC,  
dba Century 21 IProperties Hawaii (RB- 21275)  
at the Project Sales Center  
1391 Kapiolani Blvd, Suite 104  
Honolulu, HI 96814  
Open Daily 10 am to 5 pm

TheCentralAlaMoana.com | (808) 941-2330

KEEP THIS RECEIPT as reference of your project Application Receipt No.

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HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION (“HHFDC”)

APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS

Before this application, have you submitted an application for any government (City & County, HHFDC, or HCDA) sponsored project? **No / Yes** - were you approved to purchase a unit? **No / Yes**, did you sign a contract? **No / Yes** What is the name of project(s) applied for?

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

Additional Telephone Nos., if any. <i>(Optional)</i>		
Work No. (Applicant)		Work No. (Spouse)

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

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

<b>Present Address:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Own* No. of Yrs. at Address: _____	<b>Mailing Address (if different):</b>
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*\*If own present address, refer to Exhibit “A” – Document Checklist, Section A.3.*

B. EMPLOYMENT INFORMATION			
Name & Address of Employer		Employer Phone	
Check one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Yrs. on this job:	
		Yrs. in this line of work:	
		Position:	
Name & Address of Employer		Employer Phone	
Check one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Yrs. on this job:	
		Yrs. in this line of work:	
		Position:	

**Self-Employed?**    ☐ N    ☐ Y - *If Yes, effective date as self-employed?*  
    ♦ Refer to Exhibit A – Document Checklist, Section H.2.

**C. HOUSEHOLD COMPOSITION INFORMATION**

**Refer to the Project Information Packet for additional explanation of the following terms, if necessary.**

(Legal) Dependent(s) include persons claimed on Income Tax Returns, expectant child, foster children, and hanai children. Non-Dependent household members include persons who are related by blood, marriage, 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 who do not depend on Applicant and/or Spouse as their sole source of provision.

List Additional Household Members ( <i>Do Not List</i> Applicant & Spouse named above or Co-Applicant) First & Last Names	Sex	Age	Relation to Applicant?	Legal Dependant? **	Non- Dependant? *	Status? S - Student E - Employed U - Unemployed
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	

☐ Check here if you have more than 5 additional household members, then complete the supplemental form, "Attachment 1 to the Application" from the *Information Packet – Section G* and attach to this application.

\* For Additional Household Members, 18 yrs. and older, *refer to Exhibit A – Document Checklist, Section C.1.*  
\*\* For (Legal) Dependents, *refer to Exhibit A – Document Checklist, Section C.2.*

**D. CO-APPLICANT IDENTIFICATION**

Are you applying with a Co-Applicant(s)?    ☐ N    ☐ Y    If yes, *refer to Exhibit “A” – Document Checklist, Section D.*

Name of Co-Applicant(s)? \_\_\_\_\_

E. HHFDC ELIGIBILITY REQUIREMENTS

		Applicant		Spouse	
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.	Date of Birth: Age:				
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? <b>If Yes, Refer to Exhibit A – Document Checklist, Section E.3</b>	Y	N	Y	N
7.	Have you ever purchased an affordable unit/property <u>sold or developed by, or developed in partnership with a state or county agency</u> such as the State of Hawaii, HHFDC, Housing Finance and Development Corporation, Housing and Community Development Corporation of Hawaii, or Hawaii Housing Authority under HRS Chapters 359F, 201E, 201G, or 201H? <b>If Yes, Refer to Exhibit A – Document Checklist, Section E.4.</b>	Y	N	Y	N

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

1.	Are you eligible for a <b>disability</b> preference?	Y	N	Y	N
		<b>YES? Refer to Exhibit A – Document Checklist, Section F.1</b>			
2.	Are you eligible for a <b>displacement</b> preference?	Y	N	Y	N
		<b>YES? Refer to Exhibit A – Document Checklist, Section F.2</b>			
3.	Are you <b>currently residing in</b> a public housing project administered by the Hawaii Public Housing Agency (HPHA) <b>or in a</b> HHFDC subsidized rental project <b>and</b> receiving rental assistance?	Y	N	Y	N
		<b>YES? Refer to Exhibit A – Document Checklist, Section F.3</b>			

G. DECLARATION & ACKNOWLEDGEMENT OF ELIGIBILITY

**EACH APPLICANT, APPLICANT’S SPOUSE AND ALL CO-APPLICANTS (collectively referred to as “Applicant”) 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 (HAR); AND FURTHER ACKNOWLEDGE & AGREE THAT:**

1. Applicant affirms that they **have received, read and accept** the Project Information Packet, which is a part of this Application;
2. Applicant affirms that **all information provided on and attached to this application are true** and supports the “APPLICATION TO PURCHASE A REAL PROPERTY UNDER CHAPTER 201H, HRS”, shall become the property of HHFDC for purposes of determining Applicant’s eligibility to purchase and will not be returned;
3. **All eligibility requirements must be maintained until recordation of the sale of the property, except for** income eligibility which is determined at time of application review only, unless changes occur to the original application due to a change in household size (increase or decrease) and/or co-applicant applying with primary applicant;
4. Applicant must inform HHFDC of any change(s) to Applicant’s marital status, household size, preference, if any, State residency requirements, resident alien requirements or any other change that affects HHFDC’s eligibility and/or preference requirements, prior to closing the purchase;
5. Applicant agrees to update this application one year from HHFDC’s Eligibility Approval letter, if purchase has not closed; upon 90 days prior to closing; and/or when requested by HHFDC in its sole discretion;
6. In accordance with applicable sections of Chapter 201H, HRS and related HAR, **the affordable property purchased shall be:**

a. **subject to and restricted/encumbered with HHFDC’s use, sale, and transfer restrictions (“Buyback Program Restriction”)** which means, among other things that HHFDC has the first option to purchase the property during the buyback restriction period and must consent in writing to certain activities related to title of the property. Refer to the Information Packet for hi-lites of the Buyback Program;

b. **subject to and restricted/encumbered with HHFDC’s Shared Appreciation Equity (“SAE Program”) restriction, unless otherwise determined; which means**, among other things that HHFDC must be paid its net share of appreciation in the property when the property is sold, transferred or rented and must consent in writing to certain activities related to title of the property. Refer to the Information Packet for hi-lites of the SAE Program;

c. **occupied as owner’s primary residence at all times for as long as the Buyback and/or SAE Programs are in effect**;
7. At time of unit/lot selection, Applicant agrees to have at least one applicant member present, as a representative authorized to select a unit on behalf of all applicants and to cooperate with the unit selection requirements;
8. **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.**

Print Applicant's Name

Applicant's Signature

Date

Print Spouse's Name

Spouse's signature

Date

H.     **HHFDC HOUSEHOLD INCOME ELIGIBILITY WORKSHEET**

Important: All household income must be listed below for adult household members 18 years and older. Adult household members not receiving income must state their income as \$0 and affirm no income by signing below. *For assistance with completing this worksheet, refer to Exhibit A – Documents Checklist (“Exh A”), section H.* If additional space is needed, complete Attachment #2 (included in the Information Packet) and attach to this worksheet.

	Applicant (a)	Spouse (b)	Other: Additional Household Member (c)	Co-Applicant (d)	Co-Applicant Spouse (e)	Other: Additional Household Member (f)
<b>A. Employment Income - Refer Exh A - H.1 &amp; ATTACH copies of (2) months current pay stubs. If applicant only received (1) month or less current pay stubs, complete and attach HHFDC’s Verification of Employment form with 1 month or less pay stubs.</b>						
1. Current Monthly Base Pay:	_____	_____	_____	_____	_____	_____
2. Tips and/or Commissions	_____	_____	_____	_____	_____	_____
3. COLA	_____	_____	_____	_____	_____	_____
4. Military Allowances (BAH, subsistence, etc.)	_____	_____	_____	_____	_____	_____
<b>B. Self-Employment Income - Refer Exh A - H.2, &amp; ATTACH required income documents; add back depreciation &amp; utilities.</b>						
5. Gross Income	_____	_____	_____	_____	_____	_____
<b>C. Additional monthly and/or Periodic Income – Refer Exh A - H.3.</b>						
•Refer to Federal and/or State Income Tax Returns; ATTACH copies of signed returns & all attachments submitted to the IRS, if any.						
6. Net Rental Income	_____	_____	_____	_____	_____	_____
7. Business Income & Investments	_____	_____	_____	_____	_____	_____
8. Dividends	_____	_____	_____	_____	_____	_____
9. Interest	_____	_____	_____	_____	_____	_____
10. Royalties	_____	_____	_____	_____	_____	_____
11. Pension, Annuity Distributions	_____	_____	_____	_____	_____	_____
12. VA Compensation	_____	_____	_____	_____	_____	_____
• Refer to Divorce Decree & ATTACH copy of final, certified decree						
13. Alimony received	_____	_____	_____	_____	_____	_____
14. Child Support	_____	_____	_____	_____	_____	_____
•Refer to Benefit Letter received at the beginning of the year or copy of checks received; also refer to Exh “A” - H.3., for acceptable forms of verification of income being received.						
15. Social Security Benefits	_____	_____	_____	_____	_____	_____
16. Public Assistance	_____	_____	_____	_____	_____	_____
17. Unemployment Benefits	_____	_____	_____	_____	_____	_____
18. Sick Pay - TDI	_____	_____	_____	_____	_____	_____
19. Income from Trusts	_____	_____	_____	_____	_____	_____
20. Contributions to Deferred Compensation Plan	_____	_____	_____	_____	_____	_____
21. Other _____	_____	_____	_____	_____	_____	_____
<b>D. Gross Monthly Income</b> (Total of all items from sections A thru C)						
	_____	_____	_____	_____	_____	_____
<b>E. Yearly Household Income</b> (Line D multiplied by 12)						
	(a) _____	(b) _____	(c) _____	(d) _____	(e) _____	(f) _____
<b>F. Applicant’s Total Annual Household Income (Sum of line E, a-f): \$ _____</b>						
<b>G. Assets – Refer to Exh A - H.4.</b>						
22. Does Applicant require and/or intend to obtain a co-mortgagor or co-signor to financially qualify to purchase a unit? <input type="checkbox"/> No <input type="checkbox"/> Yes – complete and attach HHFDC’s Co-Signor / Co-Mortgagor Acknowledgement; also refer Exh A - H.4.						
23. Does Applicant have funds available for down payment and closing costs? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify amount and source of funds (e.g. savings, checking, gift from relative, stocks, etc.) \$ _____Source(S): _____						

The undersigned Applicant and if applicable, Spouse, Co-Applicant, Co-Applicant Spouse, and/or additional household member hereby certify that the information listed above 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 changes in household size (increase or decrease) and/or co-applicant applying with primary applicant. This worksheet is made a part of the Application to Purchase Real Property under 201H, HRS.

(a) Applicant's Name:_____	Signature:_____	Date:_____
(b) Applicant's Spouse_____	Signature:_____	Date:_____
(c) Other Additional Household Member_____	Signature:_____	Date:_____
(d) Co-Applicant Name:_____	Signature:_____	Date:_____
(e) Co-Applicant's Spouse:_____	Signature:_____	Date:_____
(f) Other Additional Household Member_____	Signature:_____	Date:_____

**For HHFDC Use Only:** HHFDC's established area median income (AMI) is based on the Dept. of HUD's AMI. Based on review of the above information and Applicant's attached application and supporting documents, the undersigned HHFDC staff makes the following household size income determination for the above referenced project.

☐ Pending. Additional documents required. Requested on (date): \_\_\_\_\_

☐ Approved within the HHFDC est. AMI as indicated:

☐ 80% -100%☐ 120%☐ 140%

☐ Disapproved as indicated:

☐ Incomplete Application☐ Above 140%☐ Below 80%

Total household size: \_\_\_\_\_

#Dependents: \_\_\_\_\_

Priority Group: \_\_\_\_\_

HHFDC Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Preference?   Y   N    Approved?   Y   N

# EXHIBIT A - DOCUMENT CHECKLIST

**Review this checklist and attach all applicable supporting documentation as may be required or applicable to the Application** for HHFDC to verify eligibility, household income requirements and requested preference, if any. **Upon request by HHFDC, any additional information and/or documentation must be submitted for HHFDC to complete its review of the submitted Application. Refer to the Project Information Packet - Section G for all HHFDC Supplemental Forms, if required. Important: (R) - means required of all applicants.**

## **A. Applicant Information & Spouse Information (Application - Section A)**

1. If married pending divorce or living apart, the “Spouse” section of the application, must be completed.
2. If single due to divorce, widowed or legal separation, 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.
  - Copy of certified separation decree in its entirety.
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. Household Composition Information (Application - Section C)**

1. Household members 18 years and older who are residing with or will be residing in the purchased dwelling **and will not be on title** to the property with applicant/spouse, must complete and attach the following.
  - Completed and **notarized** supplemental form, Affidavit as to Adult Household Member.
  - If employed, submit all applicable documentation according to Section G., below.
  - If unemployed **or** retired **and** receiving assistance income, refer to Section G., below and submit all applicable documentation for all sources of income.
2. (Legal) Dependents NOT claimed on the income tax return. Attach the following, as applicable.
  - If expecting a 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 attach supplemental form, Affidavit as to Applicant’s Legal/Physical Custody of Children; **and** attach copy of requested supporting document(s) as indicated on the form.
  - If children while unmarried or from a previous marriage, other than applicant or co-applicant:
    - Complete, notarize and attach supplemental form, Affidavit as to Applicant’s Legal/Physical Custody of Children; **and** attach copy of requested supporting document(s) as indicated on the form.
  - **If in the process of securing legal custody** of a minor child or disabled adult, **process must be completed to claim** children as part of the total household size.
3. Non-Dependents are family members who are related by blood, marriage, or operation of law and/or legal custody who are currently living with or intend to live as a unit in the dwelling purchased; and is not dependent on the applicant for care, finances and overall well-being.

## **D. Co-Applicant Identification (Application - Section D)**

1. If applying with a Co-Applicant, **co-applicant must** complete and submit supplemental form, HHFDC Co-Applicant Application\*.
2. **Important: Persons who are 18 years and older and not married, related by blood or operation of the law to the applicant/co-applicant, and are residing with or will reside in the unit, **must complete the co-applicant application.****
3. Persons who are related by blood or operation of the law to the applicant/spouse **and intend to be on title to the purchased dwelling** with the applicant/spouse, **must also complete and submit** supplemental form, HHFDC Co-Applicant Application\*.

## **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



## EXHIBIT A - DOCUMENT CHECKLIST, *continued*

- **Important:** If taxes were filed electronically, **print tax forms, sign tax forms where required and attach to application.** Do not submit signed, one-page acknowledgement of electronic filing statement. *Submit 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.

### 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, 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. Disability Preference

- Complete supplemental forms, Request for Preference and Disability Certification; **and attach** copy of requested supporting document(s) as indicated on the form.

### 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.

### 3. 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.

## G. Applicant's Signed Declaration & Acknowledgement of Eligibility

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

## H. HHFDC Household Income Eligibility Worksheet

*\*Each Household Member, or intended Household Member, 18 years & older, must disclose income received, if any. If no income, or \$0 received, 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, 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. HHFDC DOES NOT INCLUDE overtime income, bonuses and other income from part-time employment if in addition to a primary job.

### 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 General Excise Tax (GET) filing; **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:

**Includes** 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.

- 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.

### 4. Assets

- If applicant requires a co-signor or co-mortgagor to qualify for a mortgage loan, complete the appropriate supplemental form, Acknowledgement of Co-Signor or Acknowledgment of 1% Co-Mortgagor.
- List any income intended for use to purchase a unit, such as pension, savings, 401K, etc.