



STATE OF HAWAII

HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION
("HHFDC")

APPLICATION PACKET

FOR

ililani

A FOR SALE HOUSING PROJECT
HONOLULU, OAHU, HAWAII

DEVELOPER:

ILILANI, 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** (the, “Info Pkt”), is considered a part of the Application Packet and **contains important and general information**, such as HHFDC’s requirements for purchasing an affordable unit and overview of the program; the Project Fact Sheet; Commonly Used Terms, such as “Eligible Purchaser¹” and “Income¹”; 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 understand and determine if you meet HHFDC’s requirements to purchase and also to ensure submitting a “Complete Application Packet¹” to the Exclusive Sales Broker² (“Sales Team” or “Broker”) listed below.

To become an HHFDC Eligible Purchaser for this Project, interested persons must (1) be a “Qualified Resident”¹ **and** demonstrate a need for affordable housing; and (2) submit a “Complete Application Packet”¹ including the APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS (“Application”) form, the 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”¹, refer to Exhibit A – Document Checklist (“Document Checklist”), at the end of the Application Packet. The Document Checklist is provided to assist you with preparing and completing your application.

To complete the Application Form, fill out all applicable information and answer all questions on pages 1 and 2; then read the Declaration and if you agree to the program requirements, sign where indicated. **To complete the Income Worksheet**, list all sources of income for household members, 18 years and older; read the acknowledgement section; then if you agree, sign where indicated, as indicated. The Income Worksheet **must be signed by all income¹ earners 18 years and older. Unemployed spouses and household members, if any, must also sign the Income Worksheet and list their income as \$0. All completed applications must include original signatures and be returned to the Broker in person at the address listed below. The applicant and co-applicant, if any, must have “income”¹ to participate in HHFDC’s affordable for-sale housing program.**

Applications received by the Broker will be date and time stamped by the Broker and processed accordingly. **Approved applications received by the application deadline³ listed below will be included in the Public Drawing.** Refer to the Project Information Packet for information and overview of HHFDC’s affordable for sale program. **Applications received after the deadline will be placed on a separate backup/waiting list and may not be processed until after the initial unit selection is completed.**

Incomplete applications are not acceptable by the HHFDC and will automatically be deemed ineligible. Broker may refuse to accept incomplete applications for processing until determined to be complete. Mailed or faxed applications are also not acceptable.

¹ Refer to the **Appendix 1** in the Information Packet for definition/explanation of commonly used terms used by the HHFDC in accordance with its affordable for sale program.

² **Exclusive Sales Broker: Locations LLC (RB-17095)**, 614 Kapahulu Avenue, Honolulu HI 96815.
Submit completed applications to the Project Sales Gallery at 1311 Kapiolani Blvd, Suite 4,
Honolulu HI 96814. Open Daily 10 am to 5 pm.

³ **Application Deadline: August 24, 2019 at 5:00 pm.**

APPLICATION PACKET CHECKLIST

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

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 project Sales Team.

FOR APPLICANT USE ONLY	AT MINIMUM, COMPLETE, SIGN AND SUBMIT THE FOLLOWING:	For Use Only by SALES TEAM	For Use Only by HHFDC
	Application Form (2 pgs.)		
	Household Income Worksheet (1 pg.)		
	Current pay stubs/statements for all employed household members 18 years and older. IMPORTANT: Paystubs must be dated within the last 1-2 months of the signed application date. <ul style="list-style-type: none"> • 1-month consecutive paystubs/statements with completed Verification of Employment form; or • 2-months consecutive paystub/statements 		
	W-2, 1099-Misc, and any other reported income statements as required by the IRS or state tax office.		
	Copy of most current year’s signed Federal Income Tax return with all applicable additional schedules submitted to the IRS with the Federal tax form; such as IRS Schedule A.		
	Copy of most current year’s signed State Income Tax return with 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 attached Exhibit “A” for additional detailed information.

FOR APPLICANT USE ONLY	HHFDC SUPPLEMENTAL FORMS: (Refer to Appendix 2 of the Information Packet.)	For use only by: SALES TEAM	For use only by: HHFDC
	Applicant & Co-Signor Affidavit – must be signed before a notary public.		
	Applicant & 1% Co-Mortgagor Affidavit – must be signed before a notary public.		
	Acknowledgement of Prior Purchase of Affordable Property		
	Adult Household Member Acknowledgement includes Exhibit A - Document Checklist		
	Affidavit as to Applicant’s Legal/Physical Custody of Children (2 pgs.) – sign before a notary public.		
	Attachment to Applicant’s Household Income Eligibility Worksheet		
	Co-Applicant Application includes Exhibit A – Document Checklist (4 pgs.)		
	Real Estate Disclosure Statement		
	Request for Preference – applicable prior to Public Drawing (“Lottery”) only		
	Disability Certification – also complete and attached “Request for Preference” form		
	Verification of Employment (“VOE”)		

Refer to the attached 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 Requested Preference (applicable prior to Public Drawing Only)		
	Proof of residency in a state public housing property owned by HPHA or HHFDC and receiving rental assistance (applicable prior to Public Drawing Only)		
	Proof of Displacement for Preference (applicable prior to Public Drawing Only)		

**HHFDC APPLICATION RECEIPT
ILILANI**

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

Please PRINT only

(A): Applicant* Name: _____ Social Security No.: _____
Spouse Name: _____ Social Security No.: _____
Mailing Address: _____
Telephone Nos.: _____
 Best No. to Call AlternateNo. 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: Include SS# for Household Members 18-yrs & older (Age)
Note: DO NOT INCLUDE persons named above in (A).

1. _____	Social Security No.: _____ ()
2. _____	Social Security No.: _____ ()
3. _____	Social Security No.: _____ ()
4. _____	Social Security No.: _____ ()
5. _____	Social Security No.: _____ ()

(C): If applicable, Co-Applicant1 First & Last Name
(COA1**) _____ Social Security No.: _____
***List any Additional Household Members from Co-Applicant Application in section B above.*

If applicable, Co-Applicant1 Spouse First & Last Name
(COAS1) _____ Social Security No.: _____

If applicable, Co-Applicant2 First & Last Name
(COA2) _____ Social Security No.: _____

If applicable, Co-Applicant2 Spouse First & Last Name
(COAS2) _____ Social Security No.: _____

Applicant* acknowledges receipt, review and acceptance to comply with the requirements of the project Application and Information Packets; and Total Household Size of: _____.

_____ Applicant Initial Date Sales Agent Name

APPLICATION DEADLINE: 5:00 PM on August 24, 2019

Direct all questions regarding the project to:

*This section for Sales Team use only
Application Receipt – Date & Time Stamp*

Locations LLC (RB-17095)
at the Project Sales Gallery
1311 Kapiolani Blvd, Suite 4
Honolulu HI 96814

Open Daily 10 am to 5 pm

Website: www.liveililani.com | (808) 591-1388

**KEEP THIS RECEIPT as reference of receipt of your project application and assigned Application No.

**HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION ("HHFDC")
APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS**

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. APPLICANT INFORMATION SPOUSE 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
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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):
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**If own present address, refer to Exhibit "A" – Document Checklist, Section A.3.*

B. EMPLOYMENT INFORMATION

(Applicant): 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? _____	(Spouse): 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? _____
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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.
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C. HOUSEHOLD COMPOSITION INFORMATION

Refer to the Info Pkt – Appendix 1 for additional explanation of the following terms, if necessary.
 ***Legal Dependent(s)** - persons claimed on income tax returns, expectant child, foster and hanai children.
 ****Non-Dependent** - household members 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 Spouse (or Applicant and Co-applicant) as their sole source of provisions.

List Additional Household Members <Do Not list named persons in section A above>	Sex	Age	Relation to Applicant?	Legal Dependent?		Non-Dependent?		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	

* 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	
	Y	N	Y	N
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: APPLICANT: ()/mmddyy SPOUSE: ()/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, Section E.3</i>	Y	N	Y	N
7. Have you ever purchased or owned an affordable unit/property <u>sold or developed</u> by or in partnership with a <u>government</u> (county, state, federal) agency 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 REQUESED INFORMATION/DOCUMENTATION.</i>	Y	N	Y	N

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

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

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 APPLICABLE SECTIONS OF THE HHFDC HAWAII ADMINISTRATIVE RULES (HAR); AND FURTHER ACKNOWLEDGE & AGREE THAT:

1. Applicant **has received, read and accept** the Project Information Packet, which is a part of this Application;
2. **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. At any time prior to closing, Applicant is required to and will **inform HHFDC in writing, thru the Sales Team, of any change(s)** to this application such as marital status, household size, preference, if any, State residency requirements, and/or resident alien status;
4. If approved by the HHFDC as an Eligible Purchaser, **all eligibility requirements must be maintained until recordation of the sale of the property, except** for income eligibility which is determined at time of HHFDC’s review of this application only, **unless** changes occur to this application after HHFDC’s initial review and determination, such as household size; co-applicant; residency and the like;
5. Applicant agrees to update this application one year from HHFDC’s Eligibility Approval letter, if purchase has not closed; upon 180 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 subject to and restricted/encumbered with:**
 - a. **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 Appendix 1-A of the Information Packet for hi-lites of the Buyback Program;
 - b. **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 Appendix 1-A of the Information Packet for hi-lites of the SAE Program;
 - c. **an owner occupancy requirement as owner’s primary physical residence at all times for as long as the Buyback and/or SAE Programs are effective;**
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; and is cause for automatic disqualification from the project and future projects.**

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 the attached Exhibit A (“Exh A”), section H.* If additional space is needed, refer to supplemental form “Attachment to Applicant’s Income Worksheet” in Appendix 2 for completion; then 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)
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A. Employment Income - Refer Exh A - H.1 & 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.

- | | | | | | | |
|---|--|--|--|--|--|--|
| 1. Current Monthly Base Pay: | | | | | | |
| 2. Tips and/or Commissions | | | | | | |
| 3. COLA | | | | | | |
| 4. Military Allowances (BAH, subsistence, etc.) | | | | | | |

B. Self-Employment Income - Refer Exh A - H.2 & ATTACH required income documents; add back depreciation & utilities.

- | | | | | | | |
|---------------|--|--|--|--|--|--|
| 5. Net Income | | | | | | |
|---------------|--|--|--|--|--|--|

C. Additional monthly and/or Periodic Income – Refer Exh A - H.3.

• 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 for income being received.

- | | | | | | | |
|--|--|--|--|--|--|--|
| 15. Social Security Benefits | | | | | | |
| 16. Public Assistance | | | | | | |
| 17. Unemployment Benefits | | | | | | |
| 18. Sick Pay - TDI | | | | | | |
| 19. Income from Trusts | | | | | | |
| 20. Distribution from Deferred Compensation Plan | | | | | | |
| 21. Other _____ | | | | | | |

D. Gross Monthly Income

(Total of all items from sections A thru C) _____

E. Yearly Household Income

(Line D multiplied by 12) _____ (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f)

F. Applicant’s Total Annual Household Income (Sum of line E, a-f): \$ _____

G. Applicant’s Assets & Financial Assistance to Purchase

22. Does Applicant have funds available for down payment and closing costs? No Yes, specify amount and source of funds (e.g. savings, checking, gift from relative, stocks, etc.) \$ _____ Source(s): _____
23. Does Applicant require and/or intend to obtain a co-mortgagor or co-signor to financially qualify to purchase a unit? No Yes – complete and attach HHFDC’s Affidavit of Co-Signor or Co-Mortgagor – 1%; Refer to Appendix 2.
24. Will Applicant receive Gift funds? No Yes, attach copy of signed Gift letter and evidence of liquid funds (e.g. bank statement).

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 such as household size; co-applicant applying with primary applicant; residency and things of the like. 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.	
<input type="checkbox"/> Pending. Additional documents required. Requested on (date): _____ (Not Applicable Before Deadline Date)	Total Adults:
<input type="checkbox"/> HHFDC determined AMI Group: <input type="checkbox"/> 80% and below <input type="checkbox"/> 81-100% <input type="checkbox"/> 101-120% <input type="checkbox"/> 121-140%	Total Dependents:
<input type="checkbox"/> Disapproved due to: <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Above 140% <input type="checkbox"/> No Need/Income <input type="checkbox"/> Other	Total HH Size:

EXHIBIT A - DOCUMENT CHECKLIST

Review this checklist and attach all applicable supporting documentation as may be required or applicable to your application to verify eligibility, household income requirements and requested preference, if any, as required by HHFDC. Upon request by HHFDC, any additional information and/or documentation must be submitted for HHFDC to complete its review of the submitted Application; however, this provision does not apply prior to the Application Deadline Date. Refer to the Project Information Packet – Appendix 2 for Supplemental Forms, if required. ❖ **Important: (R) - means required of all applicants.**

A. Applicant 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. 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 **signed** supplemental form, Adult Household Member Acknowledgement.
 - If employed, submit all applicable documentation according to Section H., below.
 - If unemployed **or** retired **and** receiving assistance income, refer to Section H., 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 born 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 or as part of the total household size.
3. Non-Dependents are household 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 application for care, finances and overall well-being. Refer to Appendix 1 for additional information, if any.

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

1. If applying with a Co-Applicant, **co-applicant must** complete and submit supplemental form, 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, 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
 - **If not required to file taxes, provide tax office transcript affirming not required to file taxes.**

EXHIBIT A - DOCUMENT CHECKLIST *continued*

❖ **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, 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. 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.

3. 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. 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

⁽⁺⁾**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 Info Pkt 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. retail or 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.