



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

Applications are available at the following location:

EXCLUSIVE SALES BROKER:
LOCATIONS, LLC (RB-17095)
AT THE PROJECT SALES CENTER
1311 KAPIOLANI BLVD SUITE 4

Open Daily – 10:00 am to 5:00 pm

www.LIVEILILANI.com
(808) 591-1388

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** (is considered a part of the Application Packet) **contains important and general information**, such as the Project Description; HHFDC's requirements for purchasing an affordable unit, Commonly Used Terms, such as First-Time Homebuyer, Household Income Limits and Eligible Purchaser; 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 for preliminary review and submittal to HHFDC. Refer to the Appendix 1 for a definition of a "Complete" application.

To become an Eligible Purchaser, interested persons must be determined by the HHFDC to be an applicant who (1) is a First-Time Homebuyer or a Qualified Resident, **and** who demonstrates a need for affordable housing and (2) who meets all eligibility, asset and income requirements.

Submit a "Complete Application Packet" by ELECTRONIC UPLOAD or IN-PERSON to the Exclusive Sales Broker named on the cover of this Application Packet.

For a list of required and acceptable verification/supporting documents or further explanation of what needs to be submitted, refer to the attached Exhibit A – Document Checklist (hereinafter, the "Document Checklist"), at the end of the Application Packet. The Document Checklist is provided to assist with completing and submitting your application.

To complete the Application, fill out all sections (A-H) as applicable to your household, answer all questions, then read the Declaration and Acknowledgement. If you agree to the HHFDC's affordable sales program requirements, sign where indicated.

To satisfy the Household Income eligibility, list all sources of income for household members, 18 years and older and turn in appropriate verification/supporting documentation; then read the acknowledgement and if you agree, sign where indicated, as indicated. If an applicable spouse and adult household members are **unemployed, stated income on the worksheet must be \$0. The Income Worksheet must be signed by all adult members of the household regardless of employment, or not.**

Incomplete, mailed, or faxed applications are not acceptable and is cause for automatic disapproval by the Exclusive Sales Broker or the HHFDC.

APPLICATION CHECKLIST

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

Applicant Name:	
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This checklist is provided to assist you with compiling and submitting a “Complete” application packet. Refer to the enclosed Document Checklist, for additional information that may be applicable to your application and attach the requested information as indicated.

****If you need assistance to complete your application, contact your Sales Team agent.**

FOR APPLIC USE	AT MINIMUM, COMPLETE, SIGN AND <u>UPLOAD</u> the following:	ATTACH the following if applicable to your application or adult household member acknowledgement form
	<ul style="list-style-type: none"> ○ Pre-qualification letter from one of the preferred lenders specified in the Information Packet and <i>if applicable</i>, <ul style="list-style-type: none"> ○ Applicant & Co-Signor Affidavit ○ Applicant & 1% Co-Mortgagor Affidavit ○ Gift Letter 	<ul style="list-style-type: none"> ❖ Refer to the Information Packet for the following SUPPLEMENTAL FORMS. <ul style="list-style-type: none"> ○ Adult Household Member Acknowledgement with Exhibit A – Document Checklist ○ Acknowledgement of Prior Purchase of Affordable Property ○ Affidavit as to Applicant’s Legal/Physical Custody of Children ○ Real Estate Disclosure Statement with required property ownership documents ○ Request for Preference – for use before initial application deadline date only ○ Verification of Employment (“VOE”)
	<ul style="list-style-type: none"> ○ APPLICATION TO PURCHASE form 	
	<ul style="list-style-type: none"> ○ Most CURRENT paystubs/statements for all employed household members 18 years and older. <p>IMPORTANT: Paystubs must be dated within the last 1-2 months of the signed application date.</p> <ul style="list-style-type: none"> ○ 1-month consecutive paystubs/statements with completed Verification of Employment form; or ○ 2-months consecutive paystubs/statements. 	<p>NOTE: For Co-Applicant Application, use Application To Purchase form and check box at top to change use to Co-Application.</p>
	<ul style="list-style-type: none"> ○ W-2, 1099-Misc, and any other reported income statements as required by the IRS or state tax office. 	<ul style="list-style-type: none"> ❖ Refer to Exhibit A – Document Checklist for additional details of acceptable forms of the following: <ul style="list-style-type: none"> ○ Proof of Divorce, Widower, or Legal Separation ○ Proof of Property Ownership ○ Proof of Self Employment ○ Proof of Legal Dependents and/or Additional ○ Proof of Resident Alien status ○ Proof of Hawaii Residency ○ Proof of residency in a state public housing property owned by HPHA or HHFDC and receiving rental assistance
	<ul style="list-style-type: none"> ○ Copy of signed current year, or most recently filed, Federal and State Income Tax return with all schedules. 	

APPLICATION RECEIPT

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

*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.

(A):	Applicant Name:		SS#: XXX-XX-	
	Spouse Name:		SS#: XXX-XX-	
	Mailing Address:			
	Best Email:		Best Tel:	

(B):	Additional Household Members – First & Last Name	Add SS# for Household Members 18-yrs & older ONLY		
1.		xxx-xx-		AGE:
2.		xxx-xx-		AGE:
3.		xxx-xx-		AGE:

(C):	If applicable, Co-Applicant (COA) Name	Check, if no Co-applicant <input type="checkbox"/>		
1.	COA1:	SS#: XXX-XX-		
2.	COA1-Spouse:	SS#: XXX-XX-		
3.	COA2:	SS#: XXX-XX-		

(D):	Applicant* acknowledges receipt and review of the Project Information Packet as part of this Application Packet.	Yes		No	
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APPLICATION DEADLINE: FIRST COME-FIRST SERVED**

**** Direct all questions regarding the project to:**

For Sales Team Use Only

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

Open Daily: 10 a.m. – 5:00 p.m.
liveililani.com | (808) 591-1388

HHFDC Application to Purchase Real Property Under 201H, HRS

If checked, use this as a *CO-APPLICANT form* || **Applicant Name:

QI.	1.1 Before this application, were you included as a household member on another person's application?	1.2 If No, skip to QII. 1.3 If Yes, are you still residing with said person? If No, why are you not residing with said person?					
QII.	2.1 Have you turned in an application for any government sponsored affordable project, such as the HCDA, City & County, DPP, or HHFDC? <input type="checkbox"/> - No. Skip to next section.	2.2 If Yes, which agency 2.3 If Yes, were you approved to purchase a unit? 2.4 If Yes, did you sign a contract? 2.5 If Yes, what is the name of project(s)?					
A.	APPLICANT INFORMATION	SPOUSE INFORMATION					
1	First Name	First Name					
2	Middle Name	Middle Name					
3	Last Name	Last Name					
4	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female					
5	<input type="checkbox"/> Married or Domestic Partnership (recognized under operation of law); <i>also check one, if applicable:</i> <input type="checkbox"/> legally separated; <input type="checkbox"/> separated, pending divorce or <input type="checkbox"/> living apart <input type="checkbox"/> Single: <i>also check one</i> → <input type="checkbox"/> never married; <input type="checkbox"/> legally divorced; <input type="checkbox"/> widowed						
6	<input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Own*	No. of Yrs. at this Address?					
B.	EMPLOYMENT INFORMATION - Refer to Exhibit A, Section B						
1	Employer Name:	Employer Name:					
2	Employer Address:	Employer Address:					
3	Job Title:	Job Title:					
4	Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time Yrs. on this job: Yrs. in this line of work:	Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time Yrs. on this job: Yrs. in this line of work:					
5	<input type="checkbox"/> Self-Employed - Start Date?	<input type="checkbox"/> Self-Employed - Start Date?					
C.	HOUSEHOLD COMPOSITION INFORMATION - Refer to Exhibit A, Section C						
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 in the property who do not depend on Applicant and/or Spouse as their sole source of provision. <input checked="" type="checkbox"/> Adult (18-yrs and older) household members must complete the <i>Adult Household Member</i> form. See Exh A.							
	List Additional Household Member Name	Gender	Age	Relation to Applicant	Legal Dependent?	Non Dependent?	Status (ex: Student, Working)
C1							
C2							
C3							

D. CO-APPLICANT, if any – Refer to Exhibit A – Section D.		Check, if No Co-Applicant <input type="checkbox"/>	
Name:			
E. ELIGIBILITY REQUIREMENTS - Refer to Exhibit A, Section E			
		Applicant (A)	Spouse (S)
1	Are you a U.S. Citizen?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Are you a Resident Alien?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Date of Birth & (AGE) (A) (S)	AGE	AGE
4	Are you a legal resident of Hawaii?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5	Are you physically residing in Hawaii?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6	Do you or any current or intended household member own any leasehold and/or fee simple property(ies)/lands suitable for dwelling purposes anywhere in the world? <i>Refer to Exhibit A – Section E.3</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7	Have you owned property within a year of the date of this application? If (Y), when did you own it? When was it sold? Property Address: City, State, Zip:	(Y) <input type="checkbox"/> N <input type="checkbox"/>	(Y) <input type="checkbox"/> N <input type="checkbox"/>
8	Have you ever purchased an affordable unit/property <u>sold or developed by or in partnership with a government agency</u> such as a State of Hawaii agency, i.e. HCDA, HHFDC or its predecessor agencies; or a County or DPP agency? <i>Refer to Exhibit A – Section E.4</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
F. APPLICANT'S FINANCIAL ABILITY TO PURCHASE - Refer to Exhibit A, Section F			
1	Are you receiving financial assistance to purchase a unit? Type: <input type="checkbox"/> Co-Signor <input type="checkbox"/> 1% Co-Mortgagor <input type="checkbox"/> Gift Funds <i>If yes, reminder to include the appropriate Affidavit and supporting documents found in the Supplemental Forms of the Information Packet.</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Do you have funds available for initial deposit and down payment? If yes, indicate source of funds:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	❖ Cash, securities or real property.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	❖ Personal accounts, such as individual or joint savings or checking accounts.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	❖ Business accounts.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	❖ Security accounts, such as CDs.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	❖ Percentage interest in real estate property.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
G. PREFERENCE DETERMINATION – Apply to Initial Public Offering only.			
1	Are you requesting a preference?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Are you eligible for a displacement preference?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

H. HOUSEHOLD INCOME ELIGIBILITY WORKSHEET – Refer to Exhibit A, Section H

❖ **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. If additional space is needed, duplicate this worksheet.

Type of Income	Applicant (a)	Spouse (b)	Other: Adult Household Member (c)	Co-Applicant (d)	Co-Applicant Spouse (e)	Other: Adult Household Member (f)
A. Employment Income - Refer to Exhibit A, section H and ATTACH copies of (2) months current paystubs. If you only received (1) month of paystubs, also attach HHFDC's completed and signed Verification of Employment form. Refer to Supplemental forms section of the Information Packet.						
1. Current Monthly Base Pay						
2. Tips and/or Commissions						
3. COLA						
4. Military Allowances (BAH, subsistence, etc.)						
B. Self-Employment Income - Refer to Exhibit A, section H.						
5. Net Income						
C. Additional monthly and/or Periodic Income* <i>*Refer to Federal and/or State Income Tax Returns; ATTACH copies of signed returns and ALL Schedules of your filed tax returns, as appropriate.</i>						
6. Dividends						
7. Interest						
8. Pension, Annuity Distributions						
9. VA Compensation						
10. Net Rental Income						
11. Business Income & Investments						
12. Royalties						
<i>* Refer to your Divorce Decree & ATTACH copy of your FINAL, certified decree</i>						
13. Alimony Received						
14. Child Support Received						
<i>* Refer to your Benefit Letter received at the start of the calendar year & ATTACH copy of checks received or other acceptable supporting documents. See Exh A.</i>						
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, pls. specify						
D. Gross Monthly Income (Total of Sections A thru C)						
E. Yearly Household Income (Line D multiplied by 12)						
F. Total Annual Household Income (Sum of line E, (a) thru (f):						

The undersigned Applicant and if applicable, Spouse, Co-Applicant, Co-Applicant Spouse, and/or additional household member(s), 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 Name		Signature		Date	
(b)	Spouse Name		Signature		Date	
(c)	Adult Household Member Name		Signature		Date	
(d)	Co-Applicant Name		Signature		Date	
(e)	Co-Applicant Spouse		Signature		Date	
(f)	Adult Household Member Name		Signature		Date	

I. DECLARATION & ACKNOWLEDGEMENT OF HHFDC 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 RELATED HAWAII ADMINISTRATIVE RULES (HAR) CHAPTER 15-308; AND FURTHER ACKNOWLEDGE & AGREE THAT:

1. Applicant affirms that they **have received, read, understands and accepts** 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. 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. Changes will be made thru the Exclusive Sales Broker;
4. **All eligibility requirements must be maintained until recordation of the sale of the property, except for income eligibility** which is determined at time of initial application review only, **unless** changes occur to Applicant’s application;
5. Applicant agrees to update this application one year from HHFDC’s Eligibility Approval letter, if purchase has not closed; approximately (1) year 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 or encumbered with the following:**
 - 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 liens made against and title changes of, the property. Refer to 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 the Information Packet for hi-lites of the SAE Program;
 - c. **Owner occupancy of the property** as the primary 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 present, as a representative authorized to select a unit on behalf of the Applicant 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 this Program and future HHFDC projects.**

Print Applicant Name	Applicant Signature	Date
Print Applicant Spouse Name, if applicable	Spouse Signature	Date

EXHIBIT A – DOCUMENT CHECKLIST

Review this checklist to understand and to verify all eligibility, asset and income requirements; and attach all supporting documentation as may be required or applicable to your household and application. Refer to the Project Information Packet for detailed information, such as submittal of an incomplete application and Supplemental Forms, if required (Appendix 2). **❖ 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 copy 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-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 documents 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.
 - If adult child is a college student, attach copy of official college transcript.

IMPORTANT: Persons who are 18 years and older and not married, not related by blood or operation of the law to the applicant/spouse, and are residing with or will reside in the unit, must complete the Application as a Co-Applicant, not as a Household Member.

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, the **process must be complete to claim and include** children as a part of the total household size.
3. Non-Dependents are household members who are related by blood, marriage, or operation of law or legal custody who are currently living with or intend to live as a household unit in the dwelling purchased; and is not dependent on applicant 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 the HHFDC Application to Purchase Real Property Under 201H (hereinafter, the "Application") form and check the box immediately under the title.
2. **IMPORTANT: Persons who are 18 years and older and not married, not related by blood or operation of the law to the applicant/spouse, and are residing with or will reside in the unit, must complete and submit the Application form as a Co-Applicant, not as a Household Member.**
3. **IMPORTANT: Persons who *are* related by blood or operation of the law to the applicant/spouse and intend to be on title with the applicant/spouse, must complete and submit the Application form as a Co-Applicant.**

E. HHFDC Eligibility Requirements (Application - Section E)

1. Citizenship
 - If a Resident Alien, submit copy of your valid Resident Alien card (front & back).
 - Persons with temporary resident alien cards are ineligible until resident alien status is confirmed and 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 schedules.
 - **(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 schedules, 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 1-month current pay statements 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 a State tax office transcript affirming you are not required to file taxes.**

Important: If taxes were filed electronically, **submit only required tax forms for filing, not those marked "Keep for your Files". Sign where required and attach. Do not submit signed, one-page acknowledgement of electronic filing statement. HHFDC requires a copy of your signed, filed tax forms (i.e. Form 1040, HI N-37).**

IMPORTANT. Applicant and/or household member determined to have circumvented the rules to purchase in the Project shall be automatically disqualified from participating in this Project and all future projects.

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 and sign supplemental form, Acknowledgment of Prior Purchase of Affordable Property; **and attach** copy of requested supporting documents as indicated on the form.

F. Applicant’s Financial Ability to Purchase (Application – Section F)

1. If applicant requires or intends to obtain financial assistance, such as the following, notify your selected lender include the information on your prequalification letter.
 - If Co-Signor, complete, sign, and notarize supplemental form, Applicant and Co-Signor Affidavit. Co-signors need not be related.
 - If Co-Mortgagor, complete, sign and notarize supplemental form, Applicant and 1% Co-Mortgagor Affidavit. Co-mortgagor must be related.
 - If obtaining Gift Funds, submit a signed Gift Funds letter provided by a project lender. Gifor must be a relative, as defined by Fannie Mae and Freddie Mac guidelines, as may be amended. **Gift funds are limited to 35% of the purchase price of the buyer’s preferred unit, in U.S. currency.**
2. Applicant shall indicate sources of funds available for initial deposit and down payment. Evidence of funds are not required at this time, but may be requested at a later date if deemed necessary by the HHFDC.

~~G. **Preference Determination.** If applicable, complete and sign supplemental form, Request for Preference, if submitting your application on or before the Initial Offering Expiration Date. (Application – Section G)~~

H. HHFDC Household Income⁽⁺⁾ Eligibility Worksheet (Application – Section H)

(+)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 Information Packet 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 acknowledge no income by signing the income worksheet.**

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, unless it is 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.

I. Applicant's Signed Declaration & Acknowledgement of Eligibility

1. Applicant and Spouse, if any, **must sign**. *Electronic signatures allowed.*

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