

Date _____

Affidavit of Eligibility for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting
 per the City's Affordable Housing Rules for Unilateral Agreements (2/2010)

Project and Unit		
Project Name	Ke'olu at Koa Ridge	Applicant name
Unit No.	___ BR / ___ BA	<input checked="" type="checkbox"/> For-sale

Affidavit of Eligibility for AH Unit	
The undersigned Applicant(s) certify the following:	
I am a citizen of the United States or a lawful permanent resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am at least eighteen (18) years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am domiciled in the State of Hawaii and have a bona fide intent to reside in the affordable housing unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My total household income does not exceed the allowed annual income for the target group as adjusted for size. See Table A for income limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have sufficient gross household income to qualify for the loan to finance the purchase.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I, either individually or with a household member, do not own or have not owned for one year prior to this application, and from date of application to escrow closing, a majority interest in fee simple or leasehold lands suitable for dwelling purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My net available household assets do not exceed designated limits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have not previously received assistance under a program designed and implemented by any State or county agency to assist persons to purchase affordable housing units.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will be an owner-occupant of the affordable housing unit during the restriction period and cannot rent out the unit during that time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>The City's Affordable Housing Rules provide waivers and exceptions to some requirements under certain circumstances.</i>	

By signing this Affidavit the undersigned represent(s) and affirm(s) that the undersigned has/have read, understand(s) and agree(s) to the above statements.

- 1) _____

Applicant signature *Print name* *Date*
- 2) _____

Co-applicant 1 signature *Print name* *Date*
- 3) _____

Co-applicant 2 signature *Print name* *Date*

Date _____

Application for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting
 per the City's Affordable Housing Rules for Unilateral Agreements (2/2010)

Project and Unit		
Project Name Ke'olu at Koa Ridge	Building name (if applicable)	
Project address 94-16 Kalanaola Drive, Waipahu, HI 96797		
Unit No.	___ BR / ___ BA	<input checked="" type="checkbox"/> For-sale

Primary Applicant		
First name	Middle name/initial	
Last name		
Address line 1		
Address line 2		
City	State	ZIP code
Home phone	Mobile phone	Work phone
Email address		
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)		

Co-Applicant 1 (if applicable)		
First name	Middle name/initial	
Last name		
Address line 1		
Address line 2		
City	State	ZIP code
Home phone	Mobile phone	Work phone
Email address		
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)		

Co-Applicant 2 (if applicable)			
First name		Middle name/ initial	
Last name			
Address line 1			
Address line 2			
City		State	ZIP code
Home phone	Mobile phone	Work phone	
Email address			
Photocopy of ID attached: <input type="checkbox"/> Hawaii driver's license <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other gov't ID (specify)			

Primary Household Member			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1) below</i> Self			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 3			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

- (1) Choices for this category are:
- Self
 - Spouse/Partner
 - Parent
 - Child
 - Sibling
 - Extended Family
 - Friend (not related)
 - Caretaker

Please provide a photo ID for every household member

Household Member 2			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 3			
First name		Middle name/initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 4			
First name		Middle name/ initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 5			
First name		Middle name/ initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer 1			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
Employer 2			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 6			
First name		Middle name/ initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer			
Address 1		Address 2	
City		State	ZIP code
Start date		Phone	

Household Member 7			
First name		Middle name/ initial	
Last name			
Birth date		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Primary Applicant <i>Choose response from options in List (1)</i>			
Employer			
Address 1		Address 2	
City		State	ZIP code
Start date		Phone	

Household Asset Verification

Choose asset type from options in List (2) below

Asset 1 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 2 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 3 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 4 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 5 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 6 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 7 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

Asset 8 Asset type (2)	Name of financial institution
Current market value	Annual Percentage Yield or mark 0% if none listed

- (2) Choices for this category are:
- Bonds
 - Certificate of Deposit (CD)
 - Checking account
 - Life insurance
 - Mutual funds
 - Real estate
 - Savings account
 - Stock
 - Other

Please provide account statements and other supporting documents

Household Income
Please list all income earners, including those part-time and self-employed. Do not include income of minor children, full-time students up to 23 years old, and live-in aides.

Income -- Household Member 1	
<i>Choose income source type from options in List (3) below</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	
Income source 4 type (3)	Income source 4 Employer name
Annual income	

(3) Choices for this category are: Alimony Child support Gross pay Investment income No income Pension Retirement Social Security Unemployment compensation Other

Please provide pay stubs, bank statements and other supporting documents

Income -- Household Member 2	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

Income -- Household Member 3	
<i>Choose income source type from options in List (3)</i>	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

Income -- Household Member 4	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

Income -- Household Member 5	
Last name	First name
Income source 1 type (3)	Income source 1 Employer name
Annual income	
Income source 2 type (3)	Income source 2 Employer name
Annual income	
Income source 3 type (3)	Income source 3 Employer name
Annual income	

(Add pages as needed)

Income limit, AMI group	
Income limit \$ _____	AMI group <u>120</u> %

Table A. Household Income Limits for Affordable Housing (2065)				
To be eligible for City-regulated Affordable Housing, a household’s gross income may not exceed the following limits. These figures are updated annually. AMI is the Area Median Income.				
	Income limits for Affordable Housing units designated for households earning:			
			120% of AMI	140% of AMI
1-person household			\$129,360	\$150,920
2-person household			\$147,840	\$172,480
3-person household			\$166,320	\$194,040
4-person household			\$184,800	\$215,600
5-person household			\$199,680	\$232,960
6-person household			\$214,440	\$250,180
7-person household			\$229,200	\$267,400

Documentation
<p>Please include the following documentation with this application:</p> <ul style="list-style-type: none"> • Applicant AH eligibility affidavit (<i>Page 1 of this application</i>) • Statement that household member does not intend to work for a year (required if no income is selected) • Most recent two months’ pay stubs or other documentation of income, including Social Security and VA benefits • Most recent two years’ tax returns, including W2s, 1099s and applicable schedules • Most recent two months’ bank and other financial institution statements, showing interest rate or interest earned • Mortgage pre-qualification (for sale) or draft lease agreement (rental) • Photo ID of all household members • Other supporting documents (divorce decree, marriage certificate, etc.) • \$75 application review fee. Check payable to “City and County of Honolulu.”

Under penalties of perjury, I declare that I have examined all of this application, including accompanying documents, and, to the best of my knowledge, information, and belief, all of the statements contained herein are true, correct and complete.

1)		
	<i>Applicant signature</i>	<i>Print name</i> <i>Date</i>
2)		
	<i>Co-applicant 1 signature</i>	<i>Print name</i> <i>Date</i>
3)		
	<i>Co-applicant 2 signature</i>	<i>Print name</i> <i>Date</i>