

Project Name: \_\_\_\_\_

Application No. \_\_\_\_\_

**AFFIDAVIT AS TO ADULT FAMILY MEMBER**

Print Name of Applicant(s):

Applicant: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_

STATE OF HAWAII )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The following are adult family members (18 years and older) who are presently living and/or shall physically reside with the above-named applicant(s)/co-applicant(s) on the property purchased under 201H, HRS:

	<u>Print Name(s) of Adult Family Member(s)</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Each of the Adult Family Member listed above and signing below, being first duly sworn on oath, deposes and says that the he/she:

- a. is presently living with the above-named applicant as a family member or will reside with applicant in the dwelling unit purchased.
- b. is a bona fide resident of the State of Hawaii.
- c. by himself or together with the applicant(s) or other household members, does not own a majority interest in fee simple or leasehold any real properties and/or lands suitable for a dwelling unit or a majority interest in any real properties and/or lands under a trust agreement in which another person holds legal title to such real properties and/or lands, within or outside the State of Hawaii.
- d. agrees to inform HHFDC of any changes after this date that affects the HHFDC's eligibility and preference requirements.
- e. makes this affidavit in support of application with the HHFDC to qualify as an eligible purchaser under Chapter 201H, Hawaii Revised Statutes.
- f. authorizes the HHFDC to make all inquiries that the HHFDC deems necessary to verify the accuracy of the statements made herein and to determine the undersigned eligibility.
- g. makes the declarations in this affidavit knowing that it is a crime punishable under the provisions of the Hawaii Penal Code, Part V, Sec. 710-1063, to knowingly make a false statement concerning the above facts and HHFDC may initiate all legal remedies for enforcement of the provision including immediate termination, repurchase, foreclosure and eviction.

Signatures of the above-named adult family members (18 years and older):

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

This \_\_\_-page (Doc Description) Affidavit As To Adult Family Member \_\_\_\_\_ Dated \_\_\_\_\_  
subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Notary Public, \_\_\_\_\_ Judicial Circuit, State of Hawaii  
My commission expires: \_\_\_\_\_