

# CO-APPLICANT

APPLYING WITH \_\_\_\_\_  
Applicant Name

## APPLICATION TO PURCHASE REAL PROPERTY UNDER 201H, HRS

Project: **Resale Program – HHFDC Repurchase Option Waived**

Do you have a pending application with HHFDC?     Y     N     **\*\*YES?** Name of Project(s):

A.                    APPLICANT			SPOUSE		
Print Full Name (no middle initials)			Print Full Name (no middle initials)		
Social Security No:	Home Phone	Cell Phone	Social Security No:	Other Phone	Cell Phone
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (incl. single, divorced & widowed) <input type="checkbox"/> Separated (pending divorce) <input type="checkbox"/> Separated (by Decree)					
Present Address: _____			Mailing Address (if different): _____		
_____ No. of Yrs at Address _____ Rent     _____ Own**					

*\*\*If own present address, refer to Exhibit "A" – Document Checklist, Section II-C*

B.                    EMPLOYMENT INFORMATION					
Name & Address of Employer		Yrs. on this job	Name & Address of Employer		Yrs. on this job
		Yrs. in this line of work			Yrs. in this line of work
Position	Bus Phone		Position	Bus Phone	
Self-Employed?   Y     N		If Yes, effective date as self-employed***			

*\*\*\*Refer to Exhibit "A" – Document Checklist, Sections II-B and IV-A*

**C.                    HOUSEHOLD COMPOSITION**

**Legal dependent(s)** include dependents claimed on Income Tax Returns, expectant child, foster children, and hanai children. **Non-dependent** family members include persons who are related by blood, marriage, or 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.

List Household Member Name(s) <small>Include Expectant Child - Do not include Applicant &amp; Spouse</small>	Sex	Age	SS#, for 18yrs* & older	Relation?	Legal Dependat **		Non-Dependant Household Member?		Status? Student Employed Unemployed	Gross Monthly Income, if Employed	No. of Yrs on Job
					Y	N	Y	N			
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		\$	
6.					Y	N	Y	N		\$	
7.					Y	N	Y	N		\$	

**\*Household members 18 yrs. and older, refer to Exhibit "A" – Document Checklist, Section I-D.**

**\*\*For Legal Dependents, refer to Exhibit "A" – Document Checklist, Section I-C.**

D.                    CO-APPLICANT IDENTIFICATION
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Are you applying as a Co-Applicant(s)?     Y     N     **\*\*YES?** Attach this co-application to primary applicant application with all supporting documents - **refer to Exhibit "A" – Document Checklist.**

Name of Primary Applicant? \_\_\_\_\_

**E. HHFDC ELIGIBILITY REQUIREMENTS**

	Applicant		Spouse	
1. Are you a U.S. citizen:	Y	N	Y	N
<b>If no, are you a Resident Alien?</b>	Y	N	Y	N
<b>** If YES, refer to Exhibit "A" – Document Checklist, Section II-A.</b>				
2. Date of Birth: Age:				
3. Are you a legal resident of Hawaii?	Y	N	Y	N
4. Are you physically residing in Hawaii?	Y	N	Y	N
5. Do you or any household member(s) own any leasehold and/or fee simple properties or lands suitable for dwelling purposes anywhere in the world?	Y	N	Y	N
<b>YES? Refer to Exhibit "A" – Document Checklist, Section II-C.</b>				
6. Have you ever purchased an affordable for-sale home from the Hawaii Housing Finance & Development Corporation, Housing Finance and Development Corporation, Housing and Community Development Corporation of Hawaii, Hawaii Housing Authority developed under Chapter 359F, 201E, 201G, or 201H Hawaii Revised Statutes (HRS), or from any county agency?	Y	N	Y	N
<b>YES? Refer to Exhibit "A" – Document Checklist, Section II-D.</b>				

**~~F. PREFERENCE DETERMINATION – prior to Public Drawing only (NEW PROJECTS ONLY)~~**

<del>1. Are you eligible for a disability preference? (For Multi-Family Projects Only)</del>	<del>Y</del>	<del>N</del>	<del>Y</del>	<del>N</del>
<del>YES? Refer to Exhibit "A" – Document Checklist, Section III A.</del>				
<del>2. Do you have dependents? (For Single Family Projects Only)</del>	<del>Y</del>	<del>N</del>	<del>Y</del>	<del>N</del>
<del>YES? Refer to Exhibit "A" – Document Checklist, Section III B.</del>				
<del>3. Are you eligible for a displacement preference? (Any new project)</del>	<del>Y</del>	<del>N</del>	<del>Y</del>	<del>N</del>
<del>YES? Refer to Exhibit "A" – Document Checklist, Section III C.</del>				
<del>4. 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? (Any new project)</del>	<del>Y</del>	<del>N</del>	<del>Y</del>	<del>N</del>
<del>YES? Refer to Exhibit "A" – Document Checklist, Section III D.</del>				

**G. DECLARATION & ACKNOWLEDGEMENT OF ELIGIBILITY**

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

- the affordable property purchased shall be restricted with HHFDC's use, sale, and transfer restrictions ("buyback") and the HHFDC has the first option to purchase the property during the buyback restriction period;
- the affordable property purchased shall also be restricted with HHFDC's Shared Appreciation Equity ("SAE") Program and this lien will encumber the property until HHFDC is paid its share of the appreciated value and the lien is released;
- the property must be owner occupied at all times during both the "buyback" restriction period and while the property is encumbered by the SAE Program;
- Applicant will inform the HHFDC of any change in Applicant's marital status, household size, disability preference, displacement preference, State residency requirements, resident alien requirements or any other change that affects the HHFDC's eligibility and/or preference requirements, prior to closing the purchase;
- all eligibility requirements must be maintained until recordation of the sales of the property, except for income eligibility which is determined at time of application review only, except in cases where changes occur to the original application due to increase in household size and/or co-applicant applying with primary applicant;
- Applicant agrees to update this application when necessary, and at HHFDC's request;
- Applicant affirms that all of the information provided on this application is true and supports the APPLICATION TO PURCHASE A REAL PROPERTY UNDER CHAPTER 201H, HRS;
- Applicant meets the eligibility requirements and 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.
- ~~at time of unit/lot selection, Applicant, Applicant's Spouse and all Co-applicants (collectively referred to as 'Applicant') agree to have at least one applicant member present, as a representative authorized to select a unit on behalf of all applicants.~~

\_\_\_\_\_  
Print Co-Applicant's Name

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Co-Applicant's Spouse's Name

\_\_\_\_\_  
Co-Applicant's Spouse's signature

\_\_\_\_\_  
Date