

HHFDC HOUSEHOLD INCOME ELIGIBILITY WORKSHEET

If required, complete and attach to Buyer's Affidavit as to Qualified Resident

	Applicant (a)	Spouse (b)	Other Non-Dep Household Member (c)	Co-Applicant (d)	Co-Applicant Spouse (e)	Other Non-Dep Household Member (f)
I. Current Monthly Base Pay:						
A. 1-month current pay stubs, and	_____	_____	_____	_____	_____	_____
B. HHFDC Request for Verification of Employment (VOE) -- (NOTE: If no VOE, submit 2-months current pay stubs)						
II. Additional monthly and/or Periodic* Income:						
A. Use current pay stub, OR	_____	_____	_____	_____	_____	_____
B. HHFDC Request for Verification of Employment						
1. Tips	_____	_____	_____	_____	_____	_____
2. COLA	_____	_____	_____	_____	_____	_____
3. Military Allowances (BAH, Subsistence, etc.)	_____	_____	_____	_____	_____	_____
C. Refer to Income Tax Returns & ATTACH signed Federal & State tax returns with additional schedules, if applicable and W-2s.						
4. Dividends	_____	_____	_____	_____	_____	_____
5. Interest	_____	_____	_____	_____	_____	_____
6. Royalties	_____	_____	_____	_____	_____	_____
7. Pension or Annuity Distributions	_____	_____	_____	_____	_____	_____
8. VA Compensation	_____	_____	_____	_____	_____	_____
D. Refer to Income Tax Returns & ATTACH signed Schedule SE (for Self-Employed) and/or Schedule C (for Business) (add back depreciation and utilities)						
9. Net Rental Income	_____	_____	_____	_____	_____	_____
10. Business Income & Investments	_____	_____	_____	_____	_____	_____
E. Refer to Divorce Decree & ATTACH complete copy						
11. Alimony	_____	_____	_____	_____	_____	_____
12. Child Support	_____	_____	_____	_____	_____	_____
F. Refer to Benefit Letter at Beginning Year or Copy of Check (Refer to Exhibit "A" – Document Checklist, Section IV-C.)						
13. Social Security Benefits	_____	_____	_____	_____	_____	_____
14. Public Assistance	_____	_____	_____	_____	_____	_____
15. Unemploy. Benefits	_____	_____	_____	_____	_____	_____
16. Sick Pay	_____	_____	_____	_____	_____	_____
17. Income from Trusts	_____	_____	_____	_____	_____	_____
18. Contributions to Deferred Compensation Plan	_____	_____	_____	_____	_____	_____
19. Other _____	_____	_____	_____	_____	_____	_____
III. Gross Monthly Income (Total of Section I. & II. A-F)						
_____	_____	_____	_____	_____	_____	_____
IV. Yearly Household Income (Line III. multiply by 12)						
_____	a. _____	b. _____	c. _____	d. _____	e. _____	f. _____
V. APPLICANT'S TOTAL ANNUAL HOUSEHOLD INCOME (Sum of Line IV a-f): \$ _____						

We, the undersigned Applicant(s) hereby certify that the information 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 due to increase in household size and/or co-applicant applying with primary applicant. This worksheet is made a part of the Application to Purchase Real Property under 201H, HRS.

Print Applicant's Name	Applicant's Signature	Date
Print Spouse's Name	Spouse's signature	Date
Print Co-Applicant's Name	Co-Applicant's Signature	Date
Print Spouse's Name of Co-Applicant	Spouse of Co-Applicant's Signature	Date

For HHFDC Use Only:

HUD ESTABLISHED MEDIAN HOUSEHOLD INCOME
FOR A HOUSEHOLD SIZE OF _____ / _____
Total HH Size No. Dependents

a. [] **140% and below HUD est. median income**
 ___ <80% ___ <100% ___ <120%

b. [] **140% and above HUD est. median income**

HHFDC Reviewer: _____

Pending _____ Apprvd _____ Disapprvd _____
Date Date Date

ASSETS

TOTAL Cash Available for Down Payment and Closing Costs	\$ _____
Source of Down Payment (e.g. savings, checking, gift from relative, stocks, etc.)	
Is any part of the Down Payment / closing costs borrowed? No Yes* *Amount borrowed: \$ _____	
Is buyer required to have a co-mortgagor or co-signor in order to qualify for the purchase of a unit? No Yes* *YES, refer to Exhibit A – Document Checklist, Section IV-C.	