

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	<b>Malina at Koa Ridge</b>	Applicant name
Unit No.	___ BR / ___ BA	<input type="checkbox"/> For-sale <input type="checkbox"/> Rent

Affidavit of Eligibility for AH Unit	
The undersigned Applicant(s) certify the following:	
I am a citizen of the United States or a resident alien.	<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
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*

STATE OF HAWAII )  
 : SS.  
CITY AND COUNTY OF HONOLULU )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me personally known, who, being by me duly affirmed, did say that such person executed the forgoing instrument as the free act and deed of such person, and in the capacity shown, having been duly authorized to execute such instrument in such capacity.

\_\_\_\_\_  
Name: \_\_\_\_\_  
Notary Public, State of Hawaii

My commission expires: \_\_\_\_\_

Date of Doc: _____	# Pages: _____
Name of Notary: _____	Notes: _____
Doc. Description: <u>Affidavit of Eligibility to Purchase an Affordable Dwelling Unit in Malina at Koa Ridge</u>	
	(stamp or seal)
Notary Signature _____	Date _____
First Circuit, State of Hawaii	
<b>NOTARY CERTIFICATION</b>	

(Please have the affidavit notarized for each applicant and co-applicant)

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)

<b>Project and Unit</b>		
Project name <b>Malina at Koa Ridge</b>	Building name (if applicable)	
Project address		
Unit No.	___ BR / ___ BA	<input type="checkbox"/> For-sale <input type="checkbox"/> Rent

<b>Primary Applicant</b>		
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)		

<b>Co-Applicant 1 (if applicable)</b>		
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)		

<b>Co-Applicant 2 (if applicable)</b>			
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	
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 3</b>			
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>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
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>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
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>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
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>			
<b>Employer 1</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		
<b>Employer 2</b>			
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>			
<b>Employer</b>			
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>			
<b>Employer</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		

Household Member 8			
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>			
<b>Employer</b>			
Address 1		Address 2	
City	State	ZIP code	
Start date	Phone		



**Household Asset Verification**

*Choose asset type from options in List (2) below*

<b>Asset 1</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 2</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 3</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 4</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 5</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 6</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 7</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

<b>Asset 8</b> Asset type (2)	Name of financial institution
Current market value	Interest rate or est. annual income

- (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

<b>Household Income</b>
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.

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

- |   |
|---|
| <p>(3) Choices for this category are:</p> <ul style="list-style-type: none"> <li>Alimony</li> <li>Child support</li> <li>Gross pay</li> <li>Investment income</li> <li>No income</li> <li>Pension</li> <li>Retirement</li> <li>Social Security</li> <li>Unemployment compensation</li> <li>Other</li> </ul> |
|---|

Please provide pay stubs, bank statements and other supporting documents

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

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

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

<b>Income -- Household Member 5</b>	
Last name	First name
<b>Income source 1</b> type (3)	Income source 1 Employer name
Annual income	
<b>Income source 2</b> type (3)	Income source 2 Employer name
Annual income	
<b>Income source 3</b> 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 (2020)				
To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the following limits. These figures are updated annually. <b>AMI</b> is the Area Median Income.				
	2020 income limits for Affordable Housing units designated for households earning:			
	<b>80% of AMI</b>	<b>100% of AMI</b>	<b>120% of AMI</b>	<b>140% of AMI</b>
1-person household	\$70,500	\$88,150	\$105,800	\$123,450
2-person household	\$80,600	\$100,750	\$120,900	\$141,050
3-person household	\$90,650	\$113,350	\$136,000	\$158,700
4-person household	\$100,700	\$125,850	\$151,050	\$176,200
5-person household	\$108,800	\$136,000	\$163,200	\$190,400
6-person household	\$116,850	\$146,050	\$175,250	\$204,500
7-person household	\$124,900	\$156,150	\$187,400	\$218,650
8-person household	\$132,950	\$167,150	\$200,600	\$234,050

Documentation
<p>Please include the following documentation with this application:</p> <ul style="list-style-type: none"> <li>• Applicant AH eligibility affidavit (<i>Page 1 of this application</i>)</li> <li>• Statement that household member does not intend to work for a year (required if no income is selected)</li> <li>• Most recent two month's pay stubs or other documentation of income, including Social Security and VA benefits</li> <li>• Last two years' tax returns, including all applicable schedules</li> <li>• Bank and other financial institution statements, showing interest rate or interest earned</li> <li>• IRS Forms 1099, as applicable</li> <li>• Mortgage pre-qualification (for sale) or lease agreement (rental)</li> <li>• Photo ID of all household members</li> <li>• Other supporting documents (divorce decree, marriage certificate, etc.)</li> </ul>