

Date \_\_\_\_\_

## Affidavit of Eligibility for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting  
 per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project and Unit	
Project name <b>1518 Makaloa Street</b>	Applicant name
Unit No. TBD	____ BR / ____ BA (rental unit)

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 physically reside in the AH unit for the duration of the restriction period or lease agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My total gross household income does not exceed the unit's designated income limit. See Table A for income limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have sufficient gross household income to demonstrate an ability to pay rent and meet any additional criteria established by the City.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not own, and will not own for the duration of the rental period, a majority interest in fee simple or leasehold lands suitable for dwelling purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My total net available household asset does not exceed the unit's designated income limit as adjusted by household size.	<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 Rent an Affordable Rental Dwelling Unit in the 1518 Makaloa Street project</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 Rules to Implement City's Affordable Housing Requirements (3/2019)

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

Primary Applicant		
First name		Middle name/initial
Last name		Social Security No.
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		Social Security No.
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		Social Security No.	
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 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	



Income -- Household Member 3	
Choose income source type from options in List (3)	
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 limit, AMI group	
Income limit \$ _____	AMI group <u>80</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>			
1-person household	\$70,500			
2-person household	\$80,600			
3-person household	\$90,650			

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>