

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 527-5907 • FAX: 527-5546
INTERNET: <http://www.co.honolulu.hi.us>

MUFI HANNEMANN
MAYOR



DEBORAH K. MORIKAWA
DIRECTOR

DANILO "DANNY" AGSALOG
SENIOR ADVISOR

Thank you for your interest in a City & County of Honolulu Solar Roof Loan. To assist us in expediting the loan process, please fill out the front and back of the application completely, sign and return it to our office with the following supporting documents:

1. Copies of **current Federal Tax returns** for all household members with income.
2. **\$7.47 check payable to the City & County of Honolulu** to cover the costs of a credit report and filing of UCC-1 at the bureau of Conveyances.
3. Copy of the **Solar Co-Payment Application**. (Form CTGD 12339)
4. Copy of the **Contractor's Sales Invoice**.

If you have any questions or require assistance in completing the application, please feel free to contact our Rehabilitation Loan Branch at **527-5907**.

Sincerely,

DAN TULLY
Rehabilitation Loan Branch

Enclosures:

1. Application
2. List of HECO Solar Contractors

**CITY AND COUNTY OF HONOLULU
SOLAR ROOF INITIATIVE LOAN APPLICATION**

Applicant (Head of Household) _____ Date of Birth _____ SS # _____

Co-Applicant (Spouse) _____ Date of Birth _____ SS # _____

Current Address _____ Yrs. _____ Phone _____

Mailing Address if other than Resident Address _____ Yrs. _____

Names and Ages of All Dependents _____

CURRENT EMPLOYMENT APPLICANT

CO-APPLICANT

Employer _____ Years _____ Employer _____ Years _____

Position Held _____ Years _____ Position Held _____ Years _____

Phone _____ Gross monthly income \$ _____ Phone _____ Gross monthly income \$ _____

OTHER GROSS MONTHLY INCOME

Recipient	Source of Income	Address of Source	Gross Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.)

Depository/Branch	Name on Acct.	Acct. No.	Acct. Type	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST OF ALL REAL ESTATE OWNED (ATTACH ADDITIONAL SHEET IF NECESSARY)

Property Address	Present Value	Mortgage Balance	Monthly Payment	Mortgage Loan No.	Mortgagee's Name and Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please complete the following information on all non-dependent **Permanent** Members of your Household. If there are no non-dependent permanent household members residing with you, please write **none** on the line below.

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Annual Income</u>	<u>Source(s) of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

As evidence of income, please submit a copy of the most recent federal tax returns for each individual listed above.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are **not required** to furnish this information, but are encouraged to do so. If you choose not to furnish the information, Federal regulations require the City Government to note race and sex information based on visual observation or surname. Please initial below if you do not wish to divulge information.

APPLICANT _____		CO-APPLICANT _____	
I do not wish to divulge information (initial _____)		I do not wish to divulge information (initial _____)	
01 () Hawaiian (Part)	14 () Samoan	01 () Hawaiian (Part)	14 () Samoan
03 () Hawaiian (Full)	15 () South East Asian	03 () Hawaiian (Full)	15 () South East Asian
04 () Portuguese	(Vietnamese,	04 () Portuguese	(Vietnamese,
05 () Puerto Rico	Laotian, etc.)	05 () Puerto Rico	Laotian, etc.)
06 () White	16 () American Indian	06 () White	16 () American Indian
07 () Filipino	or Alaskan Native	07 () Filipino	or Alaskan Native
08 () Korean	17 () Hispanic	08 () Korean	17 () Hispanic
09 () Chinese	18 () Black	09 () Chinese	18 () Black
10 () Japanese	19 () Other-please	10 () Japanese	19 () Other-please
11 () Asian Indian	specify	11 () Asian Indian	specify
12 () Guamanian	_____	12 () Guamanian	_____
SEX: () Male	() Female	SEX: () Male	() Female
Head of Household	Head of Household	Head of Household	Head of Household

I (We), the undersigned, certify that all of the information provided in this application is true and correct to the best of my (our) knowledge and is submitted for the purpose of obtaining a City solar roof loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and to request a consumer report from consumer reporting agencies. I (We) agree that this application and related verifications and statements shall remain the property of City and County of Honolulu.

_____	_____	_____	_____
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE