DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET, 1st FLOOR ● HONOLULU, HAWAII 96813 ● AREA CODE 808 ● PHONE::768-7076 ● FAX: 768-7057
INTERNET: http://www.co.honolulu.hi.us

KIRK CALDWELL
MAYOR

PAMELA A. WITTY-OAKLAND
DIRECTOR

SUSAN L. FERNANDEZ
DEPUTY DIRECTOR

Enclosed is your loan application along with information about the City's **Rehabilitation Loan Program**.

Please fill out all 3 pages of the application completely. In addition, please sign and date page 2 and 3 of the application and return it along with the following supporting documentation:

1. **Signed copies** of **most recent Federal Income Tax Return, all forms & pages for all working household members.**
2. **Copies** of **current 30-Day Pay Stubs, W-2s, Social Security/Retirement Income Award Letters, etc.**
3. Check or money order (NO CASH) in the following amounts payable to the "**City & County of Honolulu"** to cover the title search and credit report fees:
   - **$152.50* ($125 for Title Search + $27.50 for Credit Report) for Single credit applicant**
   - **$174.00* ($125 for Title Search + $49.00 for Credit Report) for Joint credit applicants**

   *** PLEASE NOTE LOAN FEES WILL APPLY ONLY IF YOU CAN PREQUALIFY.**
4. **Copies** of **Declaration page** of **ALL applicable casualty insurance policies** (homeowners, hurricane, flood, etc.)
5. **Signed original** of **Credit Bureau Authorization Form** (Enclose with loan application)

After our review of your submitted application and appropriate supporting documentation, we will contact you in order to arrange an inspection of your property. Upon completion of the site inspection, a copy of the inspection report will be made available to you. Your property report will help you determine the extent and scope of the repair work eligible for funding by our City loan.

If you have any questions, please feel free to contact our Rehabilitation Loan Branch at 768-7076.

Sincerely,

ALAN S. TAMANAHA
Rehabilitation Loan Branch Chief

Enclosures:
1. Loan Program Information Sheet
2. Loan Application Form
3. Credit Bureau Authorization Form

Rev. 01/18

CITY REHABILITATION LOAN PROGRAM
FOR OWNER-OCCUPIED – RESIDENTIAL PROPERTIES

1. **Q. WHAT IS THE REHABILITATION LOAN PROGRAM?**

A. The Rehabilitation Loan Program utilizes Federal funds available through the Community Development Block Grant (CDBG) program of the United States Department of Housing and Urban Development (HUD) to make low-interest loans to income eligible owner-occupant homeowners who are interested in repairing and improving their properties.

2. **Q. WHAT KINDS OF REPAIRS OR IMPROVEMENTS CAN BE MADE WITH THE LOAN?**

A. The loan is used to repair and correct deteriorated and hazardous conditions on the property including damage caused by termites or wood rot, leaky roof and drain pipes, peeling paint, faulty electrical wiring and plumbing, etc. Installation of energy savings systems such solar water heater and photovoltaic units are eligible. The loan can also be used to accommodate the special needs of the disabled members of the household.

3. **Q. WHO IS ELIGIBLE TO APPLY FOR A LOAN?**

A. Owner-occupant homeowners whose total household income is within the income limit schedule listed below are generally eligible. The current maximum income limits for owner-occupant homeowners, by household size, are as follows:

1	2	3	4	5	6	7	8
$58,600	$67,000	$75,350	$83,700	$90,400	$97,100	$103,800	$110,500

4. **Q. WHAT MUST A HOMEOWNER REPAIR AND CORRECT UNDER THE LOAN PROGRAM?**

A. To insure that the property is safe and sanitary, all deficiencies noted by a City Rehabilitation Inspector must be repaired and corrected.

5. **Q. HOW MUCH MONEY CAN A HOMEOWNER BORROW?**

A. The loan amount for rehabilitation work on an owner-occupied property is up to $300,000. Loan amounts exceeding $300,000 will be considered on a case-by-case basis. The loan amount is based on the available equity on the property.

6. **Q. WHAT KIND OF INTEREST RATE WILL THE BORROWER BE PAYING?**

A. The interest rate will be 0% for all income eligible applicants. The current income limits are based on the total number of family member in the household as follows:

INCOME-INTEREST RATE SCHEDULE

Number of Members in the Household	0%
1	$58,600
2	67,000
3	75,350
4	83,700
5	90,400
6	97,100
7	103,800
8	110,500

7. Q. **WHAT WILL BE THE LOAN PAYMENT TERMS?**

A. The monthly payment will be based on a minimum 15-year maturity term for loan amounts under $60,000. For loan amounts over $60,000, maturity term will be up to a maximum 20-year term. For certain credit qualifying borrowers, loan payments may be tailored to meet limited budgets. These qualifying borrowers will pay a reduced minimum monthly payment for the entire term of the loan.

8. Q. **WHAT ARE SOME OF THE REHABILITATION SERVICES AVAILABLE TO HOMEOWNERS?**

A. A City Rehabilitation Inspector will conduct an inspection of the property. He will prepare a checklist that will outline eligible repair work. The owner can use this checklist to obtain a proposal from a General Contractor licensed in the State of Hawaii.

9. Q. **HOW ARE LOAN FUNDS DISBURSED?**

A. Following loan settlement, funds are retained by the City and disbursed to the contractor after the work is completed to the satisfaction of the homeowner and the City's Rehabilitation Inspector. Loan funds are normally disbursed up to four payments.

10. Q. **HOW IS THE LOAN SECURED?**

A. Loans will be secured by a promissory note and a mortgage on the property. In addition, there is a required owner occupancy term of 5-years.

11. Q. **WHERE CAN A HOMEOWNER OBTAIN MORE INFORMATION?**

A. The City's Rehabilitation Loan Branch is located at 51 Merchant Street, 1st Floor, Honolulu, HI 96813 and the phone number is 768-7076. You can also visit our website at www.honolulu.gov/dcs/housing.html to obtain more information or loan application.

Appl. No. _____ Date Rec'd. _____

CITY AND COUNTY OF HONOLULU
LOAN APPLICATION

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

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

Resident Address _____ Yrs. _____ Phone _____

Previous Address if less than 2 yrs. at above _____ Yrs. _____

Mailing Address if other than Resident Address _____ Yrs. _____

Names and Ages of All Dependents _____ Household Size _____

(See Supplemental Form to list **ALL** Permanent Household Members)

CURRENT EMPLOYMENT

APPLICANT		CO-APPLICANT	
Employer _____	Years _____	Employer _____	Years _____
Position Held _____	Years _____	Position Held _____	Years _____
Address _____		Address _____	
Phone _____	Gross monthly income $ _____	Phone _____	Gross monthly income $ _____

If the current employment is for less than 2 years, complete the following:

	Previous Employment	Years Employed	Last Position Held	Monthly Income
Applicant				
Co-Applicant				

OTHER GROSS MONTHLY INCOME - Attach Additional Sheet if necessary

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

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.) - Attach Additional Sheet if necessary

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	Name of Mortgage Loan Company

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES - Attach Additional Sheet if necessary

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance

Explain if you or any household members require special living accommodations:

Address of Property to be repaired if other than Residence: _____

Brief description of Repair Work: _____

INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor lender's compliance with equal credit opporunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for particular type of loan applied for.)

APPLICANT

I do not wish to furnish this information. [ ]

Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Race: [ ] American Indian or Alaska Native [ ] Asian

[ ] Black or African American [ ] Native Hawaiian or Pacific Islander

[ ] White

SEX: [ ] Male [ ] Female

CO-APPLICANT

I do not wish to furnish this information. [ ]

Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Race: [ ] American Indian or Alaska Native [ ] Asian

[ ] Black or African American [ ] Native Hawaiian or Pacific Islander

[ ] White

SEX: [ ] Male [ ] Female

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 rehabilitation loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and agree that this application and related verifications and statements shall remain the property of the City and County of Honolulu.

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

APPLICANT'S NAME (HEAD OF HOUSEHOLD): _____

Supplemental Information Schedule

Please complete the following information on all dependent and 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:

Name	Relationship to Head of Household	Age	Annual Income	Source(s) of Income

Additional Household Members - Attach Additional Sheet if necessary.

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

I (We) certify that the above information is true and correct to the best of my (our) knowledge.

_____ _____
APPLICANT'S SIGNATURE DATE

_____ _____
CO-APPLICANT'S SIGNATURE DATE

ACRAnet
THE INFORMATION NETWORK
www.ACRAnet.com

MORTGAGE REPORTING • EMPLOYMENT SCREENING
521 W. Maxwell Ave • Spokane, Wa • 99201-2417
Customer Service Direct: 509 324–1249 • 1 800 304-1249
Fax 509 324–1240 • 1 800 845–7435
"National Coverage with Local Service"
TENANT SCREENING • COMMERCIAL REPORTING

INFORMATION DISCLOSURE AUTHORIZATION AND RELEASE

The undersigned parties (hereinafter referred to as "Applicant(s)") hereby authorize ACRAnet, Inc a Nevada Corporation (hereinafter referred to as "ACRAnet") to obtain a credit report and other personal information (all documents hereinafter referred to as "Consumer Report") in connection with Applicant(s) application for a mortgage loan.

Applicant(s) signature(s) below further authorize(s):

I. the mortgage company to release a copy of Applicant(s) credit application to ACRAnet;
II. ACRAnet to obtain information regarding Applicant(s) employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit union accounts, etc.) ;
III. ACRAnet to use a photocopy, facsimile or other true reproduction of this authorization, if necessary, to obtain any information required in the course of its activities in connection herewith, any such true copy of this Information Disclosure Authorization and Release being deemed an original; and
IV. ACRAnet to furnish a copy of Applicant(s) Consumer Report to the mortgage company that requested this authorization.

Applicant(s) hold the mortgage company and ACRAnet harmless and indemnified in furnishing the copy of the Consumer Report in accordance herewith.

Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date

PRIVACY ACT NOTICE: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether Applicant(s) qualifies as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without Applicant(s) consent except to the person or company verifying the information including, but not limited to, Applicant(s) employer, bank, lender and by any other credit reference as needed to verify other credit information and as permitted by law. Applicant(s) does not have to give ACRAnet this information, but if Applicant(s) does not, Applicant(s) mortgage loan application may be delayed or rejected. This information ACRAnet will obtain is authorized by the TITLE 38, U.S.C chapter 37 (if VA); and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).