

**NATIVE AMERICAN HOUSING ASSISTANCE AND
SELF-DETERMINATION ACT
(NAHASDA)
HOME REPAIR LOAN PROGRAM
APPLICATION PACKET**

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Request for Certification of Eligibility

County of Hawai'i
Office of Housing and Community Development
1990 Kino'ole Street, Suite 105
Hilo, Hawai'i 96720-5293
V/TTY: (808) 959-4642
Fax: (808) 959-9308

**NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION ACT
(NAHASDA)
HOME REPAIR LOAN PROGRAM FACT SHEET**

PURPOSE:

The Native American Housing Assistance and Self-Determination Act (NAHASDA) Home Repair Loan Program was established by the Department of Hawaiian Home Lands (DHHL) and administered by the Office of Housing and Community Development to make low-interest loans available to eligible DHHL property owners to repair the dwelling unit that they occupy as their primary residence.

PROGRAM FUNDING:

U.S. Department of Housing and Urban Development Native American Housing Assistance and Self Determination Act of 1996, Native Hawaiian Housing Block Grant.

APPLICANT QUALIFICATION:

1. Total adjusted gross income of all persons living in the household may not exceed the attached household income limit schedule. (See attached schedule)
2. Applicant must be owner/occupant.

APPLICATION FEE:

1. There is a \$150.00 processing fee.

DWELLING QUALIFICATIONS:

1. Single family dwelling must be on Hawaiian Home Lands within the County of Hawai'i.
2. The dwelling must be a completed residence prior to the owner applying.
3. Cost of repairs is not more than 75% of the cost of replacement after repairs. The current County Real Property Tax Assessment or cost appraisal will be used.
4. After repairs, the dwelling must be safe, sanitary and decent.
5. Homeowner must be able to obtain a "repair building permit" from County of Hawai'i Building Department. If building code violation is present, owner must correct the violation before loan proceeds are granted.

LOAN PROGRAM:

INTEREST RATE SCHEDULE				
MEDIAN INCOME	INTEREST RATE	LOAN AMOUNT	NUMBER OF YEARS	MONTHLY PAYMENT PRINCIPAL&INTEREST
Lessee 62+ years old 50% & below median	0%	\$2,500 to \$10,000	5	DEFERRED
		\$10,001 to \$20,000	10	
		\$20,001 to \$30,000	15	
		\$30,001 to \$50,000	20	
50% and below median	0%	\$2,500 to \$10,000	5	\$42 to \$167 a month
		\$10,001 to \$20,000	10	\$84 to \$167 a month
		\$20,001 to \$30,000	15	\$112 to \$167 a month
		\$30,001 to \$50,000	20	\$125 to \$208 a month
50.1% to 80% below median	3%	\$2,500 to \$10,000	5	\$45 to \$180 a month
		\$10,001 to \$20,000	10	\$97 to \$193 a month
		\$20,001 to \$30,000	15	\$138 to \$207 a month
		\$30,001 to \$50,000	20	\$167 to \$277 a month

The outstanding balance of the loan, including the principal amount, interest due, and any other amounts that may be due shall be immediately due and payable upon transfer of ownership successorship, or cancellation of lease.

2009 MEDIAN FAMILY INCOME: \$65,100
EFFECTIVE March 19, 2009

INCOME GUIDELINES

HOUSEHOLD SIZE	50% OF AREA MEDIAN	80% OF AREA MEDIAN
1	\$23,650	\$37,800
2	\$27,000	\$43,200
3	\$30,400	\$48,600
4	\$33,750	\$54,000
5	\$36,450	\$58,300
6	\$39,150	\$62,650
7	\$41,850	\$66,950
8	\$44,550	\$71,300

FAMILY SIZE ADJUSTMENT:

Four each person in excess of eight, 8 percent of the four person base should be added to the eight-person limit. (For example, the nine-person limit equals 140 percent [132 + 8] of the relevant four-person income limit.) All income limits are rounded to the nearest \$50 to reduce administrative burden.

COUNTY OF HAWAII
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION ACT (NAHASDA)
HOME REPAIR LOAN PROGRAM

FREQUENTLY ASKED QUESTIONS

1. Q. **WHAT IS THE NAHASDA HOME REPAIR LOAN PROGRAM?**

A. The Native American Housing Assistance and Self-Determination Act (NAHASDA) Home Repair Loan Program was established by the County of Hawai'i and the Department of Hawaiian Home Lands (DHHL) to make no interest or low-interest loans available to eligible property owners to repair the dwelling unit that they occupy as their primary residence.

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

A. The LOAN can be used to repair and correct deteriorated and hazardous conditions on the property such as damage caused by termites or wood rot, leaky roof and drain pipes, abatement of lead based paint, faulty electrical wiring and plumbing, hook up to County sewer lines, termite treatment and installation of a solar water heating system in conjunction with repairs. The LOAN can also be used to accommodate the special needs of disabled household members.

(Please Note: The contractor the homeowner selects must be licensed and insured.)

3. Q. **WHAT KINDS OF REPAIRS OR IMPROVEMENTS CANNOT BE MADE WITH THE LOAN?**

A. The LOAN cannot be used for the construction of a new dwelling, non-essential rooms, completion of prior construction, and walls or fences. Repairs are restricted to existing dwelling only. The construction of additional bedrooms and/or bathrooms will be allowed only to cure overcrowding.

4. Q. **IS THERE A FEE TO APPLY?**

A. Yes, there is a \$150.00 processing fee. A personal check, cashier's check or money order must be submitted with the completed application. Pursuant to Section 2 -134, as amended, of the Hawai'i County Code, there shall be a fee charged for a returned check due to insufficient funds. If you do not qualify you will be refunded your \$150.00 processing fee.

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

A. Owner-occupants that are lessees on Hawaiian Home Lands **whose total adjusted gross income of all persons living in the household** is within the income schedule listed below are eligible. (See attached schedule)

6. Q. **ARE OWNERS OF PROPERTIES WITH RENTAL UNITS ELIGIBLE FOR A LOAN?**

A. No. Only owner-occupants that are lessees on Hawaiian Home Lands whose household income is within the income schedule are eligible.

7. Q. **ARE SINGLE FAMILY DWELLINGS ON LEASE LAND ELIGIBLE FOR A LOAN?**
- A. Only owner-occupant dwellings on Hawaiian Home Lands are eligible.
8. Q. **WHAT MUST A HOMEOWNER REPAIR AND CORRECT UNDER THE LOAN PROGRAM?**
- A. To insure that the property is safe and sanitary, all deficiencies cited by the OHCD's home repair program inspector must be repaired and corrected. If the dwelling was built prior to 1978, it must be inspected for lead-based paint and, if present, abatement will be required.
9. Q. **HOW MUCH MONEY CAN A HOMEOWNER BORROW?**
- A. The minimum LOAN is \$2,500 and maximum LOAN is \$50,000 for each dwelling unit for owner occupied properties.
10. Q. **CAN I APPLY FOR MORE THAN ONE LOAN?**
- A. No. Only one LOAN per household.
11. Q. **WHAT KIND OF INTEREST RATE WILL THE BORROWER BE PAYING?**
- A. The interest rate is set based on age and income. Zero percent (0%) interest and deferred payments for those 62 years and older and below 50% median; zero percent (0%) interest with principal repayment for those younger than 62 and 50% and below median income. Those between 50.1% and 80% and below median the interest rate will be 3%. If the homeowner applies for a mortgage loan or a home equity loan, the NAHASDA LOAN amount must be repaid in full.
12. Q. **WHAT ARE SOME OF THE SERVICES AVAILABLE TO HOMEOWNERS?**
- A. The OHCD's home repair program inspector will inspect your property. The OHCD will prepare a Priority List of Repairs which will outline the deficiencies cited that must be corrected.
13. Q. **HOW IS THE LOAN SECURED?**
- A. LOANS will be secured with a lease amendment from DHHL.
14. Q. **WHERE CAN A HOMEOWNER OBTAIN MORE INFORMATION?**
- A. The County of Hawai`i, Office of Housing and Community Development, 1990 Kino`ole Street, Suite 105 or 50 Wailuku Drive, Hilo. The phone number is 959-4642.

**** The term of the LOAN may be extended if the borrower remains qualified for such a LOAN.**

****LOANS are subject to availability of funds.**

COUNTY OF HAWAII
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION ACT (NAHASDA)
HOME REPAIR LOAN PROGRAM

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:

- Type or print information using black ink.
- Sign and date the application.
- Fill in all applicable information.
- Sign and date Authorization for the Release of Information.
- Sign, date and complete the Request for Certification of Eligibility.

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION:

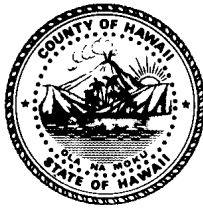
- Three (3) months of most recent employment pay stubs for ***all household members***.
- Most recent documentation of any other income for ***all household members (Such as: Social Security, Disability, Pension, Public Assistance, Life Insurance Payments, Living Allowances, etc.)***
- Six (6) months of statements for checking accounts and the most recent bank statement for savings accounts for ***all household members***.
- Copy of Lease.
- Copy of most recent Real Property Tax Assessment.
- Copy of most recent Federal Income Tax Return.
- Copy of most recent State Income Tax Return.
- If you did not file a Federal and/or State Income Tax Return, complete the attached Certification of Non-Filing of Federal and/or State Income Tax Return, have it notarized and submit it with the completed application.
- Personal check, cashier's check or money order for \$150 payable to "Director of Finance".

RETURN THE APPLICATION BY MAIL OR IN PERSON TO:

County of Hawai`i
Office of Housing and Community Development
1990 Kino`ole Street, Suite 105
Hilo, Hawai`i 96720-5293

If you need any other information or assistance regarding the application, please feel free to contact our office at (808) 959-4642.

William P. Kenoi
Mayor



Stephen J. Arnett
Housing Administrator

County of Hawaii
**OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT**
EXISTING HOUSING DIVISION

1990 Kino'ole Street, Suite 105 • Hilo, Hawai'i 96720-5293
V/TT (808) 959-4642 • FAX (808) 959-9308

NATIVE AMERICAN HOUSING ASSISTANCE AND SELF DETERMINATION ACT
HOME REPAIR LOAN APPLICATION (NAHASDA)

Application must be filled out COMPLETELY. Please use BLACK Ink to complete application. If any question does NOT apply, please acknowledge by writing NONE or NOT APPLICABLE. Do not leave any section unanswered. Be reminded that questions asked apply to ALL Household members. Please print or type.

PART 1: GENERAL INFORMATION:

APPLICANT

(Head of Household): _____ Phone: _____
Legal Last Name First Name MI

CO-APPLICANT

(Spouse or Co-Head): _____ Other Phone: _____
Legal Last Name First Name MI

Current Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Yrs. at Residence: _____

Previous address if less than 2 yrs. at above _____ Yrs. at Residence: _____

Check here if mailing address is the same as current address.

Mailing Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

PART 2: HOUSEHOLD MEMBERS:

Starting on first line for the Head of Household, please supply the information for all adults and children that will live in the housing unit to be assisted. List the adults first, then children. Enter one of the following codes in the "Relation" box to identify the household relationship of each adult and child listed. **H** = Head of Household **K** = Co-Head (Not Married) **Y** = Youth Under 18 **L** = Live In Aide
S = Spouse (Married) **F** = Foster Child/ Adult **E** = Full Time Student Over 18 **A** = Other Adult

Last Name & Sr, Jr, etc. 1	First Name	MI	Date of Birth	Sex	Relation H (Head of Household)
Single Race (select one or more) [] White [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] American Indian / Alaska Native			Ethnicity (check one box) [] Hispanic or Latino [] Not Hispanic or Latino		Social Security Number
Multi Race (select one or more) [] Asian and White [] Other Multi-Racial [] Black or African American and White [] American Indian / Alaska Native and White [] American Indian / Alaska Native and Black					



EQUAL HOUSING OPPORTUNITY
"HAWAII COUNTY IS AN EQUAL OPPORTUNITY
PROVIDER AND EMPLOYER"

Last Name & Sr, Jr, etc. 2	First Name	MI	Date of Birth	Sex	Relation
Race (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native		Ethnicity (check one box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Social Security Number	
Name & Sr, Jr, etc. 3	First Name	MI	Date of Birth	Sex	Relation
Race (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native		Ethnicity (check one box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Social Security Number	
Last Name & Sr, Jr, etc. 4	First Name	MI	Date of Birth	Sex	Relation
Race (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native		Ethnicity (check one box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Social Security Number	
Last Name & Sr, Jr, etc. 5	First Name	MI	Date of Birth	Sex	Relation
Race (select one ore more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native		Ethnicity (check one box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Social Security Number	
Last Name & Sr, Jr, etc. 6	First Name	MI	Date of Birth	Sex	Relation
Race (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native		Ethnicity (check one box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Social Security Number	

PART 3: ASSET INFORMATION: Please list any checking, savings, stocks, bonds, annuities, savings bonds, credit union shares, trust accounts, retirement contributions, pension contributions, IRAs, certificates of deposit or other assets for everyone in your household. Also include assets that are held *jointly* with another person and include the joint holder's name. (Attach additional sheet if necessary)

Family Member Name	Bank/Credit Union/Financial Institution	Type of Account	Account Number	Estimated Current Balance

PART 4: REAL ESTATE INFORMATION: Please list all real estate owned for everyone for in your household.

Family Member Name	Tax Map Key Number	Current Assessed Value	Mortgage Balance	Monthly Payment	Mortgage Loan No.	Mortgagee Name and Address

PART 5: LIABILITIES: Please list total monthly debt owed; credit cards, car loans, personal loans, etc. except previously listed mortgages.

Family Member Name	Account Type	Balance	Monthly Payment	Account No.	Creditor Name and Address

PART 6: TOTAL INCOME RECEIVED BY FAMILY MEMBERS

APPLICANT (Head of Household):

Current Employment

Employer: _____
 Position Held: _____ Years of Employment: _____
 Employer Address: _____
 Phone: _____ Gross Monthly Income: \$ _____

CO-APPLICANT (Spouse or Co-Head):

Current Employment

Employer: _____
 Position Held: _____ Years of Employment: _____
 Employer Address: _____
 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

Please list gross payments (before taxes) made to **each family member**, for wages, worker's compensation, social security, SSI, disability, welfare assistance, unemployment benefits, retirement payments, child support, alimony, pension, military pay, veteran administration benefits, and business or professional income.

Family Member Name	Source of Income	Address of Source	Gross Monthly Amount

YES NO
 Did you file a Federal Income Tax Return for the last full calendar year?

YES NO
 Did you file a State Income Tax Return for the last full calendar year?

YES NO
 Has anyone in your household applied for any benefit or money which is in the process of being approved? If YES, please indicate what household member and for what benefit:

PART 7: CHILD CARE PROVIDER ALLOWANCE:

Check here if the following does not apply to your household.

Un-reimbursed Child Care Expense

If you pay (and are not reimbursed) for a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes, enter the first name of the person who works or attends classes here _____, and provide the following information:

Name and Address of Care Provider for Verification:	
Name: _____	Address: _____
City: _____	State: _____ Zip _____ Telephone: _____
Date Child Care Began: _____	Average Hours Per Week: _____
Total Child Care Cost: _____	
Amount you Pay (\$): _____ (circle one) per hour per week per bi-weekly per month	
Amount Reimbursed by an individual/ organization: \$ _____	
Name and Address of Organization: _____	

PART 8: DISABILITY ASSISTANCE EXPENSE:

Check here if the following does not apply to your household.

Un-reimbursed Disability Assistance Expense

If you pay (and are not reimbursed) for care or equipment for a disabled member of your family so that either the disabled member or another member of your family may work, enter the first name of the person who works here _____, and provide the following information:

Name and Address of Care or Equipment Provider for Verification:	
Name: _____	Address: _____
City: _____	State: _____ Zip _____ Telephone: _____

PART 9: MEDICAL EXPENSE ALLOWANCE:

Complete only if the Head of Household, Spouse, or Co-Head is disabled or age 62 or older.

Check here if the following does not apply to your household.

If you wish to claim an allowance for medical insurance premiums, medical, dental or optical expenses, or prescription or over-the-counter drug expenses, please provide the first name of any family member claiming each expense and the name and address of the provider of the service or product.

YES	NO		
[]	[]	Do you have Medicare (Social Security)?	If YES, Monthly Premium Amount: \$ _____
[]	[]	Do you have Medicaid (Welfare)?	
[]	[]	Do you have other Medical Insurance?	If YES, Monthly Premium Amount: \$ _____
[]	[]	Are you paying on any medical bills?	If YES, Monthly Premium Amount: \$ _____
			Balance Amount: \$ _____

Family Member First Name : _____ Expense Claimed: \$ _____ Provider: _____ Address: _____ City: _____ State: _____ Zip: _____	Family Member First Name : _____ Expense Claimed: \$ _____ Provider: _____ Address: _____ City: _____ State: _____ Zip: _____
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PART 10: REPAIR WORK NEEDED:

Give a brief description of the repair work needed:

PART 11: APPLICANT'S CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

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 I/We understand that the above information is being collected to determine my (our) knowledge and is submitted for the purpose of obtaining a County rehabilitation loan. I (We) authorize the County of Hawai'i to verify all information contained herein and agree that this application and related verification and statements shall remain the property of the County of Hawai'i.

(Signature of Applicant)

Date

(Signature of Other Household Adult Member)

Date

(Signature of Other Household Adult Member)

Date

(Signature of Other Household Adult Member)

Date

Authorization for the Release of Information

PHA Requesting release of information:

County of Hawai`i
 Office of Housing and Community Development
 1990 Kino`ole Street, Suite 105
 Hilo, Hawai`i 96720
 808/959-4642

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24 CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request information including but not limited: to identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act or 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures.

Sources of Information: The groups or individuals that may be asked to release information include but are not limited to:

- Previous Landlords (including PHAs)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	
Head of Household	Date	Social Security No. (if any) of Head of Household	
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Native American Housing Assistance and Self Determination Act
Home Repair Loan Program**

Certification of Non-Filing of Federal Income Tax Return

Name: _____

Name: _____

Address: _____

STATE OF HAWAII)
) SS:
COUNTY OF HAWAII)

The undersigned hereby certify that the borrower (s), pursuant to the laws and regulations as established by the United States Internal Revenue Service (IRS), did not file a Federal Income Tax Return for the tax year _____, and that the borrower (s) understand that misrepresentation of information or failure to disclose information will constitute just cause for the County to call the loan immediately due and payable.

BORROWER

BORROWER

Subscribed and sworn to before me

this _____ day of _____, 20_____

Notary Public, State of Hawai'i

My commission expires: _____

**Native American Housing Assistance and Self Determination Act
Home Repair Loan Program**

Certification of Non-Filing of State Income Tax Return

Name: _____

Name: _____

Address: _____

STATE OF HAWAII)
) SS:
COUNTY OF HAWAII)

The undersigned hereby certify that the borrower (s), pursuant to the laws and regulations as established by the State of Hawai'i Department of Taxation, did not file a State Income Tax Return for the tax year _____, and that the borrower (s) understand that misrepresentation of information or failure to disclose information will constitute just cause for the County to call the loan immediately due and payable.

BORROWER

BORROWER

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public, State of Hawai'i

My commission expires: _____

Notification

Watch Out For Lead-Based Poisoning

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based poisoning.

Sources of Lead Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windows sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other

agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to Test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate the hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, door, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom of stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in news-paper. Put these packages in the trash can. **DO NOT BURN THEM**
- (d) Do not leave paint chips on the floor in window wells. Damp mop floors and windows sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before

scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wall board, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office of the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should operate with that office's effort to repair the unit.

[] I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning"

Date

Print Full Name

Signature

REQUEST FOR CERTIFICATION OF ELIGIBILITY

PRIVACY ACT NOTICE STATEMENT: The information contained herein is to be used by the agency collecting it to determine whether you qualify as a prospective mortgagor for mortgage insurance under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your eligibility and as required and permitted by law. You do not have to give us this information, but, if you do not, your application for approval as a prospective mortgagor for mortgage insurance may be delayed or rejected. This information request is authorized by Title 12, U.S.C., §1701 et. seq.

INSTRUCTIONS

LENDER OR LOCAL PROCESSING AGENCY: Complete items 1 through 7. Have applicant complete item 8. Forward directly to the Department of Hawaiian Home Lands (DHHL).

DHHL: Please complete Parts II and III and return **DIRECTLY** to Lender or Local Processing Agency named in Item 2.

PART I – REQUEST

1. TO: Department of Hawaiian Home Lands ATTN.: FHA P.O. Box 1879 Honolulu, HI 96805	2. FROM: (Name of Lender or Local Processing Agency)
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I CERTIFY THAT THIS CERTIFICATION HAS BEEN SENT DIRECTLY TO DHHL AND HAS NOT PASSED THROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.

3. Signature of Lender or Official of Local Processing Agency	4. Title	5. Date
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6. INFORMATION TO BE CERTIFIED:

Applicant is a native Hawaiian as defined in Section 247 of the National Housing Act (12 U.S.C. 1715z-12), as amended by PL 107-73 §215. Applicant holds the following homestead lease in good standing (not cancelled or in default):
 Lease No. _____ to TMK: _____ Effective Date: _____

TO DHHL: I have applied for mortgage insurance and stated that I have an effective lease on Hawaiian home lands. You are authorized to verify this information and to supply this lender or local processing agency identified above with the information requested in items 9 through 12. DHHL is held harmless by me for furnishing true and correct information.

7. NAME AND ADDRESS OF APPLICANT	8. SIGNATURE OF APPLICANT
	SSN: _____

PART II – TO BE COMPLETED BY DHHL

9. VERIFICATION OF NATIVE HAWAIIAN ANCESTRY: The above named applicant has been verified as a native Hawaiian as defined in Section 247 of the National Housing Act (12 U.S.C. 1715z-12), as amended by PL 107-73 §215, and possesses a homestead lease in good standing (not cancelled or in default) issued under Section 207(a) of the Hawaiian Homes Commission Act of 1920, as amended.

10. LEASE INFORMATION: LEASE NO. _____ TMK: _____
 COMMENCEMENT DATE OF LEASE: _____
 LEASE RENT: _____ CURRENT? YES _____ NO _____
 REAL PROPERTY TAXES: CURRENT? YES _____ NO _____

(LESSEES ARE EXEMPT FROM REAL PROPERTY TAXES FOR SEVEN YEARS FROM COMMENCEMENT DATE OF LEASE.)

LOAN NO.	DATE OF LOAN	ORIGINAL AMT.	CURRENT BAL.	INSTALLMENTS	NO. OF LATE PMTS. W/IN LAST 24 MOS.		
					30	60	90

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS: (Please include information on loans paid in full.)

PART III – CERTIFICATION

13. Signature	14. Title	15. Date
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RETURN DIRECTLY TO LENDER OR LOCAL PROCESSING AGENCY