

AMERICAN DREAM DOWN PAYMENT INITIATIVE (ADDI)

Downpayment Assistance Program

APPLICATION PACKET

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Sample HOME Disclosure Statement

Loan Application

Authorization for the Release of Information

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



COUNTY OF HAWAII
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
1990 KINO'OLE STREET, SUITE 105
HILO, HAWAII 96720-5293
V/TTY: (808) 959-4642
FAX: (808) 959-9308

AMERICAN DREAM DOWN PAYMENT INITIATIVE (ADDI)
FACT SHEET

PURPOSE:

The purpose of the County of Hawaii's American Dream Down Payment Initiative (ADDI) Program is to make available deferred mortgage loans to low-income first-time Homebuyers on the island of Hawai'i for down payment and/or closing cost assistance to purchase an existing dwelling unit to be used as their primary residence. The Office of Housing and Community Development (OHCD) will administer this federally funded program through with the goal to increase home ownership opportunities for low-income households.

PROGRAM FUNDING:

The ADDI Program is funded by the U.S. Department of Housing and Urban Development (HUD), through its HOME Investment Partnerships Program. Funds are allocated through the Hawaii Housing Finance and Development Corporation to the County of Hawaii.

APPLICANT QUALIFICATION:

1. The Borrower shall be a **first-time homebuyer** who is an individual and his or her spouse that has not owned a home during the last three-years. A first-time homebuyer would also include an individual who is a "displaced homemaker" or "single parent" and who, even if while a homemaker or married, owned a home with his or her spouse or resided in a home owned by the spouse.
2. Total gross income of all persons living in the household may not exceed the attached household income limit schedule. (See attached schedule)

DWELLING QUALIFICATIONS:

1. Single Family Dwelling. Single Family Housing means a one to four-family residence, condominium unit, cooperative unit, combination of manufactured housing and lot, or manufactured housing lot.
2. Dwelling Condition. The dwelling shall be in a safe, sanitary and decent condition and in conformance to HUD's Housing Quality Standards (HQS).
3. Insurable Property. The dwelling unit shall be an insurable property where both standard homeowner's property insurance and hurricane damage insurance policies may be provided.
4. Maximum Price. The sales price of the dwelling to be purchased must not be more than the Single Family Mortgage Limits under Section 203(b) of the National Housing Act for the Island of Hawaii as provided by HUD. (See attached schedule)
5. Existing Dwelling. The dwelling unit must be a permitted newly constructed or an existing residence. The ADDI funds cannot be used for new construction of a

dwelling.

6. Owner Occupied or Vacant. The dwelling must be owner occupied by the Seller or be vacant when first offered to a Homebuyer and remain owner occupied or vacant from the execution of a sales contract until the close of escrow.
7. Tenant Occupancy Exception. The only exception to the owner occupied or vacant house rule that is acceptable to the OHCD is if the Homebuyer is willing and able to pay all applicable costs and expenses incurred on behalf of a non-owner or tenant to relocate.
8. State or County Violations. No ADDI funds may be granted for the purchase of a dwelling where there are violations of the County of Hawaii Comprehensive Zoning Ordinance or Building Code, or the State Department of Health Environmental Health Services Administrative Rules.
9. Lead-Based Paint Hazards. If the Homebuyer wants to purchase a pre-1978 dwelling that does have peeling, chipping, or chalking paint, the County may only finance an ADDI loan after the dwelling has been tested by a State certified inspector, and if lead-based paint is detected, any lead-based paint hazard must be mitigated.

LOAN PROGRAM:

The minimum amount of assistance is \$1,000 and the maximum may not exceed the greater of six percent (6%) of the purchase price of a single family housing unit or \$10,000. The total loan (mortgage and ADDI assistance) may not exceed one hundred percent (100%) of the purchase price of the housing unit.

Interest Rates: **0% Interest**

Loan Term: **15 year deferred**

The Borrower will not be required to repay the ADDI loan if he/she remains as owner occupant for the Affordability Period of 15 years. Should the Borrower not occupy the property as his/her principal resident or transfer or sell the property prior to the end of the Affordability Period, then the total amount of the ADDI loan shall be due.

OTHER GENERAL TERMS AND CONDITIONS:

1. ADDI funds will be awarded to qualified applicants on a first come/first serve basis.
2. Applicants will be asked to have the mortgage lender provide the OHCD with copies of documents from the mortgage application packet.
3. Applicants must attend and complete a Homebuyer Education and Counseling training program. Applicants will be responsible for the payment of any fees required for the Homebuyer Education and Counseling training program.
4. Each dwelling to be purchased using ADDI funds will be inspected by an OHCD inspector to determine conformance to HUD's HQS and must pass inspection prior to the closing date of the sale of the property.
5. Applicants will be asked sign a HOME Agreement and Disclosure Statement. (See attached sample)

COUNTY OF HAWAII
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
AMERICAN DREAM DOWN PAYMENT INITIATIVE (ADDI)
FREQUENTLY ASKED QUESTIONS

1. Q. **WHAT IS THE AMERICAN DREAM DOWN PAYMENT INITIATIVE PROGRAM?**
- A. The American Dream Down Payment Initiative Program is a deferred mortgage loan to low-income first-time Homebuyers on the island of Hawai'i for Down Payment and/or closing cost assistance to purchase an existing dwelling unit to be used as their primary residence.

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

- A. You must be a first-time homebuyer, who is an individual and his or her spouse who has not owned a home during the last three-years and your total gross annual income of all members of the household must be within the Income Guidelines listed below:

INCOME LIMITS*							
(Effective March 19, 2009)							
1	2	3	4	5	6	7	8
\$37,800	\$43,200	\$48,600	\$54,000	\$58,300	\$62,650	\$66,950	\$71,300

*Income limits are adjusted annually

3. Q. **IS THERE AN APPLICATION FEE?**

- A. No. There is no fee to apply.

4. Q. **ARE SINGLE FAMILY DWELLINGS ON LEASE LAND ELIGIBLE FOR A LOAN?**

- A. No. Only fee simple dwellings are eligible.

5. Q. **HOW MUCH DOWN PAYMENT ASSISTANCE CAN I RECEIVE?**

- A. The minimum amount of assistance is \$1,000 and the maximum may not exceed the greater of six percent (6%) of the purchase price of a single family housing unit or \$10,000. The total loan (mortgage and ADDI assistance) may not exceed one hundred percent (100%) of the purchase price of the housing unit.

6. Q. **CAN I APPLY FOR MORE THAN ONE LOAN?**

- A. No. Only one loan per household.

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

- A. The interest rate for the down payment loan will be zero percent (0%).

8. Q. **WHAT ARE THE TERMS OF THE LOAN?**

- A. The loan term is 15 years. Payments will be deferred for the affordability period of 15 years. The Borrower will not be required to repay the loan if he/she remain as the owner occupant of the property for 15 years. However, if the Borrower transfers or sells the property prior to the end of the affordability period, then the total amount of the loan shall be due to the County of Hawai'i.

9. Q. **IS THERE ANY COLLATERAL OR SECURITY?**

A. The loan will be a second or third mortgage on the property deferred for the affordability period of 15 years.

10. Q. **WHAT TYPE OF DWELLING AM I ELIGIBLE TO PURCHASE?**

A. The dwelling must be located in the County of Hawai'i. ADDI funds may be used for the purchase of a single family home, condominium unit, cooperative unit, combination of a manufactured housing and lot, or manufactured housing lot. The dwelling must be permitted newly constructed or an existing residence.

11. Q. **HOW DO I APPLY FOR AN ADDI LOAN?**

A. STEP 1. Pick up an informational packet and ADDI application from the Office of Housing and Community Development (OHCD).

STEP 2. When you have been approved for a loan through a mortgage lender and have initiated a Deposit Receipt, Offer, and Acceptance (DROA) property purchaser agreement, return the completed ADDI application and a copy of the DROA. Then have your mortgage lender contact the OHCD.

STEP 3. The mortgage lender will provide the OHCD with copies of documents from your mortgage application.

STEP 4. Upon receipt of all required documents the OHCD will inform you and your mortgage lender of approval or disapproval of your ADDI loan.

STEP 5. When the transaction is ready to close, you will execute the ADDI loan documents. The OHCD will fund the Applicant's ADDI loan by issuing the funds to the selected escrow company upon their demand to close the purchase transaction.

STEP 6. Completion and certification of First Time Home Buyer Education is required.

Note: ADDI funds will be awarded to qualified applicants on a first come/first serve basis once you have been approved for a loan through a mortgage lender and submit the DROA, funds will be reserved for applicant.

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

B. The County of Hawai'i Office of Housing and Community Development, 1990 Kino'ole Street, Suite 105, Hilo, Hawai'i 96720. The phone number is 959-4642.

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

2009 MEDIAN FAMILY INCOME: \$65,100

EFFECTIVE March 19, 2009

INCOME GUIDELINES

HOUSEHOLD SIZE	LOW-INCOME LIMITS
1	\$37,800
2	\$43,200
3	\$48,600
4	\$54,000
5	\$58,300
6	\$62,650
7	\$66,950
8	\$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.

2009 HUD MAXIMUM MORTGAGE LIMITS

EFFECTIVE February 25, 2009

MAXIMUM MORTGAGE LIMITS

UNIT TYPE	MAXIMUM LIMIT
ONE-FAMILY	\$618,750
TWO-FAMILY	\$792,100
THREE-FAMILY	\$957,500
FOUR-FAMILY	\$1,189,900

COUNTY OF HAWAII

HOME INVESTMENT PARTNERSHIPS PROGRAM
DISCLOSURE STATEMENT

In this Disclosure Statement, the words “I”, “me”, “mine”, “my”, “we”, “us”, and “our” mean each person who is a Borrower.

Borrower(s): _____

Address: _____

I. Program Overview

The County's Downpayment Assistance Loan Program is designed to assist low-income homeowners in financing the purchase of an eligible home. The Program was developed by the County to make downpayment loans available to qualifying households whose incomes, as determined by the County, does not exceed the income limits for low-income households as established by the U.S. Department of Housing and Urban Development (“hereinafter HUD”).

This Disclosure Statement describes the HOME Investment Partnership Program (hereinafter “HOME Program”) Restrictions which apply to the Borrower when participating in the County of Hawai`i’s Downpayment Assistance Loan Program, regardless of whether HOME Program funds or other County loan sources are provided for the Downpayment Assistance loan. Anyone intending to borrow funds through the County's Downpayment Assistance Loan Program or through a County-sponsored Program shall be required to acknowledge that they have read this Disclosure Statement and understand the HOME Program Restrictions imposed on them for the federal assistance provided, particularly as to occupancy or sale of their home.

II. HOME Program Restrictions

(1) Household Income. You must be an income eligible household through the time period from the time of filing a loan application with the County or other lender to the escrow closing of the purchase transaction. Income eligibility means that your annual gross household income, adjusted for household size, does not exceed eighty percent (80%) of the Hawai`i County medium income, as established by HUD. Your household is composed of _____ (___) person and your total annual gross household income does not exceed \$_____ for HUD’s low-income limit for your household size.

(2) Property Standards. The property you purchase must meet HUD’s housing quality standards adopted by the County for its Downpayment Assistance Loan Program. An inspection of your home by the County to verify compliance with housing quality standards and other County requirements will be performed prior to the loan closing.

(3) Ownership of Property. You must hold fee simple title to the property purchased with HOME funds for the duration of your Downpayment Assistance loan.

(4) Owner Occupancy. You must occupy and maintain the property purchased with HOME funds as your principal residence for the duration of your loan. No rental or subleasing of your property is allowed.

(5) Period of Affordability. You must comply with the HOME Program's period of affordability. The affordability period for your purchase is fifteen (15) years. During the 15-year affordability period, the recapture restriction is effective and requires all HOME funds that were provided for the purchase to be repaid to the County, including principal, interest, late fees, and other charges, if you do not occupy the property as your principle residence or if you sell or transfer the property.

III. Recapture Restriction

The Downpayment Assistance Loan Program requires that you must repay your HOME loan if you fail to occupy your property or if you sell or otherwise transfer your property within the fifteen (15) year period of affordability, or if you violate any of the restrictions or conditions of the HOME Program. This is known as a recapture restriction. The recapture restriction shall be enforced by a real property mortgage.

IV. Statement

In return for the County providing downpayment money for you to acquire a residential property by way of a real estate mortgage loan in the amount of \$_____, you hereby acknowledge that you have read this Disclosure Statement and that you understand the HOME Program Restrictions and the Recapture Restriction. You further represent and warrant that your household qualifies for participation in the HOME Program as an income eligible Home-Buyer.

I agree to abide by and comply with HOME Program Restrictions and Recapture Restriction of this Disclosure Statement.

BORROWER(S):

Date: _____

Date: _____

**COUNTY OF HAWAI'I
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
AMERICAN DREAM DOWN PAYMENT INITIATIVE PROGRAM (ADDI)**

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 the Authorization for the Release of Information

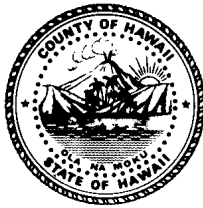
DOCUMENTS TO BE SUBMITTED:

- Copy of the Hawaii Board of Realtors standard form Deposit, Receipt, Offer, and Acceptance (DROA) sales document.
- Copy of Pre-Qualification Letter from Lender
- Copy of the Uniform Residential Loan Application Form 1003
- Copy of the Uniform Underwriting and Transmittal Summary Form 1008
- Copy of the Real Estate Appraisal.
- Copy of the Credit Report(s)
- Copy of the Title Search including exhibits
- Copy of recent employment pay stubs for **all household members**.
- Copy of recent documentation of any other income for **all household members (Such as: Social Security, Disability, Pension, Public Assistance, Life Insurance Payments, Living Allowances, etc.)**
- Copy of recent statements for any asset owned for **all household members (Such as: checking, savings, stocks, bonds, annuities, IRAs, certificates of deposits, etc.)**
- Copy of most recent Federal Income Tax Return. Provide IRS transcripts or certified copies of the three (3) most recent Federal Income Tax Return.

RETURN THE APPLICATION AND DOCUMENTS 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.



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

AMERICAN DREAM DOWN PAYMENT INITIATIVE

(ADDI)

Application must be filled out COMPLETELY. Please use BLACK OR BLUE PEN ONLY 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: _____

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) <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	
Multi Race (select one or more) <input type="checkbox"/> Asian and White <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian / Alaska Native and White <input type="checkbox"/> American Indian / Alaska Native and Black					



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	
Last 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	

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.

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: \$ _____

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, pension, military pay, and business or professional income.

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

PART 7: 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 Institution
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.

**County of Hawai'i
Office of Housing and Community Development
1990 Kino'ole Street, Suite 105
Hilo, Hawai'i 96720
(808)959-4642**

Application No. _____

**AMERICAN DREAM DOWNPAYMENT INITIATIVE
AUTHORIZATION FOR THE RELEASE OF MORTGAGE INFORMATION**

The client identified below has applied for An American Dream Downpayment Initiative (ADDI) loan from the Office of Housing and Community Development (OHCD). The applicant has authorized the OHCD in writing to obtain verification of mortgage information on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of the OHCD and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form using the stamped, addressed envelop provided. If you have any questions please feel free to contact our office. Thank you for your cooperation.

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

PART I. Applicant Information

Name(s) of Applicant _____

Mailing Address of Applicant _____

Address of Property Purchasing _____

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date

_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date

PART II. Lender Information (To be completed by applicant)

Name of Lender _____

Address of Lender _____

Contact Person _____

Phone Number _____ Fax _____