

# **RESIDENTIAL EMERGENCY REPAIR PROGRAM (RERP)**

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**Notification-Watch Out For Lead-Based Paint Poisoning**

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 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**

**RESIDENTIAL EMERGENCY REPAIR PROGRAM (RERP)  
FACT SHEET**

**PURPOSE:**

To provide low cost loans to benefit low-and moderate-income homeowners in the County of Hawai'i to repair the dwelling unit that they occupy as their primary residence.

**PROGRAM FUNDING:**

U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Program.

**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** for at least one year prior to filing a loan application for proposed repairs to the dwelling.

**APPLICATION FEE:**

1. There is a \$50.00 processing fee.

**DWELLING QUALIFICATIONS:**

1. Single family dwelling owned in fee simple.
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.
4. After repairs, the dwelling must be safe, sanitary and decent.
5. Dwelling may not be located in the Flood Hazard Area unless all flood hazards are mitigated under Executive Order 11988, Flood Plan Management.

**LOAN PROGRAM:**

Loan Amount:	<b>Minimum \$2,500</b>	<b>15 year term</b>
	<b>Maximum \$25,000</b>	<b>15 year term</b>
Interest Rates:	<b>3% Simple Interest</b>	

Term and Principal amount of loan due and payable upon transfer of ownership of the property, for any reason, such as sale, inheritance, condemnation or foreclosure.

COUNTY OF HAWAI'I  
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
RESIDENTIAL EMERGENCY REPAIR PROGRAM (RERP)  
FREQUENTLY ASKED QUESTIONS

1. Q. **WHAT IS THE RESIDENTIAL EMERGENCY REPAIR PROGRAM?**

A. The Residential Emergency Repair Program (RERP) was established by the County of Hawai'i to make low-interest loans available to eligible property owners who are interested in repairing and improving 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. The LOAN can also be used to accommodate the special needs of disabled household members.

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

A. Yes, there is a \$50.00 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 \$50.00 processing fee.

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

A. Owner-occupants whose **total adjusted gross income of all persons living in the household** is within the income schedule listed below are eligible. The current maximum income limits for owner-occupants, by number of persons in household, are as follows:

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

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

A. No. Only owner-occupants whose household income is within the income schedule are eligible.

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

A. No. Only fee simple, owner-occupant dwellings are eligible.

7. Q. **ARE SINGLE FAMILY DWELLING ON DEPARTMENT OF HAWAIIAN HOME LANDS ELIGIBLE FOR A LOAN?**
- A. No. Single family dwellings on Department of Hawai'i Home Lands (DHHL) are not 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 County's RERP inspector must be repaired and corrected.
9. Q. **HOW MUCH MONEY CAN A HOMEOWNER BORROW?**
- A. The minimum LOAN is \$2,500 the maximum LOAN is \$25,000 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 BE BORROWER BE PAYING?**
- A. The interest rate is set at 3%. The LOAN is deferred for 15 years or until first transfer of title. If the homeowner applies for a mortgage loan or a home equity loan, the LOAN amount must be repaid in full.
12. Q. **WHAT ARE SOME OF THE SERVICES AVAILABLE TO HOMEOWNERS?**
- A. The County's RERP inspector will inspect your property. The County 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 Mortgage and Note on the property.
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 at the end of 15 years if the borrower remains qualified for such a LOAN.**

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

# RESIDENTIAL EMERGENCY REPAIR PROGRAM PREFERRED TERMS

The preferred terms shall be as follows:

Preferred Terms: THIRTY PERCENT (30%) of the principal balance of the Loan, may be forgiven as a grant to an Applicant if he/she or any member of the household is a member of any one of the following groups:

1. Elderly person 62 years of age or older.
2. Disabled person as defined by 24 CFR 5.403 when the condition is verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehabilitation specialist, or licensed social worker, using the HUD language as the verification format.

All legal owners shall be required to sign a Mortgage and Note and a Grant Agreement that spells out the terms and conditions of the Loan and Grant.

## 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.

**COUNTY OF HAWAI'I  
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
RESIDENTIAL EMERGENCY REPAIR 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

**DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION:**

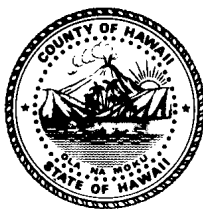
- Three (3) months of most recent employment pay stubs for **all household members**.
- Most recent documentation of any other income for **all household members (Such as: Social Security, Disability, Pension, Public Assistance, Life Insurance Payments, Living Allowances, etc.)**
- Six (6) months of statements for checking accounts and the most recent bank statement for savings accounts for **all household members**.
- Copy of Deed.
- 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 \$50.00 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

**RESIDENTIAL EMERGENCY REPAIR PROGRAM APPLICATION (RERP)**

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) [ ] 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	
Name & Sr, Jr, etc. 3	First Name	MI	Date of Birth	Sex	Relation
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	
Last Name & Sr, Jr, etc. 4	First Name	MI	Date of Birth	Sex	Relation
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	
Last Name & Sr, Jr, etc. 5	First Name	MI	Date of Birth	Sex	Relation
Race (select one ore 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	
Last Name & Sr, Jr, etc. 6	First Name	MI	Date of Birth	Sex	Relation
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	

**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: \$ \_\_\_\_\_

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

	<b>Previous Employment</b>	<b>Years Employed</b>	<b>Last Position Held</b>	<b>Monthly Income</b>
<b>APPLICANT</b>	_____	_____	_____	_____
<b>CO-APPLICANT</b>	_____	_____	_____	_____

**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.

<b>Family Member Name</b>	<b>Source of Income</b>	<b>Address of Source</b>	<b>Gross Monthly Amount</b>

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:

<b>Name and Address of Care Provider for Verification:</b>	
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:

<b>Name and Address of Care or Equipment Provider for Verification:</b>	
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: \$ _____

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

Give a brief description of the repair work needed:

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**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.

**Residential Emergency Repair 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: \_\_\_\_\_

**Residential Emergency Repair Program**  
**Certification of Non-Filing of State Income Tax Return**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

STATE OF HAWAI'I     )  
                                  )   SS:  
COUNTY OF HAWAI'I   )

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: \_\_\_\_\_

**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. \_\_\_\_\_

**RESIDENTIAL EMERGENCY REPAIR PROGRAM  
VERIFICATION OF MORTGAGE  
OR DEED OF TRUST**

The client identified below has applied for a housing rehabilitation loan from the Office of Housing and Community Development (OHCD). The applicant has authorized the OHCD in writing to obtain verification of the status of existing mortgages 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 (To be completed by applicant)**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Address of Mortgaged Property \_\_\_\_\_

Mortgage Account Number \_\_\_\_\_

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

Name of Lender \_\_\_\_\_

Address of Lender \_\_\_\_\_

# 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