| DEP Affidavit No | |
|---------------------------|--|
| Affordable Application No | |
| For Sales Team Use Only) | |

Affidavit for HHFDC DURF Equity Pilot ("DEP") Program

| Approved Affordable Buyer(s): Pleas | se nrint | |
|--|---|--|
| | • | For HHFDC Use Only |
| Primary Applicant: Spouse or Co-applicant, if any: | | ☐ Applicant <u>IS</u> an Eligible Buye |
| | | ☐ Applicant IS <u>NOT</u> an Eligible Buyer |
| Sign this Affidavit in from This affidavit must be personally Applicant and Co-buyer, if any, purchase a residential unit offer and shall not be executed by an | y executed by the who is applying to ed under the DEP Program | □ Co-buyer, □ IS □ is NOT an Eligible Buyer Unit Selection Date Unit Contract Date |
| State of Hawai'i |)) SS. | ❖ Unit No. |
| County of | | V Smille. |
| A. DEP program Applicant (Proposed B. If applicable, Co-buyer is a Specific Speci | d Eligible Buyer) Duse or Co-applicant and IS | is NOT, a DEP program applicant |
| (proposed eligible buyer). | | |
| Physical Residence Address: | PRINT) | |
| 2 | City, State, Zip Cod | e |
| Mailing Address: ☐ ← check, if a | address is, Same as Above | |
| Complete, if different from Reside | ence Address, include City, State, Zip | Code |
| Applicant Best Phone No.: | | <u> </u> |
| Applicant Email: | | <u> </u> |

C. The following to be completed by the DEP program Applicant and Co-DEP buyer, if any who is purchasing an affordable unit with the applicant named in section A above.

| ELIGIBILITY REQUIREMENTS | | APPLICANT (A) | Co-DEP buyer, if any | |
|--------------------------|---|--|--|--|
| 1) | Do you own any real property? | Y 🗆 N 🗖 | Y □ N □ | |
| | If YES you are ineligible for the DEP program. | | | |
| 2) | Are you receiving gift funds? | Y 🗆 N 🗆 | Y 🗆 N 🗆 | |
| 3) | Are you currently working in a profession facing a shortage? | Y 🗆 N 🗆 | Y 🗆 N 🗆 | |
| | If YES, check your profession → | □ HEALTHCARE □ EDUCATION □ LAW ENFORCEMENT □ AGRICULTURAL FIELD WORKER | ☐ HEALTHCARE ☐ EDUCATION ☐ LAW ENFORCEMENT ☐ AGRICULTURAL FIELD WORKER | |
| 4) | What is your official title? If not included on your paystub, complete and attach the DEP Verification of Employment form at the end of this DEP Affidavit. | | | |

- D. The Applicant submits this affidavit to purchase an affordable unit offered under HHFDC's DEP Program as set forth in Chapter 15-309, HAR and agree to the following requirements:
 - 1. If approved, I may select a unit within my prequalified loan amount, including the corporation's equity.
 - 2. The corporation may purchase equity in for-sale housing development projects. The corporation's equity shall be allocated to specific units within the project. The price to be paid by each eligible buyer of a unit shall be reduced by the corporation's equity amount for that unit.
 - a. <u>Corporation's equity</u> means the difference between the original cost of the unit and the price of the unit paid by the qualified purchaser.
 - b. <u>Eligible buver</u> means an applicant who: (1) owns no other real property; (2) receives no gift funds for purchase of the unit; (3) works in a profession that is facing a shortage as determined by the corporation, including health care workers, educators, law enforcement officers, staff at correctional facilities, and agricultural field workers; and if applicable, (4) meets the eligibility requirements set forth in section 15-308-22, HAR.
 - 3. The corporation may charge an interest rate on the corporation's equity which shall be stated in the agreement with the qualified purchaser.
 - a. <u>Interest rate</u> means the fixed rate charged on the corporation's equity at one per cent per year, unless otherw ise indicated in the qualified purchaser's program agreement.
 - b. **Qualified purchaser** means an eligible buyer who meets the criteria of the program for which an affidavit is submitted and has entered into a purchase contract and program agreement.

- 4. The qualified purchaser shall pay a percentage share of the corporation's equity amount.
 - a. <u>Corporation's equity percentage</u> share means the percentage determined as: the corporation's equity divided by the value (fair market value by appraisal), excluding any options or upgrades, and established prior to closing the purchase of the unit, rounded to the nearest one per cent.
- 5. The qualified purchaser shall repay the corporation's equity, accrued interest, if any and the corporation's equity percentage share upon the earliest of the following:
 - a. At any time after financial closing of the purchased unit at the qualified purchaser's option;
 - b. Upon sale, transfer of title, refinance or additional financing, non-owner occupancy, rental of any part of the unit, or failure to reoccupy the unit at the end of a temporary waiver period; or
 - c. Prior to expiration of the 30th year from the qualified purchaser's date of closing the purchased unit.
- 6. Payments made shall be applied in the following order of priority:
 - a. Accrued interest;
 - b. Corporation's equity percentage share, if any; and
 - c. Corporation's equity.
- 7. Payments not paid when due shall be subject to additional interest on the corporation's equity share at the simple annual rate of 10% per year until paid. The corporation reserves the right to pursue all legal remedies to recapture the funds awarded or other actions deemed necessary.
- 8. Payment of the corporation's equity, interest and equity share, if any shall be the sum of the following. Refer to the attached sample computation worksheet for an illustration.
 - a. The corporation's equity plus simple interest at the rate specified in the purchaser's program agreement; and
 - b. The net appreciation on the corporation's equity calculated as the current value of the unit, minus the original value of the unit and multiplied by the corporation's equity percentage share, as specified in the purchaser's program agreement.
- 9. I will maintain the eligibility requirements of the DEP program through the closing of the purchase and will update the affidavit approximately 180-days prior to closing the purchase and/or as requested by the HHFDC in its sole discretion ("recertification").
 - a. If recertification is approved, the qualified purchaser shall execute the corporation's program agreement to timely close on unit purchased.
 - b. If recertification is disapproved, this affidavit will be automatically null and void, unless the co-buyer, if any, is an eligible buyer under the DEP program and will be the primary applicant.
 - c. If elected, continued purchase as a qualified resident under Chapter 201H, HRS may be permitted at the developer's sales price, subject to the developer and the corporation's review and approval. If approved, an amendment to the contract will be required (without 30-day recission).

E. I, the Applicant under the DEP program Affidavit, being first duly sworn on oath, hereby deposes and says:

- 1. The information in and attached to this affidavit are true and supports my participation in the DEP program.
- 2. I am an "eligible buyer" as defined in section 15-309-2, Hawaii Administrative Rules ("HAR") and meet all of the following requirements:
 - a. I do not own any real property;
 - b. I have not and am not receiving any gift funds for purchase of a unit in the Project; and
 - c. I work in a profession that is facing a shortage determined and defined by the Hawaii Housing Finance and Development Corporation ("HHFDC" or "Corporation") including healthcare, education, law enforcement and agricultural field workers.
- 3. I am a "qualified resident" as defined in section 201H-32, Hawaii Revised Statutes ("HRS") and meet all of the following requirements:
 - a. I am a citizen of the United States or a resident alien;
 - b. I am at least eighteen years of age;
 - c. I am domiciled in the State of Hawaii;
 - d. I will physically reside in the Unit to be purchased; and
 - e. I am prequalified for a mortgage loan to purchase a unit in the Project as evidenced by a DEP program prequalification letter from a preferred Project lender.
- 4. I will maintain the eligibility requirements of the DEP program through the closing of the purchase and will update the affidavit approximately 180-days prior to closing the purchase and/or as requested by the HHFDC in its sole discretion ("recertification").
 - a. If recertification is approved, the qualified purchaser shall execute the corporation's program agreement to timely close on unit purchased.
 - b. If recertification is disapproved, this affidavit will be automatically null and void, unless the co-buyer, if any, is an eligible buyer under the DEP program and will be the primary applicant.
 - c. If elected, continued purchase as a qualified resident under Chapter 201H, HRS may be permitted at the developer's sales price, subject to the developer and the corporation's review and approval. If approved, an amendment to the contract will be required (without 30-day recission).

F. The Applicant and Co-buyer, if any named in this Affidavit, being first duly sworn on oath, hereby deposes and says, I/We:

- 1. shall occupy the purchased unit as the primary residence at all times until such time the corporation's equity, interest and equity percentage share is paid in full, except in hardship cases where the inability to reside on the property arises out of unforeseeable circumstances as determined by the corporation and a temporary waiver of the owner occupancy requirements is granted by the corporation.
- 2. shall not transfer title to a co-buyer, child, parent, sibling or inter vivos trust, unless the corporation's equity, interest and equity percentage share are paid in full prior to the transfer.

Sign before a notary public.

- 3. understand that the corporation shall have the right to charge reasonable non-refundable fees for administrative expenses to process the required real estate documents under the chapter.
- 4. shall continue to observe, perform, and comply with all of the covenants, conditions, and restrictions pertaining to the ownership, use, occupancy, repayment and transfer of the unit during the term of the DEP program agreement.
- 5. understand that non-compliance of the DEP program shall be sufficient reason for HHFDC, at its option, to demand payment, correction within 60 calendar days from date of notification, apply a penalty, or pursue legal remedies to recapture the DEP program funds.

I/We, the undersigned Applicant and Co-buyer, if any named in this Affidavit have read, understand and agree with the statements made in this affidavit. By signing the affidavit, I/we certify that the information provided is complete and accurate and if found to have willfully submitted false information, made misstatements, or withheld important information relied upon to determine eligibility to participate in the DEP program, shall be deemed to be ineligible; provided that the corporation shall not waive its right to pursue any other recourse available to the HHFDC.

| Applicant | Co-buyer, if any |
|---|--|
| This page Affidavit for the DURF Equity Pilot (DEP) Program was subscribed and sworn to before me this day of by (signor's name) | Doc. Date: #Pages: Circuit Doc. Description: Affidavit for the DURF Equity Pilot (DEP) Program for |
| Notary Name: | Notary Signature Date |
| Notary Public, Judicial Circuit, State of Hawaii My commission expires: | (Stamp or Seal) NOTARY CERTIFICATION |

SAMPLE COMPUTATION OF THE DEP PROGRAM

SAMPLE COMPUTATION, based on the buyer's refinance in 3rd year of ownership using the following hypothetical amounts including future property value.

DEP Program

| A. | Developer's Original Sales Price | 626,700 |
|----|--|---------|
| В. | HHFDC's Equity Amount | 103,300 |
| C. | Qualified Purchaser Price | 523,400 |
| D. | Original Value of the Unit prior to close of sale, based on appraisal | 700,000 |
| E. | Property Value by appraisal at time of refinance (3rd year of ownership) | 725,000 |

DEP Program - Determination of HHFDC's Equity Percent

| 1) | HHFDC's Equity Amount | | 103,300 |
|----|--|---------|---------|
| 2) | Divided by Original Value of the Unit | 700,000 | 0.1476 |
| 3) | HHFDC Percent Share in the Equity Amount | | 15% |

DEP Program - Computation of HHFDC deferred loan and interest

| 1) | Corporation Equity | | 103,300 | |
|----|------------------------------------|-------|---------|---------|
| 2) | Interest at 1% | 1,033 | | |
| 3) | Multiplied by 3 years of ownership | 3 | 3,099 | |
| 4) | Total loan repayment plus interest | | | 106,399 |
| | | | | |

DEP Program - Computation of Equity Share payment to HHFDC

to refinance*

| 1) | Property value in year 3 of ownership | 750,000 | | |
|---|---|-----------|-------|--|
| 2) | MINUS - the original value at close of purchase | (700,000) | | |
| 3) | EQUALS - Net Appreciated Value | 25,000 | | |
| 4) | MULTIPLIED BY HHFDC equity share of 15% | | 3,750 | |
| DEP Program - total amount paid to HHFDC in 3rd year of ownership due | | | | |

^{*}DEP amount is due and payable up on refinance, transfer, sale, rent or non-owner occupancy.

110,149

The following attached documents are provided for your completion, if applicable and required to submit a complete Affidavit for the Project.

- 1. HHFDC DEP Program Prequalification Letter Template;
- 2. Request for Verification of Employment ("VOE Form")

HHFDC DEP PROGRAM PRE-QUALIFICATION LETTER TEMPLATE*

*To be completed by a preferred project lender/loan officer using this format

Name of Loan Officer, NMLS ID

| Date: _ | | Notice to Lender. An applicant under HHFDC DEP Program | |
|--------------------------------|---|---|--|
| Borrov | ver**: **Must be the DEP Program eligible buyer | (i) cannot own any real property, (ii) cannot receive any gift funds for the purchase of the unit in the project and (iii) must work in a | |
| Co-Bo | rrower, if any: | profession facing a shortage determine and | |
| Borrov | ver – Co-Signor, if any (Not on Title): | defined by HHFDC, including nurses, teachers police officers and agricultural field workers. | |
| Borrov | ver – Co-Mortgagor (On Title – 1% only): | | |
| Borrow | ver Address: | Check, if applicable & Attach applicable form | |
| City St | tate & Zip: | ☐ Co-Signor - attach Co-Signor Affidavit; | |
| city, c | | ☐ 1% Co-Mortgagor — attach 1% Co-Mortgagor Affidavit; | |
| RE: | Kuilei Place Project - Qualification for DEP Program | ' | |
| | e reviewed your request to purchase a unit within the above reference purchase a unit within the above reference purchase price, loan amount and loan product listed below. Maximum Sales Price: Maximum HHFDC Equity: \$\frac{5103,300.00}{500.00}\$ | roject and prequalified you for a | |
| | Maximum HHFDC Equity: \$\frac{\$103,300.00}{\$}\$ Maximum Loan Amount: \$\$ Minimum Down Payment: \$\$ Loan Program: Proposed/Qualified Interest Rate: \$\frac{5.25\% @ 1.0 point}{\$}\$ | | |
| been de that you Further | re-qualification letter is based on preliminary information, which etermined to be correct for purposes of providing this prequalificate to could qualify for the residential loan described above, based upon the reconsideration of your intent to submit a complete loan Application forgent upon receiving the following checked items. | ition letter. Pre-Qualification means information you have provided us. | |
| | A complete loan application with all supporting documentation. Submission of a fully-executed Purchase Contract with all addenda. Satisfactory verification of your income, liabilities and any other inform A satisfactory written credit report. A satisfactory written appraisal report on the subject property reflecting | | |
| | loan-to-value requirement for this loan program, which shall not exceed Conformance with all of the selected lender's underwriting requirement Final approval from a mortgage insurance company, if applicable. | d% of appraised value. tts. | |
| | Satisfactory verification of housing payment reserves and of funds necessary and of all documents related to this transaction, including but not Satisfactory proof of the Master Condominium Insurance Certificate for Hurricane coverage including Fidelity Bond Coverage. Hawaii Housing Finance & Development Corporation (HHFDC) eligible maintenance of all Eligibility Requirements, including but not limited to | limited to the preliminary title report, deed, etc. or your Homeowners Association for Hazard and bility approval, acceptance and continued | |
| This let | principle residence. Iter is not a commitment on our part to fund your loan, and we will only requirements have been met and are acceptable to us. The final in hined at the time of lock-in and/or closing. Thank you for the opportute subject project. If you have any questions, please feel free to call n | ly issue our loan approval when the terest rate and loan terms will be mity to assist you in the purchase of a | |
| Sincere Compa | ely, ny Name | | |

Application No.

Attach to DEP Program Affidavit
(For Sales Team Use Only)

Request for Verification of Employment (VOE FORM) HHFDC DURF Equity Pilot ("DEP") Program

| DΕ | P Appi | cant Name: | · · · · · · · · · · · · · · · · · · · | | _ |
|--|---------------------------------|---|---|--|--|
| ("H Adr for <i>inf</i> c | HFDC") ministra approv ormation | to determine the applicant tive Rules ("HAR"). You do ral as a prospective particle. Upon HHFDC receipt, to | shall be used by the Hawaii 's eligibility as a prospective to not have to give us this incipant may be rejected. Re the required information as the only for purposes of quali | ouyer under Chapter 15-30 formation, however, the a ster to the DEP Program Alpermitted by the HAR, as | 9, Hawaii applicant's affidavit ffidavit for detailed s may be amended, |
| | | 0VEE TI | | / | |
| A. | EMPI | OYEE : The employee | named below, se a dwelling unit offere | d under the HHEDC D | FP |
| | (1) | program; | se a awening and oncies | | Li |
| | (ii) | • | oyer named below to prov | vide the information req | uested |
| | | • | tion, to HHFDC for purpo | | ticipate in |
| | /iii \ | | Sales and DEP program bllowing for use by the E | | |
| | (iii) | nas completed the ic | billowing for use by the E | mpioyer. | |
| E۱ | /PLO | EE Name:(Print) | | <u> </u> | |
| (Si | gnatur | e) | | | |
| Re | sidenc | e Address | | | _Zip |
| Ве | st Tel. | No | Best time | to Contact | |
| | | our EMPLOYER? | / | | |
| ••• | 10 10 y | <u></u> | 1 | | |
| | provi progra | de employment title/p | The employee identified osition information for p | | |
| | | / | | | |
| Ad | dress: | _/ | | | |
| | , | | | | |
| Em | ployee' | s Present Title and/or Positi | on | Emplo | yee No., if any |
| Dat | e of Em | ployment | | | |
| Like | elihood | of Continued Employment | □YES □ NO | | |
| Ave | erage ho | ours worked per week: | Currently | ; Past year | |

Application No.

Attach to DEP Program Affidavit

(For Sales Team Use Only)

<u>Certification</u>: State statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy proposed to influence the approval of the HHFDC. The undersigned is a representative of the Employer authorized to provide employment information for the above-named Employee; <u>or</u> is employed by the Employer in the capacity to provide such information (e.g. payroll department).

| Legal Name of Employer: | | | 1 |
|--------------------------|-------|----------|------|
| | | / | |
| | | 1 | |
| Signature | Title | . F | Date |
| | | J. | |
| Preparer's Name (Print): | 2 | Phone No | |

EMPLOYER - RETURN COMPLETED FORM TO EMPLOYEE

3.2024