STATE OF HAWAII
HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION
("HHFDC")

APPLICATION PACKET
FOR AFFORDABLE UNITS

KUILEI PLACE

A FOR-SALE CONDOMINIUM HOUSING PROJECT
HONOLULU, OAHU, HAWAII

DEVELOPER

2599 KAPIOLANI OWNER, L.P.
(BLACKSAND CAPITAL & KOBAYASHI GROUP, LLC)

EXCLUSIVE PROJECT BROKER*

COMPASS HAWAII, LLC (RB-23206)

Presentations are Available Daily By Bppointment Only
Please contact a Sales Team Agent
Email: **live@kuileiplace.com** | Call: **(808) 751-2599**

kuileiplace.com

The information included in the Application and Information Packets is not an offer to sell any unit in the project, only to provide information of HHFDC's requirements to purchase a unit developed under HHFDC's affordable sales program. Any unit in, or information about the proposed project including prices, design and availability are preliminary and subject to change.

05.2026

IMPORTANT INSTRUCTIONS

This is the **Application Packet** for the affordable units in the Project. The **Project Information Packet** (is considered a part of the Application Packet) **contains important and general information**, such as the Project information, the Hawaii Housing Finance and Development Corporation's (HHFDC)s requirements to purchase an affordable unit, Commonly Used Terms, such as First-Time Homebuyer, Household Income Limits and Eligible Purchaser; and copies of supplemental forms, if required, such as the Co-Applicant Application, Co-Signor Affidavit and Verification of Employment forms. For a list of minimum and additional required documents, acceptable forms of verification/supporting documents, or further explanation of what needs to be submitted with your application form, refer to the attached: (i) Application Submittal Checklist on the next page and (ii) the Exhibit A - Document Checklist (referred to the "Document Checklist"), after the application form. The attached checklists are provided to assist you with gathering your required documents and submitting them together with your application form. **It is recommended you read through the information carefully** to avoid delay in submitting your "Complete Application Packet" to the Exclusive Project Broker* named on the cover page (the "Kuilei Place Sales Team"). **Refer to the Appendix 1** of the Information Packet **for the definition of a "Complete Application Packet."**

To become an Eligible Purchaser, interested persons must be determined by the HHFDC to be an applicant who (1) is a First-Time Homebuyer or a Qualified Resident and (2) demonstrates a need for affordable housing and meets all eligibility, asset and income requirements. To confirm your eligibility to purchase an affordable unit under HHFDC's Affordable Sales Program, HHFDC will review your Completed Application Packet upon receipt from the Kuilei Place Sales Team. *HHFDC will rely on your submitted information to make the final determination of eligibility, in its sole discretion.*

To complete the Application form, fill out all sections (A-H) and answer all questions as applicable to your household; list all sources of income for household members, 18 years and older, including unemployed adult household members, if there are any (spouse, adult children), who must state $0 income on the worksheet; then, read the Declaration and Acknowledgement in section I. **If you agree with the HHFDC's Affordable Sales Program requirements, sign where indicated.**

Submit your "Complete Application Packet" by ELECTRONIC UPLOAD, or IN-PERSON by appointment only with a Kuilei Place Sales Team Agent.
Presentations are available daily by appointment only. See next page.

> *Incomplete, mailed, or faxed applications are not acceptable and are cause for automatic rejection by the Exclusive Project Broker*, or automatic disapproval by the HHFDC.*

Completed applications will continue to be accepted until close of the project and processed on a first-come, first-serve basis.

Direct all your questions to the Kuilei Place Sales Team at (808) 751-2599, or by email at live@kuileiplace.com .

APPLICATION SUBMITTAL CHECKLIST

For Applicant Use Only – Keep for your Records

This checklist is provided **to assist you with compiling and submitting** a "Complete Application Packet." Refer to the enclosed Exhibit A - Document Checklist, for additional information that may be applicable to your application and attach the requested information. **Incomplete, mailed, or faxed applications are not acceptable and will automatically be rejected by the Kuilei Place Sales Team or disapproved by the HHFDC.**

****If you need assistance to complete your application, contact your Project Sales Team agent.**

AT MINIMUM, COMPLETE, SIGN and UPLOAD the following:	**ATTACH the following if applicable to your application or household**
○ Pre-qualification letter from one of the preferred lenders specified in the Information Packet and *if applicable,* ○ Applicant & Co-Signor Affidavit ○ Applicant & 1% Co-Mortgagor Affidavit ○ Gift Letter ○ APPLICATION TO PURCHASE form ○ Most **CURRENT** paystubs/income statements for **all employed** household members 18 years and older. **IMPORTANT:** Paystubs must be dated within the last 1-2 months of the signed application date. ○ 1-month consecutive paystubs ***with VOE*** form signed by your employer; ***or*** ○ 2-months consecutive paystubs, no VOE: **# of paystubs, if paid:** Each Week – 10 Every 2 Weeks – 6 Each Month – 2 2x a Month – 4 ○ W-2, 1099-Misc, and any other reported income statements as required by the IRS or state tax office. ○ Copy of ***signed*** current year, or most recently filed, Federal and State Income Tax return ***with*** all schedules.	❖ **Refer to the Information Packet for the following SUPPLEMENTAL FORMS.** ○ Adult Household Member Acknowledgement with Exhibit A – Document Checklist ○ Acknowledgement of Prior Purchase of Affordable Property ○ Affidavit as to Applicant's Legal/Physical Custody of Children ○ Real Estate Disclosure Statement with required property ownership documents ○ Verification of Employment ("VOE") **NOTE:** For ***Co-Applicant Application***, use **Application To Purchase** form and check box at top to change use to Co-Application. ❖ **Refer to Exhibit A – Document Checklist for additional details of acceptable forms of the following:** ○ Proof of Divorce, Widower, or Legal Separation ○ Proof of Property Ownership ○ Proof of Self Employment ○ Proof of Legal Dependents and/or Additional ○ Proof of Resident Alien status ○ Proof of Hawaii Residency

Direct all your questions to the: **COMPASS HAWAII, LLC** (RB-23206)
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Please contact a Sales Team Agent by email: **live@kuileiplace.com**
or call: **(808) 751-2599 | kuileiplace.com**

COMPLETED APPLICATIONS ACCEPTED ON A FIRST-COME, FIRST-SERVED BASIS

Complete & submit this form (1)

KUILEI PLACE

APPLICATION RECEIPT#: _____

Assigned by the Project Sales Team

For HHFDC Use Only _____ HHFDC DATE

☐ **Approved QR**
Selection#: **KP**_____
☐ 1xHB
☐ Resident Alien Card
Expire Date:

☐ Prequalification Letter
☐ COM ☐ COS ☐ GIFT$

☐ **Incomplete Application**

☐ **Disapproved QR**, e.g., over-income, no need, etc.
Refer to HHFDC's Disapproval Letter

Before completing the Application, read the IMPORTANT INSTRUCTIONS.

* **"Applicant"** means the Primary Person applying to purchase a unit in the Project *and if applicable,* the Applicant's Spouse, Co-Applicant and Co-Applicant's Spouse.
This project is being built and sold under the HHFDC Program.

Complete all sections below. If not applicable, indicate "NA".

(A):	Applicant Name:		SS#: XXX-XX-	
	Spouse Name (S):		SS#: XXX-XX-	
	Mailing Address:			
	Best Email:		Best Tel:	

What is your Total No. of Primary Buyers ( )

(B):	Additional Household Members – First & Last Name	Add SS# for Household Members ONLY for 18-yrs & older occupants		
1.		xxx-xx-		AGE:
2.		xxx-xx-		AGE:
3.		xxx-xx-		AGE:
4.		xxx-xx-		AGE:

What is your Total No. of Additional Household Members, if any ( )

(C):	If applicable, Co-Applicant (COA) Name ("Additional Buyers")	Check, if no Co-applicant ☐	
1.	COA1:	SS#: XXX-XX-	
2.	COA1-Spouse:	SS#: XXX-XX-	
3.	COA2:	SS#: XXX-XX-	

What is your Total No. of Additional Buyers, if any ( )

(D):	Applicant* acknowledges **(1)** receipt and review of the Project Information Packet as part of this Application Packet; **(2)** the total number of household buyers and household size; **(3)** applications that are INCOMPLETE, MAILED or FAXED are not acceptable and is ***cause for automatic rejection or disapproval by the Exclusive Project Broker or the HHFDC;*** **and (4)** that the information provided is true and correct.	Y ☐ N ☐	
		Total # of Buyers:	
		Total Household Size:	

KUILEI PLACE, A FOR-SALE HOUSING PROJECT

HHFDC Application to Purchase Real Property Under 201H, HRS

☐ ******If checked, use this as a *CO-APPLICANT form*|| **Applicant Name:**

A.	**APPLICANT INFORMATION**		**SPOUSE INFORMATION**	
1.	**First Name**		**First Name**	
2.	**Middle Name**		**Middle Name**	
3.	**Last Name**		**Last Name**	
4.	☐ Married or Domestic Partnership (recognized under operation of law); *also check one, if applicable:* ☐ legally separated; ☐ separated, pending divorce or ☐ living apart ☐ Single: *also check one* → ☐ never married; ☐ legally divorced; ☐ widowed			
5.	**Residence Address:** ☐ Rent ☐ Live w/ Parents ☐ Own***** No. of Yrs. at this Address?			
B.	**CO-APPLICANT, if any – *Refer to Exhibit A, Section B***		Check if No Co-Applicant ☐	
	Name:			

C.	**ELIGIBLITY REQUIREMENTS - *Refer to Exhibit A, Section C***			**Applicant (A)**	**Spouse (S)**
1.	Are you a U.S. Citizen?			Y ☐ N ☐	Y ☐ N ☐
2.	Are you a Resident Alien?			Y ☐ N ☐	Y ☐ N ☐
3.	Date of Birth & (AGE)	(A)	(S)	AGE	AGE
4.	Are you domiciled in Hawaii?			Y ☐ N ☐	Y ☐ N ☐
5.	Are you a legal resident of Hawaii?			Y ☐ N ☐	Y ☐ N ☐
6.	Are you physically residing in Hawaii?			Y ☐ N ☐	Y ☐ N ☐
7.	Do you or any current or intended household member own any leasehold and/or fee simple property(ies)/lands suitable for dwelling purposes anywhere in the world? *Refer to Exhibit A – Section C.3*			Y ☐ N ☐	Y ☐ N ☐
8.	Have you owned property within a year of the date of this application? ***If (No), skip to #9.** **If (YES)**, when did you own it? When was it sold? Property Address, City, State, Zip:			Y ☐ N* ☐	Y ☐ N* ☐
9.	Have you ever purchased an affordable unit/property sold or developed by or in partnership with a *government* agency such as a State of Hawaii agency, i.e. HCDA, HHFDC or its predecessor agencies; or a County or DPP agency? *Refer to Exhibit A – Section C.4*			Y ☐ N ☐	Y ☐ N ☐

10.	Before this application, were you included as a household member on another person's application? ***If (No), skip to #11** **If (Yes)**, are you still residing with the person?		Y ☐ N*☐ Y ☐ N ☐	Y ☐ N*☐ Y ☐ N ☐
	If (Yes), which project are you residing in?	**(A) Project Name** **(S) Project Name**		
11.	Have you turned in an application for any government sponsored affordable project, such as the HCDA, City & County, DPP, or HHFDC? ***If (No), skip to next section D, below**		Y ☐ N*☐	Y ☐ N*☐
	If (Yes), were you approved to purchase a unit?		Y*☐ N ☐	Y*☐ N ☐
	***If (Yes),** did you sign a contract?		Y*☐ N ☐	Y*☐ N ☐
	If (Yes), for which Agency & what is the project name?	(A) ☐ HHFDC ☐ HCDA ☐ DPP ☐ Another County (specify) **Project Name:** (S) ☐ HHFDC ☐ HCDA ☐ DPP ☐ Another County (specify) **Project Name:**		

D. HOUSEHOLD COMPOSITION INFORMATION - *Refer to Exhibit A, Section D*

Refer to the Project Information Packet for additional explanation of the following terms, if necessary.
○ (Legal) Dependent(s) include persons claimed on Income Tax Returns, expectant child, foster children, and hanai children. ○ Non-Dependent household members include persons who are related by blood, marriage, operation of law and/or legal custody who are currently living with or intend to live with Applicant in the property who do not depend on Applicant and/or Spouse as their sole source of provision.
☑ Adult (18-years & older) household members must complete the ***Adult Household Member*** form. *See Exh A.*

	List Additional Household Member Name	Gender	Age☑	Relation to Applicant	Legal ○ Dependent?	Non ○ Dependent?	Status (ex: Student, Working)
D1							
D2							
D3							
D4							

E. Skip this section (not applicable).

THIS SECTION FOR HHFDC USE ONLY

F.	**EMPLOYMENT INFORMATION - *Refer to Exhibit A, Section F***	
1.	Employer Name:	Employer Name:
2.	Employer: Address:	Employer: Address:
3.	Job Title:	Job Title:
4.	Check one: ☐ Full Time ☐ Part-Time Yrs. on this job: Yrs. in this line of work:	Check one: ☐ Full Time ☐ Part-Time Yrs. on this job: Yrs. in this line of work:
5.	How often are you paid? ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a Month	How often are you paid? ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a Month
6.	☐ Self-Employed – Start Date? GET Filing? ☐ Monthly ☐ 6-months ☐ Annually	☐ Self-Employed - Start Date? GET Filing? ☐ Monthly ☐ 6-months ☐ Annually

G.	**APPLICANT'S FINANCIAL ABILITY TO PURCHASE *Refer to Exhibit A, Section G***		
1.	Are you receiving financial assistance to purchase a unit? **If (Yes*),** check the type of assistance below **<u>and</u>** attach the required document: ☐ Co-Signor Affidavit ☐ 1% Co-Mortgagor Affidavit ☐ Gift Funds Letter	Y* ☐ N ☐	Y* ☐ N ☐
2.	Do you have funds available for initial deposit and down payment?	Y ☐ N ☐	Y ☐ N ☐

THIS SECTION FOR HHFDC USE ONLY

H. HOUSEHOLD INCOME ELIGIBILITY WORKSHEET – *Refer to Exhibit A, Section H*

❖ **Important:** All household income must be listed below for adult household members 18 years and older. Adult household members who do not receive income must state their income as $0 and affirm no income by signing below. If additional space is needed, duplicate this worksheet.

	Type of Income	Applicant (a)	Spouse (b)	Other: Adult Household Member (c)	Co-Applicant (d)	Co-Applicant Spouse (e)	Other: Adult Household Member (f)
A. Employment Income - *Refer to Exhibit A, section H* ***and ATTACH copies of (2) months current paystubs.*** *If you only received (1) month of paystubs, also attach HHFDC's completed and signed Verification of Employment form. Refer to Supplemental forms section of the Information Packet.*							
1.	Current Monthly Base Pay						
2.	Tips and/or Commissions						
3.	COLA						
4.	Military Allowances (BAH, subsistence, etc.)						
B. Self-Employment Income - *Refer to Exhibit A, section H.*							
5.	Net Income						
C. Additional monthly and/or Periodic Income* **Refer to Federal and/or State Income Tax Returns;* ***ATTACH copies of signed returns and ALL Schedules of your filed tax returns, as appropriate.***							
6.	Dividends						
7.	Interest						
8.	Pension, Annuity Distributions						
9.	VA Compensation						
10.	Net Rental Income						
11.	Business Income & Investments						
12.	Royalties						
**** Refer to your Divorce Decree & ATTACH copy of your FINAL, certified decree***							
13.	Alimony **Received**						
14.	Child Support **Received**						
**** Refer to your Benefit Letter*** *received at the start of the calendar year* ***& ATTACH*** *copy of checks received or other acceptable supporting documents. See Exh A.*							
15.	Social Security Benefits						
16.	Public Assistance						
17.	Unemployment Benefits						
18.	Sick Pay – TDI						
19.	Income from Trusts						
20.	Distribution from Deferred Compensation Plan						
21.	**Other**, pls. specify						
D.	**Gross Monthly Income (Total of Sections A thru C)**						
E.	**Yearly Household Income (Line D multiplied by 12)**						
F.	**Total Annual Household Income (Sum of line E, (a) thru (f): $**						

The undersigned Applicant and if applicable, Spouse, Co-Applicant, Co-Applicant Spouse, and/or additional adult household member(s), hereby certify that the information listed above is true and correct to the best of my knowledge and will be used by HHFDC to determine the Applicant's total household income eligibility. Applicant understands that income eligibility approval is required at time of HHFDC application review only, except in cases of status changes to the identity of the eligible purchaser or property ownership, then recalculation of the total household income, will be required. This worksheet is made a part of the Application to Purchase Real Property under 201H, HRS.

(a) **Applicant Name**		**Signature**		Date	
(b) **Spouse Name**		**Signature**		Date	
(c) **Adult Household Member Name**		**Signature**		Date	
(d) **Co-Applicant Name**		**Signature**		Date	
(e) **Co-Applicant Spouse**		**Signature**		Date	
(f) **Adult Household Member Name**		**Signature**		Date	

I. DECLARATION & ACKNOWLEDGEMENT OF HHFDC ELIGIBILITY

EACH APPLICANT, APPLICANT'S SPOUSE AND ALL CO-APPLICANTS (collectively referred to as "Applicant") HEREBY DECLARE THAT APPLICANT IS ELIGIBLE TO PURCHASE A DWELLING UNIT UNDER CHAPTER 201H, HAWAII REVISED STATUTES (HRS) AND RELATED HAWAII ADMINISTRATIVE RULES (HAR) CHAPTER 15-308; AND FURTHER ACKNOWLEDGE & AGREE THAT:

1. Applicant affirms that they **have received, read, understand and accept** the Project Information Packet, which is a part of this Application.
2. Applicant affirms that **all information provided on and attached to this application are true** and supports the "APPLICATION TO PURCHASE A REAL PROPERTY UNDER CHAPTER 201H, HRS"; shall become the property of HHFDC for purposes of determining Applicant's eligibility to purchase **and will not be returned**.
3. Applicant must **inform HHFDC in writing** through the Exclusive Project Broker of any significant change(s) to the Applicant stated on the application that may affect eligibility to purchase.
4. **If approved, Eligible Purchasers must notify the HHFDC of status changes to the identity of the eligible purchaser and property ownership, from date of HHFDC's approved application until recordation of the purchase of the property. "Identity" means the eligible purchaser stated on HHFDC's approved application receipt** *, not the marital status*.
5. Applicant agrees to update this application one year from HHFDC's determination of eligibility if applicant did not select a unit; if the unit purchased has not closed; approximately (1) year prior to closing; and/or when requested by HHFDC in its sole discretion.
6. In accordance with applicable sections of Chapter 201H, HRS and related HAR, **the purchase of an affordable unit is subject to and restricted or encumbered with the following:**
   a. **HHFDC's use, sale, and transfer restrictions ("Buyback Program Restriction") which means**, HHFDC has the first option to purchase the property during the buyback restriction period and must consent in writing to certain activities related to liens made on the property and ownership changes, among other things. Refer to the Information Packet for hi-lites of the Buyback Program;
   b. **HHFDC's Shared Appreciation Equity ("SAE Program") restriction, if any, which means**, HHFDC must be paid its share of net appreciation in the property when the property is sold, transferred, rented or not owner-occupied, and must consent in writing to certain activities related to title of the property, among other things. Refer to the Information Packet for hi-lites of the SAE Program; and
   c. **Owner occupancy of the property** as the primary residence at all times for as long as the Buyback Program Restriction and/or SAE Programs are effective.
7. At time of unit/lot selection, Applicant agrees to have at least one Applicant present, as a representative authorized to select a unit on behalf of the Applicant and to cooperate with the unit selection requirements.
8. **Applicant understands that making any false statements knowingly in connection with this application shall constitute perjury and is a crime punishable under the provision of the Hawaii Penal Code; and is cause for automatic disqualification from this Program and future HHFDC projects.**

Print Applicant Name	Applicant Signature	Date
Print Applicant Spouse Name, if applicable	Spouse Signature	Date