DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE:768-7076 • FAX:768-7057
INTERNET: http://www.co.honolulu.hi.us

KIRK W. CALDWELL
ACTING MAYOR

DEBORAH KIM MORIKAWA
DIRECTOR

ERNEST Y. MARTIN
DEPUTY DIRECTOR

Thank you for your interest in a City & County of Honolulu **Solar Roof Loan**. To assist us in expediting the loan process, please fill out the front and back of the application completely, sign and return it to our office with the following:

Please fill out all three pages of the application completely, sign and date pages 2 and 3, and return it to our office with the following supporting documents:

1. Copy of your **current federal tax returns** (be sure it is signed);
2. **$8.70** to cover credit report fees (make check or money order **payable to the City and County of Honolulu – do not send cash**);
3. Copy of the **Solar Co-Payment Application** (Form CTGD 12339)
4. **Signed credit bureau authorization** form (enclosed)
5. Copy of Contractor's proposal

If you have any questions, please feel free to contact our Rehabilitation Branch at 768-7076.

Sincerely,

ROBERT MEYER
Rehabilitation Loan Officer

Enclosures:
1. Application Form
2. Credit Bureau Authorization Form
3. List of HECO Solar Contractors

CITY AND COUNTY OF HONOLULU
SOLAR ROOF INITIATIVE LOAN APPLICATION

Applicant (Head of Household)_____ Date of Birth_____ SS # _____

Co-Applicant (Spouse)_____ Date of Birth_____ SS # _____

Current Address_____ Yrs._____ Phone _____

Mailing Address if other than Resident Address _____ Yrs._____

Names and Ages of All Dependents _____

CURRENT EMPLOYMENT APPLICANT

Employer _____ Years _____

Position Held _____ Years _____

Phone _____ Gross monthly income $_____

CO-APPLICANT

Employer _____ Years _____

Position Held _____ Years _____

Phone _____ Gross monthly income $_____

OTHER GROSS MONTHLY INCOME

Recipient	Source of Income	Address of Source	Gross Amount
			$
		TOTAL	$

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.)

Depository/Branch	Name on Acct.	Acct. No.	Acct. Type	Balance

LIST OF ALL REAL ESTATE OWNED (ATTACH ADDITIONAL SHEET IF NECESSARY)

Property Address	Present Value	Mortgage Balance	Monthly Payment	Mortgage Loan No.	Mortgagee's Name and Address

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance

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Please complete the following information on all non-dependent **Permanent** Members of your Household. If there are no non-dependent permanent household members residing with you, please write **none** on the line below.

Name	Relationship to Head of Household	Age	Annual Income	Source(s) of Income

As evidence of income, please submit a copy of the most recent federal tax returns for each individual listed above.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are **not required** to furnish this information, but are encouraged to do so. If you choose not to furnish the information, Federal regulations require the City Government to note race and sex information based on visual observation or surname. Please initial below if you do not wish to divulge information.

APPLICANT _____
I do not wish to divulge information (initial _____)

01 ( ) Hawaiian (Part)
03 ( ) Hawaiian (Full)
04 ( ) Portuguese
05 ( ) Puerto Rico
06 ( ) White
07 ( ) Filipino
08 ( ) Korean
09 ( ) Chinese
10 ( ) Japanese
11 ( ) Asian Indian
12 ( ) Guamanian
14 ( ) Samoan
15 ( ) South East Asian (Vietnamese, Laotian, etc.)
16 ( ) American Indian or Alaskan Native
17 ( ) Hispanic
18 ( ) Black
19 ( ) Other-please specify _____

SEX: ( ) Male Head of Household ( ) Female Head of Household

CO-APPLICANT _____
I do not wish to divulge information (initial _____)

01 ( ) Hawaiian (Part)
03 ( ) Hawaiian (Full)
04 ( ) Portuguese
05 ( ) Puerto Rico
06 ( ) White
07 ( ) Filipino
08 ( ) Korean
09 ( ) Chinese
10 ( ) Japanese
11 ( ) Asian Indian
12 ( ) Guamanian
14 ( ) Samoan
15 ( ) South East Asian (Vietnamese, Laotian, etc.)
16 ( ) American Indian or Alaskan Native
17 ( ) Hispanic
18 ( ) Black
19 ( ) Other-please specify _____

SEX: ( ) Male Head of Household ( ) Female Head of Household

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 obtaining a City solar roof loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and to request a consumer report from consumer reporting agencies. I(We) agree that this application and related verifications and statements shall remain the property of City and County of Honolulu.

_____ _____ _____ _____
APPLICANT'S SIGNATURE **DATE** **CO-APPLICANT'S SIGNATURE** **DATE**

ACRAnet
THE INFORMATION NETWORK
www.ACRAnet.com

MORTGAGE REPORTING • EMPLOYMENT SCREENING
521 W. Maxwell Ave • Spokane, Wa • 99201-2417
Customer Service Direct: 509 324–1249 • 1 800 304-1249
Fax 509 324–1240 • 1 800 845–7435
"National Coverage with Local Service"
TENANT SCREENING • COMMERCIAL REPORTING

INFORMATION DISCLOSURE AUTHORIZATION AND RELEASE

The undersigned parties (hereinafter referred to as "Applicant(s)") hereby authorize ACRAnet, Inc a Nevada Corporation (hereinafter referred to as "ACRAnet") to obtain a credit report and other personal information (all documents hereinafter referred to as "Consumer Report") in connection with Applicant(s) application for a mortgage loan.

Applicant(s) signature(s) below further authorize(s):

I. the mortgage company to release a copy of Applicant(s) credit application to ACRAnet;
II. ACRAnet to obtain information regarding Applicant(s) employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit union accounts, etc.) ;
III. ACRAnet to use a photocopy, facsimile or other true reproduction of this authorization, if necessary, to obtain any information required in the course of its activities in connection herewith, any such true copy of this Information Disclosure Authorization and Release being deemed an original; and
IV. ACRAnet to furnish a copy of Applicant(s) Consumer Report to the mortgage company that requested this authorization.

Applicant(s) hold the mortgage company and ACRAnet harmless and indemnified in furnishing the copy of the Consumer Report in accordance herewith.

Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date

PRIVACY ACT NOTICE: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether Applicant(s) qualifies as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without Applicant(s) consent except to the person or company verifying the information including, but not limited to, Applicant(s) employer, bank, lender and by any other credit reference as needed to verify other credit information and as permitted by law. Applicant(s) does not have to give ACRAnet this information, but if Applicant(s) does not, Applicant(s) mortgage loan application may be delayed or rejected. This information ACRAnet will obtain is authorized by the TITLE 38, U.S.C chapter 37 (if VA); and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).