LOKAHI PACIFIC

PRELIMINARY HOMEOWNERSHIP APPLICATION

Use reverse sides of pages if additional space is needed. Mail or Return application to: Lokahi Pacific, 1935 Main Street, Suite 204, Wailuku, Hawaii 96793 Phone: (808) 242-5761 Fax: (808) 244-2057

Applicant Name		S5#	DOI	3 Alien Reg #
Applicant Name		SS#	DOI	3 Alien Reg #
Address Home Phone	Work Phone	Work Phone	e	Cell Phone
HOUSEHOLD IN	FORMATION -	List all individuals who	will li	ve in the home to be purchased
(including applicant,	spouse/co-applic	ant, children, etc.) and	d provi	de the information requested:
<u>Name</u>		Self Spouse		Disabled/Veteran/Full-time Student _(Please indicate, if appropriate)
	MATION - List			
				,
Is anyone who will live i	n the house <u>self-en</u>	nployed? No Ye	es (If	answer is "Yes" please complete below)
	Past Year 20 From To	Year 20	ctual Co Year YTD	urrent Projected Projected Current Year Next Year _/20FromTo
Total Business Incom Total Business Expens	e (+) ses (-)			
Net Business Income	(=)	1		/

<u>ALL OTHER SOURCES OF INCOME</u> - List <u>all family members</u> who are currently <u>receiving</u> <u>income</u> from sources other than employment, such as <u>welfare assistance</u>, <u>social security</u>, <u>disability</u>, <u>pension</u>, <u>unemployment</u>, <u>veteran's benefits</u>, <u>welfare</u>, <u>alimony</u>, <u>child support or other (please specify)</u>.

First Name	Source of Income	Gross Monthly Benefit Amount
LIQUID ASSETS (SAVI	:NGS ACCOUNTS AND AVERAGE	E SIX-MONTHS BALANCE
Name and Branch of Institution (Bank, Credit Union, etc.)	Type of Account/ Account Number / / / / /	Amount in Passbook Account Rate
	(IRA, 401K, KEOGH, PENSION	
	BONDS, SAVINGS CERTIFICA IVESTMENT ACCOUNTS	TES, MONEY MARKET
Name of Company	Type of Account	Total Present Value
RENTAL HISTORY FOR	THE PAST 3 YEARS	
Landlord's Name/Address		Monthly Rent
OWNERSHIP OF REAL	PROPERTY	
Do you own land, or do you o	own a share of land? No Yes	Percentage of ownership:% Tax Map Key:%
Do you own a house, or do y Location:	you own a share of a house? No Y	Ves Percentage of ownership:% Tax Map Key:

DEBTS - List all credit card balances, car payments, loans, medical bills, taxes due, child support/alimony payments, federal and any other debts. MUMINIM Type of Balance Monthly Debt Creditor Account No. Due Payment Auto Loan Personal Loan Charge Accounts Charge Accounts Child Support/Alimony _ Other Debts(specify): CREDIT HISTORY I/We have or have had the following: late payments judgment collection account tax lien foreclosure Bankruptcy - Discharge date: HOMEOWNERSHIP FACTORS - Please check all that apply I/We would be interested in purchasing a single-family detached dwelling. I/We would be interested in purchasing a condominium. I/We would be interested in residing outside Wailuku and Kahului. I/We currently have inadequate housing. Reason: I/We have a specific affordable property in mind. CREDIT AUTHORIZATION - I/We hereby authorize Lokahi Pacific or lender to request a credit report on my behalf, by my/our signature(s) below. ACKNOWLEDGEMENT - I/We certify that the above information is true and correct to the best of my/our knowledge and belief that I am/we are fully aware that this application shall be voided and appropriate action will be taken against me for willfully providing false or untrue information. Signature of Applicant Signature of Co-Applicant Date Date