

For State of Hawaii Use Only

Grant applicant number _____

Grant amount _____

EXHIBIT D
LOSS MITIGATION GRANT APPLICATION FORM
FOR CONDOMINIUM ASSOCIATION OF APARTMENT OWNERS ("AOAO")

NOTE: If the AOAO was not a policyholder of the Hawaii Hurricane Relief Fund, then an application from the AOAO may not be submitted until September 2007.

SECTION ONE: On behalf of the following AOAO _____

located at _____

I hereby apply to the State of Hawaii for wind resistive device grants for each of the units in the AOAO as shown on the attached schedule.

I have attached a typed schedule containing the following information for each unit:

- (a) Tax Map Key of each unit;
- (b) The units address and number;
- (c) The name(s) of the unit owner(s).

Island where the property is located (e.g. Oahu)

The condominium association was a former policyholder of the Hawaii Hurricane Relief Fund (circle one): Yes No

This application is for a retrofit to a (circle one): Dwelling Attached garage Both

The wind resistive devices were installed by the following date: _____.

The per dwelling cost of the wind resistive devices retrofit was \$_____.

35 percent of the per dwelling cost of the wind resistive devices retrofit was \$_____.

I represent that the grant amount applied for per dwelling does not exceed 35 percent of the total cost of the retrofit per dwelling.

The grant amount applied for equals \$ _____ per dwelling multiplied by _____ dwellings. If the grant amount applied for varies for different dwellings, please attach a schedule showing the grant amount per dwelling.

I am applying for an aggregate grant in the amount of \$ _____ .

SECTION TWO: The wind resistive devices for which I am seeking a grant fall into the following category/categories (check each one applicable):

- _____ Uplift restraint ties at roof ridges and roof framing members to wall or beam supports;
- _____ Fastening of existing or new roof sheathing and roof decking for high wind uplift;
- _____ Impact and pressure resistant exterior opening protective devices (if pre-approved by the State);
- _____ Wall to foundation uplift restraint connections strengthening for wood foundation posts on footings (subject to prior approval of engineering drawings);
- _____ Residential safe room (subject to prior approval of engineering drawings).

The check should be mailed to the following address (if different from property address):

The check should be made out to the following payee name:

My name is: Suffix _____ First Name _____ MI _____

Last Name _____ Title: _____

My phone numbers are: _____ (residence) _____ (business).

SECTION THREE: I have attached (a) receipts for all costs of installation and inspection of wind resistive devices for which I am seeking grant moneys; (b) photographs representative of the wind resistive devices which were installed and for which I am seeking grant moneys; (c) photographs of the manufacturer's labels for the products and fasteners installed; and (d) a signed and completed contractor certification in the proper form (or inspector certification for do it yourself retrofits).

SECTION FOUR: I represent that: (a) I have read and understood the Loss Mitigation Grant Program Guidelines and the Wind Resistive Devices Grant Program Technical Specifications Version 2.1; (b) all requirements set forth in these documents have been met by me; and (c) I agree to be bound by all requirements set forth in these documents.

SECTION FIVE: ACKNOWLEDGMENTS, REPRESENTATIONS AND AGREEMENTS OF APPLICANTS ON BEHALF OF THE ASSOCIATION AND ITS MEMBERS.

By using this application and signing below, the Applicant(s) acknowledge(s) that the State of Hawaii makes no representations, guaranty, or warranty, either express or implied, regarding the performance or effectiveness of the wind resistive devices, installed pursuant to the Wind Resistive Devices Technical Specifications, in actual wind conditions including tropical storms and hurricanes with respect to protecting property, loss prevention, life safety and protection purposes, or fitness for a particular purpose. Applicants acknowledge that installation of wind resistive devices may not protect either their homes or persons within the home and/or garage from any loss or injury. Applicant(s) further acknowledge(s) that the grant program is subject to availability of funds, which are limited, and also recognize that the Applicant(s) may receive no funds. Applicant(s) understand(s) and agree(s) that nothing contained herein shall be construed as conferring upon any Applicant(s) any right to payment for any wind resistive device or installation. The State of Hawaii reserves the right to modify the information contained in its grant program documents without notice. Applicant(s) acknowledge(s) and agree(s) that in no event shall the State of Hawaii be liable for any damages or loss sustained by any Applicant(s) due to the Applicant's utilization of any wind resistive device or any information contained in the Wind Resistive Devices Technical Specifications. Any and all use of or reliance upon wind resistive devices or the information contained in the Wind Resistive Devices Technical Specifications, including but not limited to any selection of products or vendors, is solely the Applicant's responsibility and the Applicant(s) assume(s) all risks and liabilities, if any, with respect to the use of the wind resistive devices or the information contained on this application, the Loss Mitigation Grant Program Guidelines or in the Wind Resistive Devices Technical Specifications. The State of Hawaii does not assume any responsibility for the accuracy or completeness of any information contained in this application or the Wind Resistive Devices Technical Specifications. This application, the Wind Resistive Devices Technical Specifications, and all information and material contained therein or provided pursuant thereto are provided to the Applicant(s) as is without warranty of any kind. Applicant(s) swear(s) or affirm(s) under penalty of law that the information in this application is true and correct to the best of his/their knowledge and belief.

Signature: _____ Date: _____

Print name: _____

Print title: _____