



STATE OF HAWAII
DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM
HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION

08:FIN/1108

677 QUEEN STREET, SUITE 300

HONOLULU, HAWAII 96813

FAX: (808) 587-0600

April 11, 2008

Dear Applicant:

Subject: Pineapple workers and retirees housing assistance fund program

Thank you for your interest in the Pineapple Workers and Retirees Housing Assistance Fund Loan Program (the "Program"). The Hawaii Housing Finance and Development Corporation (HHFDC) will be processing your application to determine your eligibility under the Program. Attached is an Application Packet consisting of the following:

1. Informational Brochure. Provides information on the basic requirements of the Program. You may retain this for your files.
2. Application. Complete all applicable information. If the information is not applicable, please indicate with "N/A".
3. Landlord Information Sheet. Please have your Landlord complete and return along with your Application. (Only if you are requesting rent payment assistance.)

In order to complete your application, you will also need to provide the HHFDC with the following documents along with your application:

1. Copies of most recent pay stubs for the entire month, for each applicant/household member (retirees should provide copy of annual benefit statement from social security office and/or company providing the benefit);
2. Copies of most recent bank/credit union, etc. statements (for savings, checking accounts, bonds, etc.), for the entire month, for each applicant/household member; and
3. Copy of latest filed signed federal tax return for each applicant/household member, if self-employed.
4. Copy of current rental agreement and Landlord Information Sheet or mortgage payment statement/coupon and executed mortgage document.

Please return the completed Application and Landlord Information Sheet (if applicable) along with copies of the requested documents to the HHFDC, 677 Queen Street, Suite 300, Honolulu, HI 96813, Attention: Lloyd Fukuoka.

The HHFDC will process only complete applications. If information is missing, there will be a delay in the processing of your application. **Therefore, please call Lloyd Fukuoka at (808) 587-0579 to set up an appointment to go over the completed application.**

If you have any questions please call Lloyd Fukuoka at (808) 587-0579.

Sincerely,

Orlando "Dan" Davidson
Executive Director

Attachments

State of Hawaii
Hawaii Housing Finance and Development Corporation
677 Queen Street – Suite 300
Honolulu, Hawaii 96813

INFORMATIONAL BROCHURE
PINEAPPLE WORKERS and RETIREES HOUSING ASSISTANCE FUND LOAN PROGRAM

The purpose of the Pineapple Workers and Retirees Housing Assistance Fund Loan Program (the "Program") is to provide housing subsidy assistance for eligible Del Monte Fresh Produce pineapple workers and retirees and their families who are displaced or affected by the closure of Del Monte Fresh Produce and, who as a result of the closure, require assistance to make mortgage or rental payments on their homes.

Eligibility Requirements

An applicant shall be eligible for a subsidy under the Program if:

1. The applicant is/was employed by Del Monte Fresh Produce on the date of the announcement of closure of Del Monte Fresh Produce on February 1, 2006 or has retired from Del Monte Fresh Produce, and
2. a.) The applicant's eligible mortgage payment or rent payment exceeds 30 per cent of gross household income,
or
b.) The applicant can demonstrate that the eligible mortgage or rent payments are delinquent.

Eligible Housing Assistance

1. Assistance with first mortgage payment or rent payments as noted in Eligibility Requirements item #2 above, up to a maximum of \$1,000 per month.
2. Housing assistance paid on a monthly basis for a maximum of 6 months.
3. Housing assistance funds may not be used for the applicant's portion of financial responsibility for government subsidized housing.

General Terms and Conditions

1. Housing assistance shall not exceed a maximum of \$1,000 per month for a period not to exceed 6 months, or a total maximum of \$6,000 per eligible applicant. The assistance shall terminate at the earlier of complete disbursement of the maximum amount of subsidy, at the end of the six month period, or if the applicant no longer meets the qualifications of the Program.
2. The actual amount of the monthly assistance is calculated at 70% of the eligible applicant's mortgage payment or rent payment, up to the maximum of \$1,000 per month.
3. Only one Program assistance grant shall be made per currently existing household.
4. Occupancy Requirement:
The applicant shall utilize the residence as his or her principal residence.

The above requirements, and general terms and conditions may be subject to change, and does not reflect items that the HHFDC may be required to review, as well as items and statements that the HHFDC will require to be signed by the applicant and landlord (if applicable), including but not limited to an Affidavit, Tenant Agreements and Landlord Agreements.

If you have any questions please call Lloyd Fukuoka at (808) 587-0579.

APPLICATION
PINEAPPLE WORKERS AND RETIREES HOUSING ASSISTANCE FUND PROGRAM
 STATE OF HAWAII
 HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION
 677 QUEEN STREET, SUITE 300
 HONOLULU, HAWAII 96813

Instructions: Please print and complete each section/item on this application. If not applicable to you write "N/A".

I. APPLICANT INFORMATION: (Head of Household – Family Member No. 1 – Meets the Requirement of the Program)

Applicant First Name	Applicant Middle Initial	Applicant Last Name			
Del Monte Fresh Produce Employee Bango No. _____					
Date of Employment with Del Monte Fresh Produce: Start Date _____ Termination or Retirement Date _____					
Social Security Number	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Work Phone	Cell Phone
Address	City	State	Zip Code		

II. HOUSEHOLD COMPOSITION: LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU (ATTACH ADDITIONAL SHEET IF NECESSARY)

Family Member No.	FULL NAME	RELATIONSHIP TO APPLICANT <small>(Co-Head, Spouse, Son, Daughter, etc)</small>	Sex <small>(M or F)</small>	BIRTHDATE	SOCIAL SECURITY NUMBER
2					
3					
4					
5					
6					
7					
8					
9					

RENTAL UNIT INFORMATION: Present monthly rent: \$ _____
(Provide completed and executed Landlord Information Sheet signed by Landlord and copy of current executed rental agreement.)

Are you sharing the unit with another person or family that is not part of your application? Yes No

-OR-

MORTGAGE INFORMATION: Present monthly mortgage payment: \$ _____
(Provide copy of monthly mortgage payment statement/voucher and copy of executed mortgage document.)

Are you sharing the residence with another person or family that is not part of your application? Yes No

III. COMBINED MONTHLY INCOME: List everyone on the application who is receiving income (Working, Government Assistance, Social Security, pensions, etc.) (Use additional sheet if more space is needed)

FAMILY MEMBER NO.	SOURCE OF INCOME	MONTHLY GROSS INCOME
1		
2		
3		
4		
5		
6		
7		
8		

***Provide last month pay vouchers or if retired annual benefit statement.**

***Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.**

IV. ASSETS: Report if anyone on the application has assets. Assets are any savings, checking accounts, property/real estate, stocks, bonds, profit sharing, lump sum settlements and joint accounts. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FAMILY MEMBER NO.	TYPE OF ASSET	VALUE OR BALANCE	NAME OF INSTITUTION	ACCOUNT NUMBER
1				
2				
3				
4				
5				
6				
7				
8				

***Provide copies last full month savings/checking/stock statements, etc.**

V. ACKNOWLEDGMENT AND AGREEMENT – PLEASE READ THIS STATEMENT VERY CAREFULLY. BY SIGNING, YOU ARE AGREEING TO ITS TERMS.

The undersigned specifically acknowledge(s) and agree(s) that: (1) all statements made in this application are made for the purpose of obtaining the housing assistance requested by this application; (2) verification of any information contained in this application may be made at any time by the HHFDC, from any source named in this application, and the original copy of this application will be retained by the HHFDC, even if the request is not approved; (3) the HHFDC, will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in the application if any of the material facts which I/We have represented herein should change prior to the disbursement of any housing assistance.

Authorization: I/We hereby authorize HHFDC, to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my application. The information the HHFDC obtains is only to be used in the processing of my application for housing assistance.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/own signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the HHFDC, and any other person who may suffer any loss due to reliance upon misrepresentation which I/we have made on this application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

STATE OF HAWAII
HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION (HHFDC)
677 Queen Street – Suite 300
Honolulu, HI 96813
Telephone (808) 587-0570

PINEAPPLE WORKERS AND RETIREES HOUSING ASSISTANCE FUND PROGRAM
LANDLORD INFORMATION SHEET

RE: _____
(Tenant)

TO LANDLORD: The above-mentioned Tenant is applying for rental assistance under the Pineapple Workers and Retiree Housing Assistance Fund Program. Please complete this form which will be attached to Tenant's application to the HHFDC.

If the Tenant is eligible under the Program, a Landlord Rent Subsidy Agreement (the "Agreement") will be mailed to you for your review and signature.

LANDLORD'S LEGAL NAME: _____ Phone: _____
(Business) (Home)

MAILING ADDRESS: _____
(City) (State) (Zip)

If Landlord has AUTHORIZED AGENT/MANAGER acting on his behalf, give name of the AUTHORIZED AGENT/MANAGER: _____ Phone: _____
(Business) (Home)

MAILING ADDRESS: _____
(City) (State) (Zip)

NOTE: Landlord/Tenant Code requires absentee Landlord to designate an agent on the same island as the rental unit.

INDICATE BELOW TO WHOM THE CHECK SHOULD BE MADE PAYABLE AND WHERE IT SHOULD BE SENT. (Note: Check cannot be made payable to the Tenant)

PRIMARY PAYEE: _____
ALTERNATIVE PAYEE, IF DESIRED: _____

PRIMARY PAYEE'S SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER: _____
If using Federal I.D. NUMBER, please provide name(s) on Federal I.D. Number application form: _____

IMPORTANT NOTE: An IRS form 1099 for rental income paid will be issued to the Primary Payee at the end of the year. For this reason, the IRS requires that the Social Security or Federal I.D. Number you have given above is the number that was actually issued to the Primary Payee.

MAIL CHECK TO: _____

ADDRESS OF RENTAL UNIT: _____

EFFECTIVE DATE OF LEASE: _____

THE LEASE IS PRESENTLY: CURRENT _____ DELINQUENT _____
If delinquent last paid to date: _____

COMPLETED BY: _____ DATE: _____
Signature Title