

# 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 \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Alien Reg # \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Alien Reg # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HOUSEHOLD INFORMATION** - List all individuals who will live in the home to be purchased (including applicant, spouse/co-applicant, children, etc.) and provide the information requested:

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Disabled/Veteran/Full-time Student</u> (Please indicate, if appropriate)
_____	Self	_____	_____
_____	Spouse	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME INFORMATION** - List all jobs held by all individuals who will live in the home.

<u>First Name</u>	<u>Employer</u>	<u>Job Title</u>	<u>Years Worked</u>	<u>Hrs Per Week/ Hourly Wage</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____	_____/_____	_____
_____	_____	_____	_____	_____/_____	_____
_____	_____	_____	_____	_____/_____	_____
_____	_____	_____	_____	_____/_____	_____

Is anyone who will live in the house self-employed?  No  Yes (If answer is "Yes" please complete below)

Past Two Years		Actual Current	Projected	Projected
Year 20____	Year 20____	Year	Current Year	Next Year
From____ To____	From____ To____	YTD____/20____	From____ To____	

Total Business Income (+) \_\_\_\_\_  
 Total Business Expenses (-) \_\_\_\_\_  
 Net Business Income (=) \_\_\_\_\_

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

First Name	Source of Income	Gross Monthly Benefit Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIQUID ASSETS (SAVINGS ACCOUNTS AND AVERAGE SIX-MONTHS BALANCE OF CHECKING ACCOUNTS)**

Name and Branch of Institution (Bank, Credit Union, etc.)	Type of Account/ Account Number	Amount in Account	Passbook Rate
_____	_____/_____	_____	_____
_____	_____/_____	_____	_____
_____	_____/_____	_____	_____

**RETIREMENT ASSETS (IRA, 401K, KEOGH, PENSION PLANS)**

**SECURITIES, STOCKS, BONDS, SAVINGS CERTIFICATES, MONEY MARKET FUNDS AND OTHER INVESTMENT ACCOUNTS**

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 own a share of land?  No  Yes Percentage of ownership: \_\_\_\_\_%  
 Location: \_\_\_\_\_ Tax Map Key: \_\_\_\_\_

Do you own a house, or do you own a share of a house?  No  Yes Percentage of ownership: \_\_\_\_\_%  
 Location: \_\_\_\_\_ Tax Map Key: \_\_\_\_\_

