

County of Maui
Department of Housing

1935 Main Street, Suite 204, Wailuku, HI 96793
Phone : 808-242-5761 Ext. 23
Website: www.lokahipacific.org

Ohana Assistance Pilot Program Application

Please fill out this form completely Put "N/A" when not applicable.

Must be postmarked or hand delivered by the

Application Deadline of July 31, 2024, at 4 pm

Amount Requested: \$ _____ Maximum grant amount is \$100,000.

Applicant Information

Name: _____
(full legal name: First, Middle, Last, Suffix)

SSN: _____

Home Phone: _____ Cell Phone: _____

Relationship of Applicant to owner on title: _____

Name: _____
(full legal name: First, Middle, Last, Suffix)

SSN: _____

Home Phone: _____ Cell Phone: _____

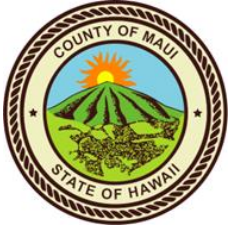
Relationship of Applicant to owner on title: _____

Name on Title: _____

Address of Property: _____

City: _____ State: _____ Zip Code: _____

Property TMK: _____ Acreage/Sq ft. _____



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Mailing Address (if different from Property Address):

City: _____ State: _____ Zip Code: _____

Years property owned: _____ Years as owner/occupant: _____

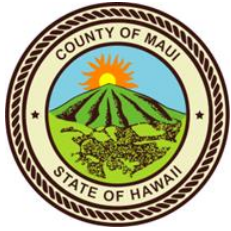
Are you current on all mortgage payments, property taxes, etc.? Yes ___ No ___

If no, please explain _____

Why do you want to build an accessory dwelling on your property?

What funds do you have available to complete this construction in case your grant amount does not cover the final cost of this project?

What are your options to cover the ongoing expenses of this unit should this rental unit not be producing income on a regular basis?



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Ohana Assistance Pilot Program

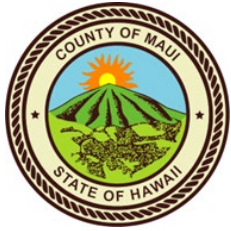
CHECK LIST

Thank you for your interest in this program. Please use this checklist of documents needed to complete your application package. The County of Maui and Lokahi Pacific reserve the right to request additional documents at any time.

1. Ohana Assistance Pilot Program application
2. Supporting documents:
 - a. Financing (HELOC, Savings, etc.) Preapproval letter, Statement of Funds
 - b. Approved Architectural or Building plans.
 - c. Approved Building Permit – MAPPS
 - d. Budget, Cost to Build, and Timeline
 - e. Copy of deed for the subject property
 - f. Copy of Parcel Information sheet from the County of Maui Property Tax website
 - g. a current photo of the main house (owner occupied) on this property along with a photo of the site for the ADU you wish to build.
 - h. Current Hawaii ID or Driver's license for each applicant (copy)

DISCLOSURES

- A. Grant is not to exceed \$100,000.
- B. Annual reporting is required for all grant recipients to confirm/verify workforce housing compliance.
- C. Grant is subject to 10-year deed restriction to provide workforce housing (tenant rent rate determined by HUD and documented on www.MauiCounty.gov Housing Division).
- D. Grant recipient must be owner/occupant and full-time resident of Maui County during the deed restriction period.
- E. Grant recipient must repay 100% of the Grant if property is converted to a Condominium property regime after the award is given.
- F. Grant is subject to County of Maui Buy-back provisions if property is sold during deed restriction time period (from 100% in year one to 10% in tenth year).
- G. Grant only one award per owner or property.
- H. Grant applicants who are in preconstruction phase of development are eligible to apply. Accessory Dwelling Unit (ADU) projects that are currently under construction are not eligible for this grant.
- I. Grant Transient or Short-term rental of ADU is prohibited in perpetuity.



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- J. Grant funds will be dispersed in four equal payments after on-site inspections; first upon award approval, second after the foundation and framing inspections have passed, the third after preliminary or rough plumbing and electrical inspections have passed, and fourth after final plumbing, electrical and building inspections have passed.
- K. Each grant recipient must verify the Ohana tenant household is qualified to rent the Ohana constructed with these grant funds. Tenant household total adjusted gross income must be at or below 120% Area Median Income. Tenants must be permanent full time Maui County resident. Grant recipients will be required to verify household tenant qualifications by providing for review, all signed federal and state tax returns used to determine eligibility or any other documents used to determine eligibility. Qualifications will be reviewed and verified by the Department of Housing or its designee prior to tenant approval for the unit. Grant recipients may also choose to allow no cost occupancy of the Ohana exclusively to permanent, full-time Maui County Residents who qualify.

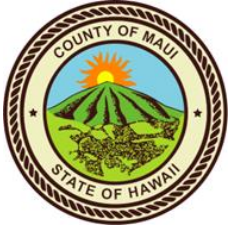
Ohana Assistance Pilot Program

Grant funds are available for all islands of Maui County (Lanai, Maui & Molokai)

Application Deadline: Application packages must be hand delivered or postmarked no later than 4 pm on July 31, 2024. Applications will be reviewed by a select committee and applicants can only receive a high score if all supporting documents on the check list are provided and verified to be accurate, with shovel ready applicants receiving the highest scores for processing. Depending on the number of qualified applicants who meet the shovel ready criteria, a short list lottery may be required.

Questions? Please contact the Lokahi Pacific office at 808-242-5761, Ext 23. You can also email Susie Thieman at susie@lokahipacific.org for further assistance.

**Lokahi Pacific
1935 Main Street, Suite 204
Wailuku, HI 96793**



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Certification by Applicant/s

I/we hereby certify that any proceeds of this Ohana Assistance Pilot Program will only be used for the purposes outlined in my application, that I/we may simultaneously apply for other State or Federal funding but no expenses paid for under this program will be included in other applications to ensure it is not paid for more than once, that I/we have the authority to make this certification and that all of foregoing is true and correct. I/we agree to follow the terms of the Residential Workforce Housing Policy (Chapter 2.96) as outlined in this application, I/we also pledge to make the required Annual compliance reports and to notify the Department of Housing in writing in the event that I/we might decide to sell the property during the ten-year deed restriction period. I/we further certify that I/we will maintain the property's owner-occupied residential real property tax class during the term of this grant program. I/we also acknowledge receipt of the 'Ohana Assistance Program Grant Application Requirements on _____, 2024.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

STATE OF HAWAII)
) SS.
COUNTY OF MAUI)

On this ____ day of _____, 2024, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

IN Witness WHEREOF, I have hereunto set my hand and official seal.

Notary Public, State of Hawaii

Print Name: _____

My commission expires: _____

(SEAL)

NOTARY PUBLIC CERTIFICATION

Doc. Date: _____ # Pages: _____

Notary Name: _____ Judicial Circuit: _____

Doc. Description:

Notary Signature: _____

Date: _____