



HAWAII COMMUNITY REINVESTMENT CORPORATION

PAUHI TOWER, SUITE 2395
1001 BISHOP STREET, HONOLULU, HAWAII 96813
PHONE (808) 532-3110 • FAX (808) 524-1069

MORTGAGE LOAN APPLICATION

1. Borrower: _____
2. Mailing Address: _____
3. Contact Person: _____
Telephone Number: _____
Fax Number: _____
E-mail Address: _____
4. Form of Organization: _____
5. If Corporation, state type: _____
6. State in which organized: _____
7. Federal I.D./Social Security Number _____
8. Hawaii GET Number _____
9. Provide the following information on all general and limited partners (10% ownership or more), shareholders (20% ownership or more), officers and directors:

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>SSN</u>

10. Loan Amount Requested: _____
11. Purpose (new construction, refinance, rehab, etc.): _____
12. Desired Closing Date: _____

13. Provide the following information with regard to obligations that are to be paid from loan proceeds:

<u>Debtor Name and Address</u>	<u>Debtor Contact</u>	<u>Loan Number</u>	<u>Approximate Balance</u>
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14. Real Property Security:

A.	Street Address:	
B.	TMK:	
C.	Description (type, use, size, stories, units, enhancements, etc):	
D.	Project Name:	
E.	Year placed in service:	
F.	Fee or Lease (if Lease, provide a copy):	
G.	Land Area:	
H.	Describe encroachments into property, if any:	

15. Financing Plan:

Total Amount Required (development budget, purchase price, etc.):	
Sources:	
First Mortgage:	
Second Mortgage:	
Tax Credit Syndication:	
Trust Fund:	
Other:	
Other:	
Total:	
Developer Equity:	

16. If property to be improved:

A.	Contractor:	
	Address:	
B.	Architect:	
	Address:	

17. Insurance:

A.	Agency:	
	Address:	
	Contact Person:	

B. Coverage:

Fire and Extended Coverage:

Rent Insurance:

Liability:

Hurricane:

Flood:

18. Title Insurance Company:

19. Escrow Company:

20. Counsel:

Firm:



Borrower's Certification & Authorization

Certification

The undersigned certify the following:

I/We have applied for a loan under the Mortgage Loan Program from Hawaii Community Reinvestment Corporation ("HCRC"). In applying for a loan, I/we completed a loan application containing information concerning the purpose of the loan, the amount, employment and income records, and assets and liabilities. I/We certify that all the information provided to HCRC is true and complete and that I/we made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

I/We understand and agree that HCRC reserves the right to change the loan review process at any time to a full documentation program if less than full and complete documentation were initially requested at the time of application. This may include verifying with employers, financial institutions or other sources any and all information provided in my/our loan application or additionally requested.

Authorization to Release Information

To Whom it may Concern:

I/We have applied for a loan from HCRC. As part of the loan application process, HCRC may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or, after the loan is closed as part of HCRC's quality control program.

I/We authorize you to release to HCRC, or its authorized agent(s) ("Agent"), such as any credit reporting agency HCRC may designate, or any investor to whom HCRC may sell my/our loan, any and all information HCRC or its Agent may request. Such information may include my/our present and past employment history and income, bank accounts and loan balances, ownership interest in securities (stocks and bonds) and related account balances, credit history and rating, payment history for current and previous rent or mortgage payments, copies of income tax returns, and all other information as may be required by HCRC and its Agent.

HCRC or its Agent may address this authorization to any party named in my/our loan application. A copy of this authorization, bearing my/our signature(s), may be accepted as an original.

Your prompt response to any requests you may receive from HCRC or its Agent will be appreciated.

Signed by: _____ Name: _____ Date: _____

Signed by: _____ Name: _____ Date: _____