



## Kamakoa Nui Affordable Housing Homeowner's Request Form

**To: County of Hawaii  
Office of Housing & Community Development  
West Hawaii Civic Center, Building B – 2<sup>nd</sup> Floor  
74-5044 Ane Keohokalole Highway  
Kailua Kona, HI 96740**

**From (List All Owners On Record):** \_\_\_\_\_  
\_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Tax Map Key (TMK) Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email and Phone Contact:** \_\_\_\_\_

Owner or Owner's authorized representative, please select an activity from the list below.  
Information will be sent to the person named in the form by **FAX, MAIL, or EMAIL.**

- I would like a mortgage refinance. (Complete Lender's information on page 2).
- I would like to sell my property.
- I would like to transfer the property into/out of a Revocable Living Trust.
- I would like to change the title to the property (i.e. add or removed from title).
- I would like to receive a Design Review Committee Application.
- I would like to request a document—Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Other—Please Specify (attach additional pages if necessary): \_\_\_\_\_  
\_\_\_\_\_



**Homeowner's Signature(s):**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete the information below to consent authorization to a third party:**

**Owner, Owner's Authorized Representative, or Lender's Information:** If requested, the undersigned requestor shall provide a copy of the owner's written authorization (i.e. borrower authorization, listing agreement, etc.) to obtain the requested information. The owner must sign to consent to release information to the party below.

**By checking this box, I agree to give consent for OHCD to work directly with my Authorized Representative or Lender provided below.**

Homeowner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Party Authorized Representative and/or Lender:**

Name of Requestor: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Company Name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any additional details for affiliates parties that may be contacted on behalf of the homeowner (Escrow company, original lender, appraisal company etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_