



HAWAII GREEN INFRASTRUCTURE AUTHORITY (HGIA)

Green Energy Money \$aver On-Bill Program

Residential Property Owner (Landlord) (Individual(s)) Application

APPLICATION This is not a contract for a loan nor does it lock you into any commitment with a contractor. This is an application that will allow you to proceed with your request for a loan to finance an energy improvement on your investment property. This will include reviewing your credit history.

All parties listed on title to the property must be applicants on the loan. Properties held in trust may be eligible for financing if all named trustees apply for the loan and meet program eligibility requirements. Use additional application forms, if necessary, and fill out only Sections 7 and 9 for additional applicants. A full trust review will be performed if the property is held in a trust. The review is subject to a \$167.54 fee per trust. Properties with multiple trusts will be subject to additional fees. Paying the fee for the trust review does not guarantee a loan.

Please complete all fields. Incomplete applications will be returned to you for completion. Only approved energy improvements that have not been started are eligible for financing. Upon completion of the application, please sign the Application below and attach a completed and signed Personal Financial Statement and Personal Tax Returns. If applicable, please also submit your long-form trust(s) and lease. If submission issues arise, please call the Hawaii Green Infrastructure Authority at 808-587-3868 for alternate methods of submitting this form.

CHECKLIST Please submit the following documents and information with the completed application.

Personal Information

Individuals with 20% or greater ownership interest in the Installation Property

Personal Financial Statement, current within 60 days (Form attached)
Personal Federal tax returns for the last two years (signed by taxpayer(s)), including all schedules and K-1s

Legal Documents (as applicable)

Trust - Long-Form Trust Agreement with all exhibits, if applicable Lease - Copy of Lease Agreement, if applicable

1. PRE-APPLICATION SURVEY

How did you hear about the GEM\$ On-Bill Program? (check all that apply)

- Contractor, Tenant, News/Radio/TV, Online (Internet), Utility Ads/Newsletter, Public Events, Hawaii Energy, Friends & Family, Other

Which of these do you have in your rental property? (check all that apply)

- Washer; Age of Washer, Dryer; Age of Dryer, Kitchen Refrigerator; Age of Kitchen Refrigerator, 2nd Refrigerator; Age of 2nd Refrigerator, Chest Freezer; Age of Chest Freezer, Solar Hot Water (SHW) heater; Age of SHW Heater, Solar PV System; Age of Solar PV System, LED or CFL Light Bulbs, WIFI

Which energy savings product(s) would you most likely be interested in installing in your rental property within the next three (3) years? (check all that apply)

- Washer, Dryer, Kitchen Refrigerator, Solar Hot Water Heater, Solar PV System, LED or CFL Light Bulbs, Other

Where are you most likely to go to get assistance or training regarding managing energy costs and finances? (check all that apply)

- Church, Community Event, School/Class, Online, Accountant/Tax Preparer, Financial Advisor, Other

Is there anyone you know that could benefit from lowering their energy costs? Yes (please indicate below) No

Name: Phone: Email:

2. ENERGY IMPROVEMENT

Which GEM\$ Approved Energy Improvement would you like to install? (check all that apply)

- Solar Thermal Hot Water Heater, Solar PV Water Heater, Heat Pump Water Heater, Solar PV System

3. INSTALLER INFORMATION

Have you met with a GEM\$ Approved Installer regarding this installation? Yes (please indicate below) No

Contractor Name: Contact Name:

4. ADDRESS OF RENTAL PROPERTY(IES) Attach additional rental property addresses as required.

Street Address (Street, City, State, Zip Code)

5. TENANT OR PROPERTY MANAGER INFORMATION Attach additional tenant/PM information as required.

Table with 4 columns: Tenant Name (first, middle, last), Email, Home Phone, Cell Phone. Two rows for tenant information.

6. PROPERTY MANAGER INFORMATION Attach additional Property Manager information, as required.

Property Manager Contact Name (first, middle, last)	Email:	Work Phone:	Cell Phone:
Property Management Company Name			
Property Management Company Street Address (Street, City, State, Zip Code)			

7. PROPERTY OWNERSHIP INFORMATION Please list and complete for all parties named on title to the rental property (including Trusts): First, Middle, Last if Individual. Attach additional owner information as required.

Name of Property Owner #1 (first, middle, last)	Social Security Number:	Date of Birth:	Home Phone:	Mobile Phone:
Residence Address (street address, city, state, zip)	Email:	Monthly Gross Income: \$	Do you have a Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different) (street address, city, state, zip)				
Employer Name		Employer Address (street address, city, state, zip)		
Occupation/Position:	Number of Years Employed:	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Nearest Relative Not Living With You (first, middle, last)		Address (street address, city, state, zip)		
Relationship to Property Owner #1:	Home Phone:	Mobile Phone:		

Name of Property Owner #2 (first, middle, last)	Social Security Number:	Date of Birth:	Home Phone:	Mobile Phone:
Residence Address (street address, city, state, zip)	Email:	Monthly Gross Income: \$	Do you have a Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different) (street address, city, state, zip)				
Employer Name		Employer Address (street address, city, state, zip)		
Occupation/Position:	Number of Years Employed:	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Nearest Relative Not Living With You (first, middle, last)		Address (street address, city, state, zip)		
Relationship to Property Owner #2:	Home Phone:	Mobile Phone:		

Name of Property Owner #3 (first, middle, last)	Social Security Number:	Date of Birth:	Home Phone:	Mobile Phone:
Residence Address (street address, city, state, zip)	Email:	Monthly Gross Income: \$	Do you have a Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different) (street address, city, state, zip)				
Employer Name		Employer Address (street address, city, state, zip)		
Occupation/Position:	Number of Years Employed:	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Nearest Relative Not Living With You (first, middle, last)		Address (street address, city, state, zip)		
Relationship to Property Owner #3:	Home Phone:	Mobile Phone:		

8. SYSTEM OWNER (For Solar Tax Credits)

Name of Entity(ies) or Person(s) who will claim Tax Credit:

If the entity(ies) or person(s) claiming the Tax Credit is not one of the Property Owner(s), please indicate relationship to Owner(s):

9. DISCLOSURE AND AGREEMENT REGARDING GEM\$ APPLICATION

By completing and submitting an Application, I/we certify that I/we am/are of legal contracting age and that I/we have read, understand, and agree to all of the terms and conditions of the GEM\$ Program. By signing below, I/we certify that all information provided on this Application is true, correct and complete. I/We authorize HGIA to obtain credit reports in connection with my/our loan request. If necessary, I/we further agree to provide additional information to HGIA to underwrite and review this Application. I/we hereby authorize HGIA to retain this Application whether or not it is approved.

I/we further agree, that HGIA may communicate and share with my/our tenant and/or property manager and the Contractor identified in Section 3 above, or subsequently identified by me/us to HGIA, and disclose orally and/or in writing, the following information regarding this Application: whether this Application has been pre-approved by HGIA and any additional items requested by HGIA in order to complete the processing of my/our request; whether this Application has been approved by HGIA so that my/our tenant and/or property manager and Contractor can proceed with scheduling the work; and whether this Application has been denied so that the tenant and/or property manager and Contractor are informed that I/we are unable to proceed with this project.

I/we understand that the contractor completing my/our installation will be funded for the full amount due on the project contract with me/us, less the origination fee, upon satisfactory completion of the installation. No origination fees shall be paid directly by me/us to either HGIA or the contractor, and the origination fee shall be reflected in the Annual Percentage Rate (APR) for the financing made available to me/us.

I/we understand and agree that HGIA does not guarantee the security of any data submitted electronically and will not be held responsible or liable for interception by third parties. I/we understand and agree that in no event will HGIA be liable for any technical, hardware or software failure of any kind, any interruption in the availability of this service, any delay in operation or transmission, any incomplete transmission, computer virus, loss of data, or other similar loss.

I/we understand that as an agency of the State of Hawaii, HGIA is subject to section 92F-12(a)(8) of the Hawaii Revised Statutes, which requires agencies to collect and make available upon request "the name, address and occupation of any person borrowing funds from a state or county loan program and the amount, purpose, and current status of the loan."

I/we also authorize and grant HGIA unrestricted permission to share the information provided on this Application and subsequent Program information related to the on-bill obligation (OBO), which will be the amount financed by HGIA to install the approved Energy Improvement until the OBO is paid in full, with HGIA's Servicing Agent, HGIA's Board of Directors, the electric utility, the Public Benefits Fund Administrator (currently known as Hawaii Energy) and the State of Hawaii.

I/we understand I/we must meet all eligibility criteria and requirements of the GEM\$ Program and my/our tenant(s) must also meet all of the eligibility criteria and requirements of the GEM\$ Program, including at least an estimated 10% net utility bill savings for each Energy Improvement requested and utilize a GEMS Approved Contractor. If approved, I/we agree to disclose to all current and future tenants the existence of the on-bill obligation and related Program Charge on my/our investment property's electric utility meter and submit to HGIA completed GEM\$ Disclosure and Subsequent Participant Utility Authorization forms signed by future tenants.

The federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission Consumer Response Center Washington, DC 20580 1-877-FTC-HELP (1-877-382-4357) TDD: 1-866653-4261 www.ftc.gov.

By signing this Application, I/we confirm that I/we have received HGIA's Privacy Notice as part of this Application packet. I/we also agree that I/we may, but am not required to, agree to and accept the terms of this Application by electronic means, and that my/our submission of this Application by electronic means shall be sufficient evidence of my/our agreement to do so by electronic means.

Owner #1 Name:	Owner #1 Signature:	Date:
Owner #2 Name:	Owner #2 Signature:	Date:
Owner #3 Name:	Owner #3 Signature:	Date:

Upload Valid Government ID for Owner #1

Upload Valid Government ID for Owner #2

Upload Valid Government ID for Owner #3

Upload Personal Financial Statement

Upload Tax Return From the Previous Year

Upload Tax Return from the Previous 2 Years

Upload Long-Form Trust

Upload Lease Agreement



PERSONAL FINANCIAL STATEMENT

HAWAII GREEN INFRASTRUCTURE AUTHORITY (HGIA)

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each general partner, or (3) each individual with 20% or greater ownership interest (excluding limited partners), or (4) any person or entity providing a guaranty on the loan. For entities, please provide company financial statements and tax returns.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I/We authorize HGIA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I/We certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I/We authorize HGIA both now and in the future, to obtain consumer credit reports in my/our name(s) as individuals and to provide credit bureaus and others with information about HGIA's experience with me/us and the Applicant Business.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____