



Affordable Rental Housing Application Package Checklist

Please	e provide the following documentation:
	Affidavit of Eligibility for City-Regulated Affordable Housing Units
	Application for City-Regulated Affordable Housing Units
	Kanekapolei Collection Certification
	Employment Verification
	Most recent two months' pay stubs or other documentation of income, including Social Security and VA benefits
	Zero Income Certification (if no income)
	Last two years' tax returns, including all applicable schedules and W-2 / 1099
	Asset Documents- 2 most recent statements for ALL bank accounts; plus any other asset ownership documents
	Photo ID of all household members and Proof of Hawaii Residency
	Other supporting documents (divorce decree, marriage certificate, etc.)
	\$25 credit application fee <i>per applicant</i> (cashier's check, credit card, ACH, Money Order). Please make payable to Cirrus Asset Management .
	\$75 applicant eligibility certification fee payable to City and County of Honolulu.
	\$100 holding deposit (cashier's check, credit card, ACH, Money Order). Please make payable to Kanekapolei Collection***

- (1) Applicant's total Gross household income must be at least 2.5 times the rent to be paid for the unit. Applicant's credit history and criminal background check must be satisfactory based on preestablished screening criteria set by Brookfield Properties.
- (2) ***The holding deposit will be applied toward Security Deposit at move-in and is refundable (a) for up to 72 hours, or (b) if the City denies final acceptance of your rental application, and will be forfeited upon cancellation thereafter.

Incomplete applications will not be processed. Please do not leave any blanks (use N/A instead). The top section "Project and Unit" of the application, will be filled out by the rental office when selecting your rental unit.

441 Walina Street Suite #100 Honolulu HI 96815 www.KanekapoleiCollection.com KanekapoleiCollection@cirrusami.com (808) 436-7769

Date			

Affidavit of Eligibility for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project and Unit			
Project Name Lilia Waikiki / Kanekapolei Collection	Applicant name		
Unit BR / BA	☐ Rent		
Affidavit of Eligibility for AH Unit			
The undersigned Applicant(s) certify the following:			
I am a citizen of the United States or a resident alien.		☐ Yes	□ No
I am at least eighteen (18) years of age.		☐ Yes	□ No
I am domiciled in the State of Hawaii and have a bona fide into in the AH unit for the duration of the restriction period or leas		☐ Yes	□No
My total gross household income does not exceed the unit's c See Table A for income limits		☐ Yes	□No
I have sufficient gross household income to demonstrate an a additional criteria established by the City.	bility to pay rent and meet any	☐ Yes	□No
I do not own, and will not own for the duration of the rental p or leasehold lands suitable for dwelling purposes.	eriod, a majority interest in fee simple	☐ Yes	□No
My total net available household asset does not exceed the up by household size.	nit's designated income limit as adjusted	☐ Yes	□ No
The City's Affordable Housing Rules provide waivers and excep	tions to some requirements under certain	circumstar	ices.
By signing this Affidavit the undersigned represent(s) and agree(s) to the above statements.	and affirm(s) that the undersigned has/ha	ave read, u	nderstand(s)
1)Applicant signature	Print name		Date
2) Co-applicant 1 signature	Print name		Date
Co-applicant 2 signature	Print name		Date
	Date		

Application for City-Regulated Affordable Housing Units

To be submitted to the Honolulu Department of Planning and Permitting per Rules to Implement City's Affordable Housing Requirements (3/2019)

Project an	d Unit						
Project				Building name			
Name Lil i	a Waikiki / Kanekapolei (Collecti	on	(if applicable)			
Project							
address							
Unit	BR /	BA		☐ Rent			
No.							
Primary Ap	pplicant						
First					Midd	lle name/	
name					initia	l	
Last							
name							
Address							
line 1							
Address							
line 2							
City			State				ZIP code
Home		Mobile	<u> </u>			Work	Couc
phone		phone				phone	
Email		prioric	•			priorie	
address							
Photocopy of							
ID attached:	☐ Hawaii driver's licen	se	☐ Hawaii Sta	ate ID		Other gov't ID	(specify)
Co-Applica	int 1 (if applicable)						
First					Midd	lle name/	
name					initia		
Last						-	
name							
Address line 1							
Address line 2							
City			State				ZIP
City			State				code
Home		Mobile				Work	
phone		phone				phone	
Email		PHOTIC				Prioric	
address							
Photocopy of							
ID attached:	☐ Hawaii driver's licen	se	☐ Hawaii Sta	ate ID		Other gov't I	(specify)

Exhibit __ Effective 5/1/2022

Co-Applica	Co-Applicant 2 (if applicable)			
First			Middle name/	
name			initial	
Last				
name				
Address				
line 1				
Address				
line 2				
City		State		ZIP
				code
Home	Mobil	e	Work	
phone	phone	<u> </u>	phone	
Email				
address				
Photocopy of ID attached:	☐ Hawaii driver's license	☐ Hawaii State ID	☐ Other gov't I	D (specify)

Primary Household Member				
First			Middle name/	
name			initial	
Last				
name		1		T
Birth date		Employed?] Yes □ No	Full-time student?
Relationship to Primary Applicant Choose response from options in List (1) below		Self		
Employer 1				
Address 1		Address 2		
City	State	JI		ZIP
,				code
Start	Phone			
date				
Employer 2				
Address 1		Address 2		
City	State			ZIP code
Start	Phone			[
date				
Employer 3				
Address 1		Address 2		
City	State			ZIP code
Start	Phone			1 0000
date				
(1) Choices for this category are: Self				
Spouse/Partner				
Parent				
Child				
Sibling				
Extended Family				
Friend (not related)				
Caretaker				

Please provide a photo ID for every household member

Household Member 2						
First			Middle name/			
name			initial			
Last						
name		1				
Birth date		Employed?	☐ Yes ☐ No	Full-time student?	☐ Yes	□ No
Relationship to Primary Applicant						
Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
City	State			ZIP code		
Start	Phone			1		
date						
Employer 2						
Address 1		Address 2				
City	State	1		ZIP		
Ctout	Phone			code		
Start date	Phone					
date						
Household Member 3						
First			Middle name/			
name			initial			
Last						
name				T		
Birth date		Employed?	☐ Yes ☐ No	Full-time student?	☐ Yes	□ No
Relationship to Primary Applicant						
Choose response from options in List (1)						
Employer 1						
Address 1		Address 2				
City	State			ZIP code		
Start	Phone			1		
date						
Employer 2						
Address 1		Address 2				
City	State			ZIP		
				code		
Start	Phone					
date						

First	Household Member 4						
Last name Birth date Relationship to Primary Applicant Choose response from options in List (1) Employer 2 Address 1 Address 2 City State Phone Address 2 City State Address 2 City State Phone Address 3 City State Phone Address 1 Address 1 Address 2 City State Phone Address 2 City State Phone Address 3 City State Phone Address 3 City State Phone Address 4 City State Address 5 City Address 6 State Address 7 Address 7 Address 8 First name Birth date Birth date Birth date Birth date City Address 1 Address 2 City Address 1 Address 1 Address 2 City Address 1 Address 1 Address 2 City Address 2 City Address 2 City Address 1 Address 2 City Address 2 City Address 2 City Address 1 Address 2 City Address 2 City Address 3 Address 4 Address 4 Address 4 Address 5 City Address 4 Address 5 City Address 6 Address 7 Address 8 Address 8 Address 9 Address	First			Middle name/			
Relationship to Primary Applicant	name			initial			
Birth date Employed? Yes No Full-time student? Yes No No No No No No No N	Last						
Employed? Yes No student? Yes No No No No No No No N	name						
Choose response from options in List (1) Employer 1 City State ZiP code Start date Phone ZiP code Employer 2 Address 1 Address 2 ZiP code Start date Phone ZiP code Start date Middle name/ initial Initial Last name Initial Very Signature No Birth date Employed? Yes No Full-time student? Yes No No Relationship to Primary Applicant Choose response from options in List (1) Pmployer 1 Address 2 ZiP code City State ZiP code Start date Phone Start date Phone ZiP code City ZiP code Start date Address 2 ZiP code City ZiP code	Birth date		Employed?	☐ Yes ☐ No		□ Yes □	∃ No
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Start Phone Phon	Address 1		Address 2				
Start date Phone State ZIP code City State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	City	State	1				
Address 1	Start	Phone			1		
Address 1 City State							
City State ZIP code Start date Phone Household Member 5 First name Middle name/initial Last name Image: Code name name name Birth date Employed? Yes No student? Full-time student? Yes No no name? Relationship to Primary Applicant Choose response from options in List (1) Employer 1 Address 2 City State ZIP code Start date Phone ZIP code Start date Address 2 ZIP code City State ZIP code Employer 2 Address 2 ZIP code City State ZIP code Start not not not not not not not not not no	Employer 2						
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Start date Household Member 5 First name Last name Birth date Employed? Yes No Full-time student? Yes No Relationship to Primary Applicant Choose response from options in List (1) Employer 1 Address 1 Address 2 City Start date Employer 2 Address 2 City State Address 2 City Address 1 Address 2	City	State					
Household Member 5 First name Last name Birth date Employer 1 Address 1 Address 2 City Address 1 Address 2 City State Tip Code Address 1 Address 2 City Address 1 Address 2 City Address 1 Address 2 Address 2 Address 3 Address 3 Address 4 Address 5 Address 5 Address 6 Full-time student? Yes No Student? Yes No No Student? Yes No	Chart	Dhana			code		
Household Member 5 First name Last name Birth date Employed? Yes No Full-time student? Yes No Relationship to Primary Applicant Choose response from options in List (1) Employer 1 Address 1 City Start date Employer 2 Address 2 City Start Order Start Address 1 Address 2 Address 2 Address 2 Address 2 Address 1 Address 2		Phone					
First name Middle name/ initial Last name Birth date Employed? Yes No Full-time student? Yes No Relationship to Primary Applicant Choose response from options in List (1) Employer 1 Address 2 City State ZIP code Start date Phone Employer 2 Address 1 Address 2 City State ZIP code City Phone City Phone City State ZIP code City City Code City Ci	date						
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Birth date Birth date Employed?	name			initial			
Birth date							
Relationship to Primary Applicant Choose response from options in List (1) Employer 1 Address 2 City Start date Employer 2 Address 2 Address 2 City Start Start City Address 2 Address 2 ZIP code Employer 2			1		1		-
Choose response from options in List (1) Employer 1 Address 2 City State ZIP code Start date Phone Employer 2 Address 2 City Address 2 City State ZIP code State ZIP code State ZIP code Statt Phone			Employed?	☐ Yes ☐ No		☐ Yes ☐	∃No
Employer 1 Address 1 City State Phone Employer 2 Address 2 Address 2 ZIP code Code Address 2 ZIP code							
Address 1 City State Phone Employer 2 Address 2 City State Phone Phone Address 2 Address 2 Phone Phone Phone							
City State ZIP code Start date Phone Employer 2 Address 1 City State ZIP code ZIP code ZIP code ZIP code ZIP code ZIP code	Employer 1						
Start date Phone Employer 2 Address 1 City State ZIP code Start Phone	Address 1		Address 2				
Start date Employer 2 Address 1 City State State Phone ZIP code Start Phone	City	State	1				
Employer 2 Address 1 City State ZIP code Start Phone		Phone					
Address 1 City State ZIP code Start Phone							
City State ZIP code Start Phone	Employer 2						
Start Phone code	Address 1		Address 2				
Start Phone	City	State					
date		Phone			1		
	aate						

Household Asset Verification	
Choose asset type from options in List (2) below	
Asset 1	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 2	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 3	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 4	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 5	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 6	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 7	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
Asset 8	Name of financial
Asset type (2)	institution
Current	Annual Percentage Yield or
market value	mark 0% if none listed
(2) Choices for this category are:	
Bonds	
Certificate of Deposit (CD)	
Checking account	
Life insurance	
Mutual funds	
Real estate	
Savings account	
Stock	
Other	

Please provide account statements and other supporting documents

Household Income

Please list all income earners, including those part-time and self-employed.

Do not include income of minor children, full-time students up to 23 years old, and live-in aides.

Income Household Member 1					
Choose income source type from options	Choose income source type from options in List (3) below				
Last	First				
name	name				
Income source 1	Income source 1				
type (3)	Employer name				
Annual					
income					
Income source 2	Income source 2				
type (3)	Employer name				
Annual					
income					
Income source 3	Income source 3				
type (3)	Employer name				
Annual					
income					
Income source 4	Income source 4				
type (3)	Employer name				
Annual					
income					

(3) Choices for this category are:

Alimony

Child support

Gross pay

Investment income

No income

Pension

Retirement

Social Security

Unemployment compensation

Other

Please provide pay stubs, bank statements and other supporting documents

Income Household Member 2			
Choose income source type from options in	List (3)		
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			

Income Household Member 3			
Choose income source type from options in	ı List (3)		
Last	First		
name	name		
Income source 1	Income source 1		
type (3)	Employer name		
Annual			
income			
Income source 2	Income source 2		
type (3)	Employer name		
Annual			
income			
Income source 3	Income source 3		
type (3)	Employer name		
Annual			
income			

Income Household Member 4				
Last	First			
name	name			
Income source 1	Income source 1			
type (3)	Employer name			
Annual				
income				
Income source 2	Income source 2			
type (3)	Employer name			
Annual				
income				
Income source 3	Income source 3			
type (3)	Employer name			
Annual				
income				

Income Household Member 5					
Last	First				
name	name				
Income source 1	Income source 1				
type (3)	Employer name				
Annual					
income					
Income source 2	Income source 2				
type (3)	Employer name				
Annual					
income					
Income source 3	Income source 3				
type (3)	Employer name				
Annual					
income					

(Add pages as needed)

Table A. Household Income Limits for Affordable Housing (2022) To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the for These figures are updated annually. AMI is the Area Median Income. Income limits for Affordable Housing units designated for house.					
To be eligible for City-regulated Affordable Housing, a household's gross income may not exceed the fo These figures are updated annually. AMI is the Area Median Income.	AMI group80 %				
These figures are updated annually. AMI is the Area Median Income.					
Income limits for Affordable Housing units designated for house	ollowing limits.				
	eholds earning:				
80% of AMI					
1-person household \$73,200					
2-person household \$83,600					
3-person household \$94,080					
4-person household \$104,480					
5-person household \$112,880					
Documentation					
 Please include the following documentation with this application: Applicant AH eligibility affidavit (Page 1 of this application) Statement that household member does not intend to work for a year (required if no income Most recent two months' pay stubs or other documentation of income, including Social Secur Last two years' tax returns, including W-2s, 1099s and applicable schedules Bank and other financial institution statements, showing interest rate or interest earned Mortgage pre-qualification (for sale) or draft lease agreement (rental) Photo ID of all household members Other supporting documents (divorce decree, marriage certificate, etc.) 					
Under penalties of perjury, I declare that I have examined all of this application, including accompanying the best of my knowledge, information, and belief, all of the statements contained herein are true, correctly					
Applicant signature Print name	Date				
2) Co-applicant 1 signature Print name 3)	Date				

Print name

Date

Co-applicant 2 signature

Certification:

greater than twenty-four (24) months.

I certify that this will be my primary residence, and that I will not sublease or rent it to others. I understand that my eligibility for the affordable rental dwelling unit indicated above will be based on applicable income limits and by the criteria set forth by OliverMcMillan Kuhio LLC ("OM Kuhio") for the Lilia Waikiki/Kanekapolei Collection (the "Project". I certify that all of the information herein is true, correct, and complete to the best of my knowledge and making false statements or providing false or inaccurate information to OM Kuhio will cause me to be disqualified to rent a unit in the Project or termination of my tenancy after occupancy. I authorize the OM Kuhio or its agent to contact present or past and employers, landlords, creditors and other sources deemed necessary to verify and evaluate this information. I understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorize OM Kuhio to obtain such reports as allowed by the Fair Credit Reporting Act and information relating to criminal activities. This information is gathered for screening purposes only and is strictly confidential. The applicant will not hold OM Kuhio or its agent liable for any decision made based on the information provided and obtained during processing and consideration of this application.

I promise and agree that I shall promptly notify OM Kuhio or OM Kuhio's designated agent if at any time during the duration of my rental agreement with OM Kuhio, my gross household income or gross household assets as adjusted by household size for my affordable rental dwelling unit increases and shall exceed the then current limitations applicable to the affordable rental dwelling units governed by the Affordable Rental Housing and Regulatory Agreement dated September 26th, 2019 for Lilia Waikiki (the "Regulatory Agreement").

1. _____ I confirm my understanding that if at any time during the duration of the rental period under the rental agreement with OM Kuhio that my gross household income and gross household assets exceed the applicable limitations therefor that my

3. ____ I promise and agree during the duration of my rental agreement with OM Kuhio that I shall not rent or offer to rent to others any interest in or right to use or occupy my affordable rental dwelling unit.

continued right to rent my affordable rental dwelling unit shall lapse; provided, however that I may be allowed to continue to rent my affordable rental dwelling unit for a rental period to be determined in the sole discretion of OM Kuhio up to but not

- 4. _____ I understand and agree that during the duration of my rental agreement with OM Kuhio that OM Kuhio or DPP may from time to time request verification of my primary residence status and then gross household income and gross household assets and if I fail to submit such verifications within a reasonable time following such request, OM Kuhio or DPP may conduct an investigation to determine and verify my primary residence status, gross household income, and gross household assets, and I shall upon demand promptly reimburse OM Kuhio or DPP for all reasonable costs and expenses incurred by OM Kuhio or DPP in connection with any such determination and verification.
- 5. _____ I understand that if I make any knowingly false statement in this Affidavit or otherwise violate the applicable provisions of the Regulatory Agreement, I may be subject to legal charges and, if convicted, I may be fined or imprisoned, or both.
- 6. _____ If more than one person signs this Affidavit, all singular pronouns shall be deemed to refer to all signatories, jointly and severally.

By signing this Affidavit the undersigned represent(s) and affirm(s) that the undersigned has/have read, understand(s) and agree(s) to the above statements.

	Date	
Signature of Applicant		
	Date	
Signature of Applicant		

EMPLOYMENT VERIFICATION

During A Nigara						1			
Project Name:	Kanekapolei Collection		Unit ID:			Date:			
Applicant/Tenant:			SSN:	XXX-XX-					
nployer Contact:									
Business Name:			Contact Per	rson:					
Address:			Phone:			Fax	(:		
City:		State:		Zi	ip:	Em	ail:		
	izes Verification of My Empl	oyment Inco	me Informa	_					
Applicant/Tenant S	ignature					Date			
no individual named	directly above is an applicant/	conant of the	IDC 8 42 I o v	w Income b	Housing Toy	Cradit Bra	aram	The information	o provided will
	directly above is an applicant/t eligibility for the program and r								
nd would be greatly a							•		'
Sincerely,			RE	TURN THE	IS FORM TO:				
z3010.jy,			Ci	rrus Asset	Managemen	t, Inc.		00045	
					Valina Street # nerservice-ma				
					: MON – FRI 9				
Project Owner/Mana	gement Agent								
	1	THIS SECTION	ON TO BE CO	OMPLETED	BY EMPLO	YER			
Please an	swer all questions fully leaving	no blanks							
					a torm				
	ovide an employee pay history	report when	returning thi	s completed	a ioiiii				
 Please pro 	ovide an employee pay history	report when	returning thi	s completed	u 101111	_ Job Title):		
Please pro Employee Name:	ovide an employee pay history Yes □ Date First Employ		returning thi	s completed		_ Job Title			<u> </u>
Please pro Employee Name: Presently Employed:	Yes ☐ Date First Employ	red:			No □ La	– ast Date of	Emplo	yment:	<u> </u>
Please pro Employee Name: Presently Employed:		red:	//		No ☐ Lancy ☐ Week	– ast Date of ly	Emplo		_// emi-monthly [
Please pro Employee Name: Presently Employed: Current Wages (cher	Yes ☐ Date First Employ	red:	//F	Pay Frequer	No ☐ Lancy ☐ Week	ast Date of y Bi-we	Emplo	oyment: ☐Monthly ☐Se	_// emi-monthly [
Please pro Employee Name: Presently Employed: Current Wages (che	Yes ☐ Date First Employ	red:	/	Pay Frequer Pay Method	No ☐ Lancy ☐ Weekli ☐ Cash	 ast Date of ly ☐ Bi-we ☐ Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se ☐Direct Deposit	emi-monthly C
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Please pro Employee Name: Presently Employed: Current Wages (checking) Number of regular health fours vary please Gross pay from prior	Yes Date First Employ Ck one) Hourly Salar Durs scheduled per week: list maximum anticipated) year: \$	ed: y \$	/	Pay Frequer Pay Method ross Year to om/ umber of pa	No ☐ Lancy ☐ Week ☐ Cash Date Pay: ☐ / Tay periods incli	ast Date of Bi-we Chec	Emplo ekly [k [oyment: ☐Monthly ☐Se ☐Direct Deposit	emi-monthly C
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

Employment Verification © SPECTRUM ENTERPRISES 2020



CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

A	pplicant/lenant:			_Unit #:	
	. [] I currently have no income of any nonths. (If you have ANY income what				e next 12
2.	. I have been living with zero income for	or	years and	months.	
	a. Wages from employment (in b. Income from the operation or resources (Avon, Mary Kay, etc. Rental income from real or pd. Interest or dividends from as e. Social Security payments, ar funds, pensions, or death benefication of the comployment or disability pg. Public assistance payments h. Periodic allowances such as persons not living in my housel i. Income from driving for Uberry j. Cash payments k. Student financial aid I. Any other source not named.	cluding f a busin c.) ersonal sets nuities, fits ayment alimony nold /Lyft	commissions, tips, ness or Sales from property insurance policies	bonus, etc.) self-employed s, retirement	sources:
5.	. I will be using the following sources on Rent:	of funds	to pay for (<i>Use N/</i>	A instead of leavi	ing blanks):
	Utilities:				
	Food:				
	Clothing and laundry:				
	Transportation:				
	Internet/Cable/Phone:				
	Toiletries:				
	Credit cards/loans/bills:				
Tena	ant Signature		Date		
Man	agement Signature		Date		
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