



County of Hawai'i
Real Property Tax Division

TAX MAP KEY/PARCEL ID					
ISLE	ZONE	SEC	PLAT	PAR	CPR

PLEASE READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM

Aupuni Center • 101 Pauahi Street • Suite No. 4 • Hilo, Hawai'i 96720 • Fax (808) 961-8415
Appraisers (808) 961-8354 • Clerical (808) 961-8201 • Collections (808) 961-8282
West Hawai'i Civic Center • 74-5044 Ane Keohokalole Hwy. • Bldg. D, 2nd Flr. • Kailua Kona, Hawai'i 96740
Fax (808) 327-3538 • Appraisers (808) 323-4881 • Clerical (808) 323-4880

CLAIM FOR HOME EXEMPTION

CLAIMANT'S NAME (LAST, FIRST M.):			SPOUSE'S NAME (LAST, FIRST M.):		
CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY):			SPOUSE'S DATE OF BIRTH (MM/DD/YYYY):		
CLAIMANT'S LAST FOUR DIGITS SSN:			SPOUSE'S LAST FOUR DIGITS SSN:		
STREET ADDRESS:					
MAILING ADDRESS:					
TELEPHONE: BUS:		HOME:		CELL:	
E-MAIL:					

- IS THERE MORE THAN ONE DWELLING UNIT ON THE PROPERTY? YES NO
IF YES, DRAW A PLOT PLAN ON THE BACK OF THIS FORM. DESIGNATE WHICH DWELLING IS YOUR RESIDENCE, AND WHO OCCUPIES THE OTHER DWELLING(S).
- IS ANY PORTION OF YOUR PROPERTY USED FOR RENTAL OR BUSINESS PURPOSES (INCLUDING BED & BREAKFAST OR VACATION RENTALS)? YES NO
IF YES, DESIGNATE THE FLOOR AREA OF THE PROPERTY USED FOR RENTAL AND/OR BUSINESS PURPOSES: _____ SQ.FT.
TYPE OF BUSINESS: _____ LOCATION ON PROPERTY: _____
- HAVE YOU FILED A STATE OF HAWAII RESIDENT INCOME TAX RETURN (N-11) WITHIN THE LAST 12 MONTHS? YES NO
IF NO, I AM REQUESTING A WAIVER FROM THIS REQUIREMENT FOR THE FOLLOWING REASON:
I AM A NEW RESIDENT TO THE STATE OF HAWAII AND WILL FILE A STATE OF HAWAII RESIDENT INCOME TAX RETURN (N-11) WITHIN THE NEXT 12 MONTHS. **FAILURE TO FILE MAY RESULT IN A ROLLBACK OF ANY BENEFITS GRANTED.**
I AM NOT REQUIRED TO FILE UNDER STATE OF HAWAII INCOME TAX LAW AND AM NOT REQUIRED TO FILE INCOME TAX IN ANY OTHER JURISDICTION OTHER THAN AT THE U.S. FEDERAL LEVEL.
- DO YOU OR YOUR SPOUSE CLAIM A HOME EXEMPTION ELSEWHERE? YES NO
IF YES, INDICATE TAX KEY NUMBER, PARCEL IDENTIFICATION, AND/OR ADDRESS: _____
THIS IS AN AUTHORIZATION TO CANCEL MY PREVIOUS EXEMPTION AND APPLY IT TO THIS NEW PARCEL
- IS ANY PORTION OF YOUR PROPERTY RECEIVING A PREFERENTIAL AGRICULTURAL USE ASSESSMENT AS PART OF A NON-DEDICATED OR DEDICATED AGRICULTURAL USE PROGRAM? YES NO
SELECTING 'NO' IS AN AUTHORIZATION TO CANCEL ANY PREFERENTIAL AGRICULTURAL USE ASSESSMENTS APPLIED TO THIS PARCEL.
- SUBMIT THIS CLAIM WITH XEROX COPIES OF PROOF OF AGE FOR EACH OWNER-OCCUPANT, ACCEPTABLE PROOFS ARE DRIVER'S LICENSE, STATE ID, BIRTH CERTIFICATE, SENIOR CITIZEN ID, PASSPORT, OR OTHER GOVERNMENT OR LEGAL DOCUMENT.

CERTIFICATION

I (WE) CERTIFY THAT I OWN AND OCCUPY THIS RESIDENCE AS MY PRINCIPAL HOME. THE PROPERTY IS NOT USED FOR MERE SPECIAL, TEMPORARY, OR VACATION PURPOSES AND IS MY TRUE, FIXED PERMANENT HOME AND PRINCIPAL ESTABLISHMENT. ANY INDIVIDUAL WHO FILES A FRAUDULENT CLAIM FOR EXEMPTION AND ATTESTS TO ANY FALSE STATEMENT, WITH THE INTENT TO FRAUD OR TO EVADE THE PAYMENT OF TAXES OR ANY PART THEREOF, OR WHO IN ANY MANNER INTENTIONALLY DECEIVES OR ATTEMPTS TO DECEIVE THE DEPARTMENT OF FINANCE, SHALL BE FINED \$1,000. **ANY PERSON WHO HAS BEEN ALLOWED AN EXEMPTION HAS A DUTY TO REPORT TO THE ASSESSOR WITHIN 30 DAYS AFTER HE/SHE CEASES TO QUALIFY FOR SUCH EXEMPTION. FAILURE TO SUBMIT SUCH A REPORT SHALL BE CAUSE FOR DISQUALIFICATION AND PENALTY.**

CLAIMANT'S SIGNATURE _____ DATE _____ SPOUSE'S SIGNATURE _____ DATE _____

FOR DEPARTMENT USE ONLY					
U.S. POSTMARK	OTC	FAX	DATE RECEIVED: _____	BY: _____	
USPS EXTENDED ZIP _____		DIFFERENCE IN MAILING ADDRESS: _____			
NOTES					
_____ PITT	_____ OVER/PITT	_____ EX CD	_____ CARD#	_____ BUILDING %	_____ LAND %
_____ OTH H/EX CHK					

HOME EXEMPTION

You are entitled to the home exemption if the following requirements are met:

1. The property is owned and occupied as your principal home more than 200 calendar days of a calendar year. The term "principal home" is defined as the place where an individual has a true, fixed, permanent home and principal establishment and to which place the individual has whenever absent, the intention of returning. It is the place in which a person has voluntarily fixed habitation, not for mere special, temporary or vacation purposes, but with the intention of making a permanent home.
2. The ownership is recorded at the Bureau of Conveyances or Land Court in Honolulu on or before December 31 preceding the tax year for which the exemption is claimed or by June 30. All leases must be for a term of ten years or more and recorded at the Bureau of Conveyances in order for the lessee to qualify for the home exemption. In the case of Hawaiian Homestead Land, either lessee and/or spouse shall be entitled to the home exemption. Proof of marriage must be submitted for the non-Hawaiian spouse claiming the home exemption.
3. You file a claim for home exemption, RP Form 19-71, with the Real Property Tax Division on or before December 31 preceding the tax year for the first half payment or June 30 for the second half payment.
4. You have filed a State of Hawai'i Resident Income Tax Return (N-11) within the last 12 months **or** have requested a waiver from this requirement for one of the following reasons: You are a new resident to the State of Hawai'i and will file a State of Hawai'i Resident Income Tax Return (N-11) within the next 12 months **or** You are not required to file under State of Hawai'i Income Tax Law and not required to file income tax in any other jurisdiction other than at the U.S. Federal level and understand that you are required to refile this waiver every three (3) years. The social security number and date of birth as provided will be used to confirm compliance with this requirement. Failure to provide this information will result in the disqualification of this application and the benefits of the home exemption.

INSTRUCTIONS

1. Fill in the tax map key/parcel ID of your property.
2. Complete the claim form and submit a photocopy of your proof of age. Acceptable proof includes driver's license, state identification, birth certificate, or other government or legal document.
3. Claim forms are available at the Real Property Tax Division Hilo Office, Kona Office, or the website at www.hawaiipropertytax.com.
4. Deliver or mail the claim form with supporting documentation to:

**Real Property Tax Division
Aupuni Center
101 Pauahi Street, Suite No. 4
Hilo, HI 96720
Telephone: (808) 961-8201**

**Real Property Tax Division
West Hawai'i Civic Center
74-5044 Ane Keohokalole Hwy Bldg. D 2nd Flr.
Kailua-Kona, HI 96740
Telephone: (808) 323-4880**

SOCIAL SECURITY NUMBER

The social security number is required for the purpose of verifying the identity of the claimant, spouse, and State of Hawai'i Resident Income Tax Return filing status as required by Chapter 19-71(e)(1)(D), of the Hawai'i County Code as revised. The requirement is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405 (c)(2)(C)). Disclosure is for the purpose of this exemption and social security numbers will not be subject to public access. Failure to provide the last four digits of all applicant's social security numbers will result in the disqualification of the Homeowner's Exemption benefit.

PLOT PLAN

Draw a plot plan if there is more than one dwelling unit on the property. Please show the dwelling location along with date built, approximate size, one or two story, and adjacent roadway. Designate which building is your residence, the relationship of the occupants of the other dwelling(s) and if it is rented.

