



County of Hawaii Real Property Tax Division

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

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 TOTALLY DISABLED VETERANS

PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM

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

- 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?: YES NO
 Is any portion of your property used for business?: YES NO
 If yes, designate floor area of property used for rental and/or business: _____ sq.ft.
 Located in: Main Living Area Basement Upper Level Other: _____
- Do you claim a home exemption elsewhere? YES NO
 If yes, indicate tax key number or other parcel identification (State of HI only): _____

THIS IS AUTHORIZATION TO CANCEL MY PREVIOUS EXEMPTION AND APPLY IT TO THIS PARCEL

CERTIFICATION

I certify that the foregoing is true and correct to the best of my knowledge. I understand that any misstatement of the facts may be grounds for disqualification. Any individual who files a fraudulent claim for exemption or attests to any false statement, with the intent to defraud 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

TO BE COMPLETED BY THE VA REGIONAL OFFICE	
<i>Department of Veterans Affairs, Evidence Intake Center, PO Box 4444, Janesville, WI 53547-4444</i>	
I hereby certify total service connected disability for this claimant as of January 1, 20____	
Veterans Administration Claim Number: _____	
Date: _____	Name: _____ Title: _____

FOR DEPARTMENT USE ONLY

Date Received (U.S. Postmark OTC): _____ By: _____

USPS Extended ZIP: _____

Notes:

_____ EX CD _____ PITT _____ CARD# _____ BUILDING % _____ LAND %

INSTRUCTIONS

1. Complete the claim form, print, and sign.
2. For certification of total service connected disability, form must be mailed to the Department of Veterans Affairs, Evidence Intake Center, PO Box 4444, Janesville, WI 53547-4444.
3. Deliver or mail the claim form with certification by the Department of Veterans Affairs to:

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101 Pauahi Street, Suite No. 4
Hilo, HI 96720
Telephone: (808) 961-8201

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Claim forms are available at the Real Property Tax Division Hilo Office, Kona Office, or the website at www.hawaiipropertytax.com.

SOCIAL SECURITY NUMBER

The social security number is requested for the purpose of verifying the identity of the claimant. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405 (c)(2)(C)). If disclosed for purposes of this exemption, social security numbers will not be subject to public access.

PLOT PLAN

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