

REAL PROPERTY TAX DIVISION  
DEPARTMENT OF FINANCE  
COUNTY OF KAUAI  
Phone: (808) 241-4224

TAX MAP KEY / PARCEL ID

ZONE	SECTION	PLAT	PARCEL	CPR/HPR

**CLAIM FOR EXEMPTION  
FILING DEADLINE SEPT 30<sup>TH</sup>**

Exemption is hereby claimed from Real Property Tax under Section **5-11.20 and 5-11.21 (Low & Moderate Income Housing)** of the Revised Ordinances.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address of Property  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Phone No.

<b>CERTIFICATION</b>	
I declare, under penalty of law, that all statements in this return are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.	
_____ Officer's Name (print)	
_____ Officer's Signature	_____ Date
Rec'd _____ For Tax Assessor	_____ Date

NOTE: The following questions must be answered:

- (1) Is all the land and/or buildings used exclusively for the purpose claimed? YES NO
- (2) If the answer is no, explain and state area used for business.

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

EFFECTIVE \_\_\_\_\_ TAX YEAR

Mailing Address: **Department of Finance  
Real Property Assessment Division  
4444 Rice Street, Suite 454  
Lihu'e, HI 96766-1326**

<p><b>NOTICE: FILE 2 COPIES ANNUALLY BY SEPT 30<sup>TH</sup>.</b></p> <p>The following information must be initially submitted with the claim for exemption; thereafter, P-5A claim form is to be submitted annually on or before SEPT 30<sup>TH</sup>.</p> <ol style="list-style-type: none"> <li>1) Documents of Organization;</li> <li>2) Regulatory Agreement;</li> <li>3) Recorded Mortgage;</li> <li>4) Documents of Government Subsidy and</li> <li>5) Other documents necessary to determine exemption qualification.</li> </ol>
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