



County of Kauai, Dept. of Finance, Real Property Assessment Div.
4444 Rice St., Suite A-454, Lihue, Hawaii 96766-1326
Phone: (808) 241-4224 Fax: (808) 241-6252
www.kauaipropertytax.com

2020 APPLICATION ONLY
LONG-TERM AFFORDABLE TENANT OCCUPIED RENTAL PROGRAM
ANNUAL FILING DEADLINE: SEPTEMBER 30TH

NOTICE: (1) Changes to any existing Rental/Lease Agreements must have the initials of the tenants and owner; agents' initials for the owner only will be accepted. (2) No fax copies of this application will be accepted; the application must have the original signature of the Owner, no agents' signatures. (3) Those submitting Rental/Lease Agreements expiring October 31st or before, must provide the renewal agreement not later than November 15, 2019.

For applicants who filed and were approved for the 2019 tax year, the rental or lease agreement is multi-year, up to 3 years, may proceed and complete the Affidavit only.

Tax Map Key No. (4) (Kauai) Zone Section Plat Parcel CPR Bldg./Unit #

PART I: OWNER INFORMATION

Owner's Name:
Mailing Address:
City/State/Zip:
HM/BUS Phone: Cell Phone: Email:

1. Definition:

"Long Term Affordable Rental means a dwelling subject to a written lease agreement with a term of (1) year or more and at monthly rent not to exceed the maximum housing cost based on 90% of the Kauai Median Household Income as set forth in the Kauai County Housing Agency Affordable Rental Housing Guideline for the year which the owner files his or her application." (Ordinance No. 1016, Approved August 14, 2017)

2. Rental Property Identification:

Property Address: House Number, Street Name and Town

PART II: LONG TERM AFFORDABLE RENTAL TENANT OCCUPIED RENTAL APPLICATION DEFINITION AND QUALIFICATIONS

3. Maximum Allowable Affordable Rental: (Please check appropriate description of your unit)

Table with 4 columns: Select number of bedrooms being rented with attached application, Description of unit with 1 year or longer rental agreement, Maximum monthly rental amount (utility allowance includes electric, gas, water and sewer), and sub-columns for Owner pays all utilities and Tenant pays any utilities. Rows include Studio, 1-Bedroom, 2-Bedroom, 3-Bedroom, 4-Bedroom, and 5-Bedroom.

**IMPORTANT: To qualify, you must submit an executed "CURRENT" copy of your Rental Agreement with this application. Each rental unit that you are applying for must be accompanied by an application and written rental agreement. Rental Agreement and/or Lease Agreement cannot expire on or before September 30, 2019 to qualify. If you have more than one rental unit on the same property, ALL rentals must qualify as Long-Term Affordable rentals to benefit the "Homestead" tax class. Tenants must be the age 18 years or older; children under the age of majority are not considered legal tenants; renters/lessees must reside on the property under this applications, as their principle residence.

4. Tenant Contact Information:

Renter's Name:
Mailing Address:
City/State/Zip:
Home Phone: Cell Phone: Email:

PART III: OWNER CERTIFICATION

I also certify that the lessee RESIDES on the property described above. I authorize the County of Kauai to verify my rental or any other information on this application.

I, further agree to notify the Real Property Assessment Division within 30 calendar days if my property is (a) sold, (b) sublet, (c) no longer being leased by the lessee named on the submitted rental agreement residing on the property and/or (d) is no longer being rented at the affordable rental rate indicated on my application.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11A.1 SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH.

X Signature of Owner (OWNER signature ONLY - NO AGENTS SIGNATURE) X Date

DEPARTMENT USE ONLY: Received date: Clerk

AFFIDAVIT

FOR MULTI YEAR LONG-TERM AFFORDABLE TENANT OCCUPIED RENTAL Annual Filing deadline: SEPTEMBER 30, 2019

TMK: _____ - _____ - _____ - _____ - _____
Zone Section Plat Parcel CPR Bldg/Unit #

I, **X** _____, whose current mailing address is
Owner of real property

X _____ hereby acknowledges and certifies,
Owner mailing address

that I am applying for beneficial tax rate for each year of the rental/lease agreement that said agreement is in full effect and that the following information is true and correct:

1. I am filing this Affidavit for the 2020 real property tax year
2. The Tenant(s) who executed the attached Rental/Lease Agreement has resided on the property since 2018 or before.
3. The rent paid by said Tenant, has not increased as submitted for the 2019 Long-Term Affordable Tenant Occupied Rental program.
4. Pursuant to the Rental/Lease Agreement, the Owner and Tenant, **X** _____

Name of Tenant

_____ have agreed to a **X** _____ year contract or indefinitely,
years of contract

(application for Long Term Affordable Tenant Occupied Rental program was approved for 2019),

which expires **X** _____, which is the date of expiration of this Affidavit and new Rental Agreement required.

Owner's initials: **X** _____ The Owner acknowledges that the rent charged to Tenant, shall not change during the period of the Rental/Lease Agreement.

Owner's initials: **X** _____ Should Tenant vacate property, should Owner sell property and/or decide not to rent or should Owner execute a new Rental/Lease Agreement with a new Tenant, the Owner shall provide the current contract to County of Kaua'i, Real Property Assessment Department within 30 days of any change in status.

I also certify that the lessee **RESIDES** in the property described above. I authorize the County of Kaua'i to verify my rental or any other information on this application.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11A.1 SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH.

IN WITNESS WHEREOF, I HAVE READ THIS AFFIDAVIT AND UNDERSTAND THE CONTENTS AND CONSEQUENCES OF THIS AFFIDAVIT AND HAVE EXECUTED THE SAME ON THIS THE **X** _____ day of **X** _____, 20 _____.

X _____

Signature of Owner – No agents signature

Contact information:

Phone: Cell _____ HM/Bus _____

Email: _____

For Official Use Only.

Rec'd by: _____

Dated: _____

Return to: County of Kaua'i, Real Property Assessment, 4444 Rice St, Suite A454, Lihu'e, HI 96766-1326