



County of Kaua'i, Dept. of Finance, Real Property Assessment Div.  
 4444 Rice St., Suite A-454, Lihu'e, Hawai'i 96766-1326  
 Phone: (808) 241-4224 Fax: (808) 241-6252  
[www.kauaipropertytax.com/rassessment@kauai.gov](http://www.kauaipropertytax.com/rassessment@kauai.gov)  
**2022 APPLICATION ONLY**  
**RESIDENTIAL INVESTOR - LONG TERM LEASE/RENTAL**  
**ANNUAL FILING DEADLINE: SEPTEMBER 30TH**

NOTICE: (1) Changes to any existing Rental/Lease Agreements must have the initials of the tenants and owner (2) The application must have the signature of the Owner, no agents' signatures.

PART I: OWNER INFORMATION

Tax Map Key No. (4) \_\_\_\_\_  
 (Kaua'i) Zone Section Plat Parcel CPR Lease Term Dates (start & end dates)

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

**1. Definition:**

"Residential Investor" shall mean a tax rate classification applied to properties that do not qualify for the home exemption, are improved with a dwelling unit(s), not vacant land, are not being rented on a long-term basis, and have an assessed value of one million three hundred thousand dollars (\$1,300,000) or more. (Bill No. 2814, Approved January 27, 2021)

**2. Rental Property Identification:**

Property Address: \_\_\_\_\_  
 House Number, Street Name and Town Bldg. /Unit #

**\*\*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, 2021 to qualify. If you have more than one living unit on the same property, ALL LIVING UNITS must be rented long term with application and lease provided to benefit the "Residential" tax class.

Please check appropriate description of your unit

Select number of bedrooms being rented with attached application	Description of unit with 6 months or longer rental agreement
	Studio
	1-Bedroom
	2-Bedroom
	3-Bedroom
	4-Bedroom
	5-Bedroom

PART II: APPLICATION DEFINITIONS AND QUALIFICATIONS

**3. Tenant Contact Information**

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

I also certify that the tenant **OCCUPIES** the property described above as their residence. I authorize the County of Kaua'i to verify my rental, tenant information, 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) sublet, (b) no longer being leased by the lessee named on the submitted rental agreement residing on the property and/or (c) is no longer rented.**

**Any individual who intentionally misleads the Real Property Assessment Division by knowingly submitting false statements in this application may be prosecuted for Unsworn Falsification to Authorities in violation of Section 710-1063 of the Hawaii Revised Statutes. Unsworn falsification is a misdemeanor and violations may result in imprisonment not to exceed one year and a fine of up to \$2,000.**

PART III: OWNER CERTIFICATION

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

DEPARTMENT USE ONLY: Received date: \_\_\_\_\_ Received by: \_\_\_\_\_