



County of Kauai Department of Finance
Real Property Assessment Division
4444 Rice Street, Suite A-454
Lihu'e, Kauai, HI 96766-1326

P:(808) 241-4224 F:(808) 241-6252
Email: rassessment@kauai.gov
Website: kauaipropertytax.com

2023 HOME PRESERVATION TAX LIMITATION APPLICATION
(Annual Application Filing Deadline: September 30th)

Part 1: Home Exemption Qualification

YES NO

- A. Has a Home Exemption been in existence on or before 2011 (10 year minimum) on this property, without change in ownership, other than transfers between family members?
And does subject property have a current or qualify for homestead tax rate?
- B. Dwelling(s) on the property, is/are occupied by an owner-occupant?
- C. Does real property have a net taxable assessed value exceeding \$750,000?
- D. Is the gross income of all owners \$100,000 or less?
- E. Are the real property taxes current on the Homeowner's property?
- F. The property at issue in this application, is the only property owned by the Applicant/Title Owner.

If items A through F of the above are marked "Yes", please proceed.
If any of the above are marked "No", **DO NOT PROCEED, you are NOT eligible for a credit.**

Part II: Title Owners Total Gross Income for 2021 INCOME TAX YEAR

- H. Enter the total GROSS INCOME of all title owners \$ _____
(Filed State and Filed Federal Income Tax Returns attached for 2021 Tax Year for all title owners.) Attach page 1 and Schedules 1 - 3, Schedules C, D, E, F, as may be applicable of Federal Income Tax Return Form 1040 or 1040SR and pages 1 - 4 of Hawai'i State Returns or complete an Affidavit, **for any title owners who do not** file Federal and/or State Income Tax or both.)

Part III: Calculation

- I. Enter 3% of TOTAL GROSS INCOME (Multiply Line H Part II by .03) \$ _____
Your real property taxes are the higher of the amount appearing on Line I or \$500.00)

Part IV: Applicant Information

- 1. Tax Map Key No./Parcel ID: (4) _____ - _____ - _____ - _____ - _____
Kauai Zone Section Plat Parcel CPR
- 2. Applicant's Name: _____
- 3. Social Security Number _____ - _____ - _____ Date of Birth: mm ____ dd ____ yy _____
- 4. Mailing Address: _____
City/State/Zip: _____
- 5. Home Phone: _____ Bus. Phone: _____ Cell Phone: _____
Email address: _____

Part V: Certification (One application to be completed and signed by each title owner)

I hereby certify that I am a qualified homeowner, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service. **Any person who falsifies and misrepresents any information in meeting requirement of Chapter 5A- 11.A2(c) shall be fined \$1,000 or imprisoned for not more than one year or both.**

Signature Date

SOCIAL SECURITY NUMBER: The applicant's social security number is requested for the purpose of establishing the identity of the applicant for Property Tax Credit and maintaining a record of Tax Credit Claims. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405c 2). Disclosure is voluntary and will not affect the allowance of claim for a Tax Credit, but failure to disclose may result in a delay of processing the claim. If disclosed, social security number will not be subject to public access.

DEPARTMENT USE ONLY: Received date: _____ **Tech:** _____