



County of Kaua'i, Dept. of Finance, Real Property Assessment Div.  
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[www.kauaipropertytax.com/rpassessment@kauai.gov](http://www.kauaipropertytax.com/rpassessment@kauai.gov)  
**2023 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. (3) Those submitting Rental/Lease Agreements expiring October 31st or before, must provide the renewal agreement not later than November 15, 2022.**

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

**PART I: OWNER INFORMATION**

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)

"Long Term Rental" means a residential rental agreement for a period of at least one hundred and eighty days.

**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. **A.) Rental Agreement and/or Lease Agreement must be on a "fixed term" and cannot expire on or before October 1, 2022 to qualify. Month to month agreements will not qualify.** If you have **more than one unit** on the same property, **ALL UNITS** must be rented long term and each with an application and Long Term lease provided, to benefit from the "Residential" tax rate.

**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

- (B.) Owners renting to themselves, via a related corporation, co-partnership, or company will not qualify.**
- (C.) Tenants must be the age 18 years or older; children under the age of majority are not considered legal tenants.**
- (D.) Renters/lessees must OCCUPY the property under this application, as their principle residence.**

**3. Tenant Contact Information**

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

**PART II: APPLICATION DEFINITIONS AND QUALIFICATIONS**

**PART III: OWNER CERTIFICATION**

I also certify that the tenant **OCCUPIES** the property described above as their primary 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 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** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Owner (**OWNER signature ONLY - NO AGENTS SIGNATURE**) Date

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