

**FILING
 DEADLINE
 SEPTEMBER
 30TH**

TAX MAP KEY (TMK)				
ZONE	SECTION	PLAT	PARCEL	CPR

CLAIM FOR HOME EXEMPTION

(Chap. 5A-11.1, 5A-11.4, 5A-11.5, KCC: 514A-6, HRS)

HOME EXEMPTION QUALIFICATION

	Yes	No
1		
2		
3		

- 1*I occupy this property as my 'primary residence' for at least 271 days from October 1 through September 30th of every year**
 - 2*I am providing a 2020 State of Hawai'i Residential Income Tax Return (N-11 or N-13), with a Kauai County Address.**
 - 3*I am providing Proof of Residency & Age: Valid Hawaii State Issued Driver's License; Hawaii State ID; Resident Alien Green Card with Residency Claimed ONLY in Hawai'i and a current Kauai Address; or Military Orders indicating assigned station in Hawaii.**
- If any of the above are marked "No", DO NOT PROCEED, you are NOT eligible for an exemption**

I HOME EXEMPTION is hereby claimed from Real Property Tax by:

_____	_____	_____
(PRINT OWNER'S NAME)	(SOCIAL SECURITY NUMBER)	(DATE OF BIRTH)
_____	_____	_____
(PRINT OWNER'S NAME)	(SOCIAL SECURITY NUMBER)	(DATE OF BIRTH)
Home Address _____		
Mailing Address _____		

II PROPERTY ATTRIBUTES

- How many dwellings are located on this parcel? _____ Total number of living units on this parcel _____
- A. If more than one dwelling/living unit, indicate the approximate year built of the dwelling/living unit **you occupy**: _____
 - B. Is any portion of the property you reside on, used as a rental or business? **Yes**__ Sq ft _____ Approx. days of year?____ or **No** __
 - C. Do you or your spouse have a home exemption on any other property, anywhere else? **Yes** _____ **No**_____
- If Yes, indicate the State/ Tax Key / Parcel Identification #: _____
- This is an authorization to cancel my previous Kauai Island exemption and apply it to this new parcel (only for Kauai County exemptions)**

III CERTIFICATION (Initial all for processing)

- I/We own and occupy this property as my/our principal home as of the assessment date; **Claiming the property as owned and occupied as your principal home, certifies that you are not claiming any other home on Kaua'i, in the state of Hawai'i, in another state or in another country. The property is not used for secondary, temporary or vacation purposes and is my true, fixed permanent home and principal residence.** _____ Initial
- My/Our ownership is recorded at the Bureau of Conveyances in Honolulu on or before **SEPT 30TH** preceding the tax year for which the exemption is claimed; _____ Initial
- We am/are filing a claim for the home exemption and submit it to the Real Property Assessment Division on or before **SEPT 30TH** preceding the tax year for which the exemption is claimed. _____ Initial
- I certify that as of the date of this Application my Kauai Property taxes are current _____ Initial

Any person who has been allowed an exemption has a duty to report to the assessor within 30 days after he ceases to qualify for such exemption. Failure to submit such a report shall be cause for disqualification and penalty of up to \$200 for each year.

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 .

Dated: _____ 20____

_____	_____
OWNER'S SIGNATURE	OWNER'S SIGNATURE
_____	_____
Cell Phone	Home Phone
_____	Email Address

(For Official Use)			
Tax Class # _____	Total Bldgs # _____	Total Living Units # _____	Owner-Occupied Bldg # _____
Approval pending: <input type="checkbox"/> Recordation <input type="checkbox"/> Building <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other: _____			
Received by _____	20_____	Effective 2022	Tax Year