

Parcel ID (Tax Map Key)



**REAL PROPERTY ASSESSMENT
DIVISION
FINANCE DEPARTMENT
COUNTY OF KAUAI**
Telephone: (808) 241-4224
Website: kuaipropertytax.com

ISLAND	ZONE	SECTION	PLAT	PARCEL	CPR
4					

**CLAIM FOR EXEMPTION
Totally Disabled Veteran (Sec. 5A-11.6)**

PRINT OWNER/APPLICANT'S NAME		HOME PHONE NUMBER	BUSINESS PHONE NUMBER
SOCIAL SECURITY NUMBER		EMAIL ADDRESS	
PROPERTY (PARCEL) ADDRESS			
MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS			
Service entry date: _____ Service discharge date: _____ Injury date: _____			
Re-evaluation date, if applicable: _____ Describe injury: _____			

CERTIFICATION

I certify the above facts to be true and that I am totally disabled due to injuries received while on duty with the armed forces of the United States. I understand that I may be required to submit a physician's report to provide proof of total disability. I hereby authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf for the limited purpose of verifying the dates of my service entry, service discharge and injury, and my total disability.

Yes No (please check one)

I understand that if I do not authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf, I may be required to obtain the certification of the Veterans Administration myself to support this application.

SIGNATURE PRINT NAME DATE

Submit claim to: Real Property Assessment Division
 Department of Finance
 4444 Rice Street, Suite 454
 Līhu'e, HI 96766-1326

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self addressed stamped envelope.

FOR OFFICIAL USE ONLY

For Tax Year: _____

Approved

Disapproved

Received By: _____

Date Received (post office cancellation mark): _____

Sec. 5A-11.6 Exemption--Homes of Totally Disabled Veterans.

(a) Real property owned and occupied as a home by any person who is totally disabled due to injuries received while on duty with the armed forces of the United States, or owned by any such person together with his or her spouse and occupied by either or both spouses as a home, or owned and occupied by a widow or widower of such totally disabled veteran who shall remain unmarried and who shall continue to own and occupy the premises as a home, is hereby exempted from all property taxes, other than special assessment, provided:

(1) That such total disability was incurred while on duty as a member of the armed forces of the United States, and that the Director may require proof of total disability.

(2) That the home exemption shall be granted only as long as the veteran claiming exemption remains totally disabled.

(3) That the exemption shall not be allowed on more than one (1) house for any one (1) person.

(4) That a person living on the premises, a portion of which is used for commercial purposes, shall not be entitled to an exemption with respect to such portion, but shall be entitled to an exemption with respect to the portion used exclusively as a home; provided that this exemption shall not apply to any structure, including the land thereunder, which is used for commercial purposes.

(b) For the purposes of this Section, the word "home" includes the entire homestead when it is occupied by a qualified totally disabled veteran as a home; houses where the disabled veteran owner sublets not more than one (1) room to a tenant; and premises held under an agreement to purchase the same for a home where the agreement has been duly entered into and recorded prior to October 1st preceding the tax year for which exemption is claimed, whereby the purchaser agrees to pay all taxes while purchasing the premises. The subletting by the disabled veteran of not more than one (1) room to a tenant shall not affect this exemption. (Ord. No. 394, July 1, 1981; Ord. No. 920, December 14, 2011)



**DEPARTMENT OF FINANCE
THE COUNTY OF KAUA'I**

**DEREK S. K. KAWAKAMI, MAYOR
MICHAEL A. DAHLIG, MANAGING DIRECTOR**

**REIKO MATSUYAMA
DIRECTOR**

**MICHELLE L. LIZAMA
DEPUTY DIRECTOR**

TOTALLY DISABLED VETERAN (Sec. 5A-11.6) CERTIFICATION

Claimant (Veteran's Name): _____

Claimant Social Security Number: _____

Claimant VA Claim Number: _____

I certify the above facts to be true and that I am totally disabled due to injuries received while on duty with the armed forces of the United States. I understand that I may be required to submit a physician report to provide proof of disability. I hereby authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf for the limited purpose of verifying that I am awarded and receiving total disability compensation, the percent rate and effective date.

Yes

No **(please check one)**

I understand that if I do not authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf, I may be required to obtain a certification of the Veterans Administration myself to support the application.

SIGNATURE

PRINT NAME

DATE

Submit certification to: Real Property Assessment Division
Department of Finance
4444 Rice Street, Suite 454
Līhu'e, HI 96766-1326

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