



COUNTY OF KAUA'I  
DEPARTMENT OF FINANCE  
REAL PROPERTY DIVISION

Parcel ID (Tax Map Key)				
Zone	Section	Plat	Parcel	CPR

## CLAIM FOR INCOME EXEMPTION

**ANNUAL FILING DEADLINE SEPTEMBER 30<sup>th</sup>**

Address of Property for which exemption is being claimed:

Does this property have a current Home Exemption? Yes  No

Attach the following proof of Income:

- 1) Filed **2025** State of Hawai'i Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed **2025** U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) If Married Filing Separately, spouses tax returns are required with application.
- 4) **If any applicants were not required to file any tax return(s) an affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income.**

### 2027 Additional Home Exemption Relating to Owner-Occupant's Income

**PROGRAM I**

1. Print Names of ALL Owner Occupants & Spouse -  FILING JOINTLY  FILING SEPARATELY - who occupy this property.

Owner's Name:	Social Security #	Phone No.	Email Address:

Mailing Address: \_\_\_\_\_

- a) # of dwellings on property? \_\_\_\_\_ If more than 1, state approx. year the dwelling you live in was built \_\_\_\_\_
- b) Is any portion of the dwelling you live in used as a rental or business?  Yes - Sq. ft. \_\_\_\_\_  No

**My Gross Income for last year is \$108,700 or less.**

	First Owner	Second Owner	TOTAL
From Federal Returns			
From State Returns			

**PROGRAM II**

### 2027 Very-Low Income Tax Credit

The Combined total for all Titleholder's Gross Income is **\$67,950 or less.**

I understand my Fiscal Year taxes must be current to benefit \_\_\_\_\_ (Initial here)

COMBINED Titleholders Gross Income \$ \_\_\_\_\_ . 3% of COMBINED TITLEHOLDERS Gross Income \$ \_\_\_\_\_ .

**PART III CERTIFICATION**

I hereby certify that I am a qualified title holder and spouse thereof, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kaua'i, or their duly designated representative of the Department of Finance, County of Kaua'i, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kaua'i 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 MAY BE FINED OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH.

KAUA'I COUNTY CODE SEC. 5A-1.25, AND HRS §710-1063.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Per § 4-2.2. of the Kaua'i County Code, a fee will be assessed for requested document copies.*

(FOR OFFICIAL USE)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Dated: \_\_\_\_\_

**REAL PROPERTY ASSESSMENT**

- (808) 241-4224 (main) • (808) 241-6252 (fax)
- [rpassessment@kauai.gov](mailto:rpassessment@kauai.gov) (email)
- 4444 Rice Street, Suite 454 • Lihue, Hawai'i 96766

**REAL PROPERTY COLLECTION**

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[www.kauai.gov](http://www.kauai.gov) or [www.kauaipropertytax.com](http://www.kauaipropertytax.com) (website)

An Equal Opportunity Employer



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**ANNUAL FILING DEADLINE SEPTEMBER 30<sup>TH</sup>**

**Address of Property for which exemption is being claimed:**

**Attach the Following Proof of Income for EACH additional titleholder:**

- 1) Filed **2025** State Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed **2025** U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) If Married Filing Separately, spouses tax returns are required with application.
- 4) **If any applicants were not required to file any tax return(s) an affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income.**

**2027 Additional Titleholders Very-Low Income Tax Credit Application**

**Gross Income of all Titleholder's is \$67,950 or less.**

**ADDITIONAL TITLEHOLDERS** information not listed in the original application:

**Applicant's Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Title Holders Gross Income \$** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Title Holders Gross Income \$** \_\_\_\_\_

**PART III CERTIFICATION**

I hereby certify that I am a qualified title holder and spouse thereof, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kaua'i, or their duly designated representative of the Department of Finance, County of Kaua'i, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kaua'i to verify my income or other information on this application with the State Tax Office or Internal Revenue Service.

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**KAUA'I COUNTY CODE SEC. 5A-1.25, AND HRS §710-1063.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Per § 4-2.2. of the Kaua'i County Code, a fee will be assessed for requested document copies.***

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