



COUNTY OF KAUAI
DEPARTMENT OF FINANCE
REAL PROPERTY DIVISION

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

2027 HOME PRESERVATION TAX LIMITATION

ANNUAL DEADLINE FILING SEPTEMBER 30th

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

Part I: Home Exemption Qualification

- A. Has a Home Exemption been in existence on or before 2016 (10 year minimum) on this property, without change in ownership, other than transfers between family members? ☐ Yes ☐ No
- And** does subject property have a current or qualify for owner-occupied tax rate? ☐ Yes ☐ No
- B. Dwelling(s) on the property, is/are occupied by an owner-occupant? ☐ Yes ☐ No
- C. Does real property have a net taxable assessed value exceeding \$1,000,000? ☐ Yes ☐ No
- D. Is the gross income of all owners \$200,000 or less? ☐ Yes ☐ No
- E. Are the real property taxes current on the Homeowner's property? ☐ Yes ☐ No
- F. The property on this application is the only property owned by the Applicant/Title Owner. ☐ Yes ☐ No

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 2025 INCOME TAX YEAR

- H. Enter the total **GROSS INCOME** of all title owners

Filed 2025 Federal Income Tax Return Form 1040/1040-SR \$ _____
with Schedules 1 - 3, Schedules C, D, E, F, as applicable and

Filed 2025 State of Hawai'i Tax return (N-11) pages 1-4 \$ _____

Or complete an Affidavit, **for any title owners who do not** file Federal and/or State Income Tax or both.

Part III: Calculation

Indicate 'Y' (yes) or 'N' (no) if Married and Filing Separately: ☐ 'Y' ☐ 'N'

- I. Enter 3% of TOTAL GROSS INCOME (Multiply Line H Part II by .03), \$ _____
if your property taxes are higher than \$500 or the amount appearing on **Line I**.

Part IV: Applicant Information

- Applicant's Name: _____
- Social Security Number: _____ Date of Birth: _____
- Property (Parcel) Address: _____
- Mailing Address: _____
- Home Number: _____ Cell number: _____
- Contact 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 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 _____

(FOR OFFICIAL USE)

Received by: _____ Date: _____ Processed by: _____ Dated: _____

REAL PROPERTY ASSESSMENT

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

REAL PROPERTY COLLECTION

- (808) 241-4272 (Main)
- rpc@kauai.gov (email)
- 4444 Rice Street, Suite 463 • Lihue, Hawai'i 96766

www.kauai.gov or www.kauaipropertytax.com (website)

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