



COUNTY OF KAUAI
DEPARTMENT OF FINANCE
REAL PROPERTY DIVISION

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

ANNUAL FILING DEADLINE SEPTEMBER 30th

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

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.

PROGRAM I

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

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 to be determined.

	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 **to be determined.**

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.

KAUAI COUNTY CODE SEC. 5A-1.25, AND HRS §710-1063.

Signature _____

Date _____

Signature _____

Date _____

(FOR OFFICIAL USE)

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

REAL PROPERTY ASSESSMENT

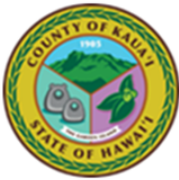
- (808) 241-4224 (main) • (808) 241-6252 (fax)
- rpassessment@kauai.gov (email)
- 4444 Rice Street, Suite 454 • Lihue, Hawaii 96766

REAL PROPERTY COLLECTION

- (808) 241-4272 (main)
- rpc@kauai.gov (email)
- 4444 Rice Street, Suite 463 • Lihue, Hawaii 96766

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

An Equal Opportunity Employer



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

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 **to be determined**.

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\$ _____

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

Signature _____

_____ Date

Signature _____

_____ Date

(FOR OFFICIAL USE)

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

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