



**REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF FINANCE COUNTY OF KAUA'I
4444 Rice Street Suite A-454 Lihue, HI 96766-1326
808-241-4224 (B) 808-241-6252 (F)
Website: www.kauaipropertytax.com
Email: rassessment@kauai.gov**

**2024 LONG-TERM AFFORDABLE TENANT OCCUPIED RENTAL PROGRAM
ANNUAL DEADLINE FILING **SEPTEMBER 30TH****

NOTICE: (1) Changes to any existing Rental/Lease Agreements must have the initials of the tenants and owner; agents' initials for the owner only will be accepted. (2) No fax copies of this application will be accepted; the application must have the original signature of the Owner, no agents' signatures. (3) Those submitting Rental/Lease Agreements expiring October 31st or before, must provide the renewal agreement not later than November 15, 2023.

For applicants who file and are approved for the 2024 tax year, and provided multi-year lease with tenant name, term of lease, if tenant pays utilities described below, if multi dwellings on the property provide the unit number covered by lease and affordable rent amount clearly stated in the lease agreement, may consider this application and its approval good for of up to three (3) years.

Tax Map Key No. (4) _____
(Kaua'i) Zone Section Plat Parcel CPR Bldg./Unit # Lease Term Dates (start & end dates)

PART I: OWNER INFORMATION

Owner's Name: _____
Mailing Address: _____
City/State/Zip: _____
HM/BUS Phone: _____ Cell Phone: _____ Email: _____

1. Definition:

"Long Term Affordable Rental means a dwelling subject to a written lease agreement with a term of (1) year or more and at monthly rent not to exceed the maximum housing cost based on **90% of the Kaua'i Median Household Income** as set forth in the Kaua'i County Housing Agency Affordable Rental Housing Guideline for the year which the owner files his or her application." **(Ordinance No. 1016, Approved August 14, 2017)"**

2. Property Identification:

Property Address: _____

House Number, Street Name and Town

3. Maximum Allowable Monthly Rental amount: (Please check appropriate description of your unit)

Select number of bedrooms being rented with attached application	Description of unit with 1 year or longer rental agreement	Check box for who is responsible for paying utilities (utility allowance includes electric, gas, water and sewer)	
		Owner pays all	Tenant pays any
	Studio	\$1,735	\$1,512
	1-Bedroom	\$1,859	\$1,613
	2-Bedroom	\$2,231	\$1,920
	3-Bedroom	\$2,577	\$2,207
	4-Bedroom	\$2,875	\$2,427
	5-Bedroom	\$3,172	\$2,665

****IMPORTANT:** To qualify, you must submit an executed "CURRENT" copy of your Rental Agreement with this application. Each rental unit that you are applying for must be accompanied by an application and written rental agreement. Rental Agreement and/or Lease Agreement cannot expire on or before September 30, 2023 to qualify. If you have more than one rental unit on the same property, ALL rentals must qualify as Long-Term Affordable rentals to benefit the "Homestead" tax class. **Tenants must be the age 18 years or older; children under the age of majority are not considered legal tenants; renters/lessees must reside on the property under this applications, as their principal residence.**

4. Tenant Contact Information:

Renter's Name: _____
Mailing Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

PART II: LONG TERM AFFORDABLE RENTAL TENANT OCCUPIED RENTAL APPLICATION DEFINITION AND QUALIFICATIONS

PART III: OWNER CERTIFICATION

I certify that the tenant OCCUPIES the property described above as their principal residence. I authorize the County of Kaua'i to verify my rental, tenant information, or any other information on this application. I, further agree to notify the Real Property Assessment Division within 30 calendar days if my property is (a) sold, (b) sublet (c) no longer being leased by the lessee named on the submitted rental agreement residing on the property and/or (d) is no longer being rented at the affordable rental rate indicated on my application.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11A.1 SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH.

X _____ **X** _____
Signature of Owner (**OWNER signature ONLY - NO AGENTS SIGNATURE**) Date

DEPARTMENT USE ONLY: Received date: _____ Clerk _____ END YEAR _____ RENEW _____
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