

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:

Attach the following proof of income: 1) Filed 2024 State of Hawari' Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4 2) Filed 2024 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 will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to validate income. ### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted on the return(s). If filing any applicants will need to be submitted to validate income. #### Any applicants were not required to file any tax return(s) an affidavit will need to be submitted to the return submitted will need to be submitted to the return submitted will need to the submitted to the submitted to the file of the submitted to the submitted to the file of the submitted to the submitted to the submitted to the file of the submitted to th		Does this property	have a current Home E	xemption? Yes	□ No □
2) Filed 2024 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) are required with application. 4) If any applicants were not required to file any tax return(s) and affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit will need to be submitted to validate income. 2026 Additional Home Exemption Relating to Owner-Occupant's Income 2026 Security # Phone No. Email Address: Mailing Address:	Attach the following p			•	
2) Filed 2024 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) are required with application. 4) If any applicants were not required to file any tax return(s) and affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit will need to be submitted to validate income. 2026 Additional Home Exemption Relating to Owner-Occupant's Income 2026 Security # Phone No. Email Address: Mailing Address:	1) Filed 2024 State of Ha	waiʻi Individual Income Tax	Return (N-11) Pages 1. 2. 3.	§ 4	
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 filling an affidavit a Social Security Benefit (IS&A-1099). Pension and any other end of year statements will need to be submitted to validate income. 2026 Additional Home Exemption Relating to Owner-Occupant's Income 1. Print Names of ALL Owner Occupants & Spouse - FillING JOINTLY FILIING SEPARATELY - who occupy this property. Owner's Name: Social Security # Phone No. Email Address:			, , , ,		,E and/or F as applicable
affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income. 2026 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:	3) If Married Filing Sepa	rately, spouses tax returns	are required with application	on.	, ,
2026 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:	4) If any applicants were	not required to file any ta	ax return(s) an affidavit will	need to be signed & su	ubmitted in lieu of the return(s). If filing an
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: Phone No. Email Address:	affidavit a Social Securi	ty Benefit (SSA-1099), Pen	sion and any other end of y	ear statements will ne	ed to be submitted to validate income.
1. Print Names of ALL Owner Occupants & Spouse - FILING JOINTLY FILING SEPARATELY - who occupy this property. Owner's Name:	PPOGPAMI	2026 Additional Ho	me Exemption Rela	ating to Owner-	Occupant's Income
Mailing Address: a) # of dwellings on property?		wner Occupants & Spouse	- FILING JOINTLY FIL	ING SEPARATELY - who	o occupy this property.
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 \$104,200 or less. First Owner	Owner's Name:		Social Security #	Phone No.	Email 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 \$104,200 or less. First Owner			,		
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 \$104,200 or less. First Owner					
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 \$104,200 or less. First Owner	Mailing Address:				
My Gross Income for last year is \$104,200 or less. First Owner Second Owner TOTAL From Federal Returns From State Returns PROGRAM II The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$	_				
My Gross Income for last year is \$104,200 or less. First Owner Second Owner TOTAL From Federal Returns From State Returns PROGRAM II The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$				_	_
First Owner Second Owner TOTAL From Federal Returns PROGRAM II The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$ 3% of COMBINED TITLEHOLDERS Gross Income \$ PART III CERTIFICATION 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 applicative 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, Count aua'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 lates; 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. gnature Date Date Date Processed by:	b) Is any portion of				LJ No
PROGRAM II The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$ PART III CERTIFICATION 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 applicative 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, Count aua'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. 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. gnature		My	Gross Income for last year	is \$104,200 or less.	
PROGRAM II The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$ 3% of COMBINED TITLEHOLDERS Gross Income \$ PART III CERTIFICATION 3% of COMBINED TITLEHOLDERS Gross Income \$ bereby 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 again, 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 tates; 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. gnature		First Owner		Second Owner	TOTAL
### The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$ 3% of COMBINED TITLEHOLDERS Gross Income \$	From Federal Returns				
The Combined total for all Titleholder's Gross Income is \$66,450 or less. I understand my Fiscal Year taxes must be current to benefit	From State Returns				
I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$	PROGRAM II		2026 Very-Low Inc	come Tax Credit	<u> </u>
I understand my Fiscal Year taxes must be current to benefit (Initial here) OMBINED Titleholders Gross Income \$		The Combir	ed total for all Titleholder's	Gross Income is \$66,4!	50 or less.
OMBINED Titleholders Gross Income \$					
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 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, Count aua'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 tates; 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. gnature		•			
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 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, Count aua'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 tates; 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. gnature		s Income \$	3% of CON	ABINED TITLEHOLDERS	Gross Income \$
rue 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, Count aua'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 tates; 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. gnature		_			
aua'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 tates; 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. gnature Date		· · · · · · · · · · · · · · · · · · ·			
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. Date					-
Nate Date Date Date	tates; and authorize the Count	y of Kaua'i to verify my incom	e or other information on this	application with the State	e Tax Office or Internal Revenue Service.
Date Date	ANY PERSON W				
		ı	KAUA'I COUNTY CODE SEC. SA-		
(FOR OFFICIAL USE) Received by: Date: Processed by: Dated:	ignature			Date	
Received by: Date: Processed by: Dated:	ignature			Date	
Received by: Date: Processed by: Dated:			(FOR OFFICIAL LI	E)	
	Received by:	Date:	•	•	Dated:
REAL PROPERTY ASSESSMENT REAL PROPERTY COLLECTION	,				
	REAL PROPERTY ASSESS	MENT		REAL PROPE	ERTY COLLECTION

• (808) 241-4272 (main)

• rpc@kauai.gov (email)

• 4444 Rice Street, Suite 463 • Līhu'e, Hawai'i 96766

• (808) 241-4224 (main) • (808) 241-6252 (fax)

• 4444 Rice Street, Suite 454 • Līhu'e, Hawai'i 96766

• rpassessment@kauai.gov (email)



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:

Attach the Following Proof of Income for EACH additional titleholder:

- 1) Filed 2024 State Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed 2024 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.

2026 Additional Titleholders Very-Low Income Tax Credit Application

Gross Income of all Titleholder's is \$66,450 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\$	
true and correct copy. I understand and accept that Kaua'i, may require that I request to verify my incon States; and authorize the County of Kaua'i to verify	spouse thereof, that the information above is true and correct, and that the tax return substitute Director of Finance County of Kaua'i, or their duly designated representative of the Dene tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Rever my income or other information on this application with the State Tax Office or Internal R	epartment of Finance, County of enue Service of the United evenue Service.
Signature		Date

REAL PROPERTY ASSESSMENT

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

REAL PROPERTY COLLECTION

- (808) 241-4272 (main)
- rpc@kauai.gov (email)
- 4444 Rice Street, Suite 463 Līhu'e, Hawai'i 96766