



COUNTY OF KAUAI  
DEPARTMENT OF FINANCE  
REAL PROPERTY DIVISION

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

CLAIM FOR EXEMPTION KULEANA LANDS  
(Section 5A-11.29)

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

LAST NAME			FIRST NAME			MIDDLE INITIAL		
DATE OF BIRTH			CELL PHONE			HOME/BUSINESS PHONE		
SITE ADDRESS						EMAIL ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM SITE ADDRESS):								

A. The current Land Use Ordinance zoning of parcel is:

Residential ☐

Agriculture ☐

Other: \_\_\_\_\_

B. Attached is proof of identification, such as a photocopy of an original government-issued identification containing a photo and date of birth, such as your drivers' license, a Hawai'i State identification card, passport.

Yes ☐

No ☐

C. Attached is proof of genealogy verification (the owner is a lineal descendant of the person(s) that received the original title to the Kuleana land) issued by the Office of Hawaiian Affairs, or by court order.

Yes ☐

No ☐

**Contact the Office of Hawaiian Affairs (OHA) for information about the genealogy verification process.**

**Contact the Kuleana Call Center at (808) 594-1967**

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date**

I certify that I own this parcel in accordance with Section 5A-11.29 COK and that the foregoing is true and correct to the best of my knowledge. I understand that any misstatement or misrepresentation of facts will be grounds for disqualification. I also understand if I cease to qualify for such exemption, I must report to the assessor within 30 days this change in facts or status.

The deadline for filing this one-time initial claim is on or before **September 30<sup>th</sup>** preceding the tax year for which such exemption is to become effective. Please submit the complete claim to the Real Property Assessment Section.

**(NOTE: For a receipted copy, submit this form with a self-addressed, stamped envelope.)**

FOR OFFICIAL USE ONLY

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Tax Clerk/Assessor

(U. S. Postmark)

Number

For Tax Year

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Proof of identification: \_\_\_\_\_ Attached \_\_\_\_\_ Not Attached

Proof of OHA verification of genealogy: \_\_\_\_\_ Attached \_\_\_\_\_ Not Attached

Proof of court-order verification of genealogy: \_\_\_\_\_ Attached \_\_\_\_\_ Not Attached

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, Hawaii 96766

REAL PROPERTY COLLECTION

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

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

An Equal Opportunity Employer



**COUNTY OF KAUAI**  
**DEPARTMENT OF FINANCE**  
**REAL PROPERTY DIVISION**

**Contact the Office of Hawaiian Affairs (OHA) for information about the genealogy verification process.  
Call the "Kuleana Call Center" at (808) 594-1835**

**OHA's address is:           Office of Hawaiian Affairs  
560 N. Nimitz Hwy #200  
Honolulu, Hawai'i 96817**

**ORDINANCE NO. 873 – BILL NO 2281, Draft 1**

**Section SA-II.29 Kuleana Land**

- (a) Real property zoned as residential or agricultural, any portion of which is designated Kuleana land, shall pay the minimum real property tax as long as the real property is owned in whole or in part by a lineal descendant of the person(s) that received the original title to the Kuleana land, and provided that the Kuleana land shall be for primary ka hale use (owner- or family- occupied), agricultural use, or vacant. Residential use shall not include vacation rental use.
- (b) An application for this exemption shall be filed with the Director of Finance on forms prescribed by the Director. The application shall include documents verifying that the condition set forth in subsection (1) has been satisfied. The Director of Finance shall prescribe what shall be sufficient to show genealogy verification, provided that;
  - (1) genealogy verification by the Office of Hawaiian Affairs or by court order shall be deemed sufficient; and,
  - (2) the applicant/landowner shall be responsible for the cost of such evidence. The Director of Finance shall require the applicant to obtain a court order verifying ownership of property if the applicant is not identified as the owner of the property in the records of the Director.
- (c) For purposes of this section, "Kuleana land" means those lands granted to native tenants pursuant to L. 1850, p. 202 entitled "An Act Confirming Certain Resolutions of the King and Privy Council, Passed on the 21<sup>st</sup> Day of December, A.D. 1849, Granting to the Common People Allodial Titles for Their Own Lands and House Lots, and Certain Other Privileges, " as Amended by L. 1851, p. 98, entitled "Act to Amend An Act Granting to the Common People Allodial Titles for Their Own Lands and House Lots, and Certain Other Privileges" and as Further amended by any subsequent legislation."

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**STATE OF HAWAII`I**  
OFFICE OF HAWAIIAN AFFAIRS  
Office of Hawaiian Affairs  
560 N. Nimitz Hwy #200  
Honolulu, Hawai'i 96817  
PHONE (808) 594-1835 / FAX (808) 594-1865

**CERTIFICATION AND RELEASE FORM**

I, \_\_\_\_\_, have requested the assistance of the Office of Hawaiian Affairs (OHA) in my effort to verify that I am a lineal descendant of the person(s) who received the original title to a kuleana-land parcel(s) for which I hope to receive a kuleana-land property-tax exemption from the County of Kaua'i. I understand that I, not OHA, bear the burden of obtaining the evidence to support my claimed exemption. I also understand that any findings and conclusions that OHA may make will be based on the information that I provide.

I certify that my information that I provide to OHA will be accurate and reliable to the best of my knowledge.

I hereby release and discharge OHA from any and all liability, claims and demands arising out of or in connection with OHA's assistance and in connection with any findings and conclusions that OHA may reach and communicate to third parties as to whether I am a lineal descendant.

I am of full age and have the right to contract in my own name. This release shall be binding upon me and my heirs and my legal representatives.

I have read the above and fully understand the contents.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

*\*Note – This is a form given as a courtesy to taxpayers. The form is to be submitted to the Office of Hawaiian Affairs (OHA). This form SHOULD NOT be submitted to County of Kaua'i Real Property Division.*