

(FOR OFFICIAL USE)

Received by: \_\_\_\_\_

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

**COUNTY OF KAUAI REAL PROPERTY ASSESMENT DIVISION**

4444 Rice St., Suite A-454, Lihue, HI 96766-1326

(808) 241-4224 (B) (808) 241-6252 (F)

Website: www.kauaipropertytax.com

Email: rpassessment@kauai.gov

**ANNUAL FILING DEADLINE SEPTEMBER 30TH**

**Tax Map Key/Parcel ID #**

(FOR OFFICIAL USE)

PITT # \_\_\_\_\_

BLDG # \_\_\_\_\_

BLDG % \_\_\_\_\_

LAND % \_\_\_\_\_

PROC. BY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Zone Section Plat Parcel CPR

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 **2023** State of Hawai'i Individual Income Tax Return (N-11 ) Pages 1, 2, 3, & 4
- 2) Filed **2023** 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 2025 Additional Home Exemption Relating to Owner-Occupant's Income**

1. Print Names of ALL Owner Occupants & Spouse - FILING JOINTLY FILING SEPARATELY whom 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 rental? business? Yes - Sq ft. \_\_\_\_\_ No

**My Gross Income for last year is \$106,200 or less**

|                      | First Owner | Second Owner | TOTAL |
|----------------------|-------------|--------------|-------|
| From Federal Returns |             |              |       |
| From State Returns   |             |              |       |

**PROGRAM II**

**2025 Very-Low Income Tax Credit**

**The Combined total for all Titleholder's Gross Income is \$66,350 or less**

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 his 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 Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service. ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALFCATION FROM RECEIVING THE EXEMPTION.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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DATE \_\_\_\_\_

Zone - Section - Plat - Parcel - CPR

Address of Property for which exemption is being claimed:

Attach the Following Proof of Income for EACH additional titleholder:

- 1) Filed 2023 State of Hawai'i Individual Income Tax Return (N-11 ) Pages 1, 2, 3, & 4
- 2) Filed 2023 U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
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## **2025 Additional Titleholders Very-Low Income Tax Credit Application**

**Gross Income of all Titleholder's is \$66,350**

Information of ADDITIONAL TITLEHOLDERS not listed on original application:

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Address Phone \_\_\_\_\_ Title Holders Gross Income \$ \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Title Holders Gross Income \$ \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_