



County of Maui – Department of Finance  
**REAL PROPERTY ASSESSMENT DIVISION**  
 Service Center Suite A-16  
 70 E. Kaahumanu Avenue, Kahului, HI 96732  
 (808) 270-7297 FAX (808) 270-7884

TAX MAP KEY				
Zone	Section	Plat	Parcel	CPR

## CLAIM FOR REAL PROPERTY TAX EXEMPTION FOR KULEANA LAND

Claimant Name _____	Date of Birth _____		
Site Address _____	City _____	State _____	Zip Code _____
1. Is any portion of the parcel <b>not</b> part of the kuleana?      No      Yes, _____ Sq. Ft. or Acres			
2. Is any portion of the property designated as kuleana land used for any commercial purpose other than Agriculture? ( <a href="#">see MCC 3.48.554</a> )      No      Yes (please explain) _____			

**The following must be submitted with your claim form:**

- Proof of identification, such as a photocopy of an original government-issued identification containing a photo and the date of birth, such as your driver’s license, a Hawaii State identification card, or a passport.
- 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.

\* Contact the Office of Hawaiian Affairs (OHA) Kuleana Land Survey Call Center, for information about the genealogy verification process at (808) 594-1967.

CERTIFICATION	
I hereby certify, under penalty of law, that all statements above are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.	
Owner's Signature _____	Date _____
Mailing Address (If different from above) _____	Contact phone number(s) _____

- **All claims must be filed and submitted (U.S. postmarked) on or before December 31<sup>st</sup> preceding the tax year for which the exemption is claimed. ([MCC 3.48.410](#)).**
- To ensure your application is received, we recommend mailing this application via certified mail with return receipt requested along with a self-addressed stamped envelope for the return of a copy of your processed application for your records. One application per envelope.

FOR ASSESSOR'S USE ONLY	
Date Received (U.S. Postmark) _____	By _____
Case # _____ PITT _____ Ex Code _____	Land % _____ Bldg# _____ Bldg% _____
Disapproved, Reason _____	Approved _____