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 DISABILITY EXEMPTION

Exemption is hereby claimed from Real Property Taxation under

☐ Hansen's Disease Sufferer (MCC 3.48.480) ☐ Blind, Deaf, or Totally Disabled (MCC3.48.485)

Taxpayer's name (print or type) Social Security Number

Home Address

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.

CERTIFICATION

I certify all statements in this return are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.

Date _____

Owner's Signature _____

Telephone No. _____

Disabled exemption is in addition to the regular home exemption. To obtain the regular home exemption, you must file claim on form DFT-450.

FOR ASSESSORS USE ONLY				
GENERAL LAND CLASS				
Pitt Code	Ex. Code	Bldg. No.	Bldg. %	Land %
3	2	4	3	3

Received: _____ Date: _____

For Tax Assessor

County of Maui – Department of Finance
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REPORT ON DISABILITY FOR REAL PROPERTY TAX EXEMPTION PURPOSES

Applicant's Name _____ Social Security No. _____

Address _____

PART I - EYE EXAMINATION (Must be done by an ophthalmologist or an optometrist.)

a. Diagnosis _____

b. Vision without corrective lenses OD: _____ OS: _____

c. Vision with corrective lenses OD: _____ OS: _____

d. Is this applicant's visual acuity 20/200 or worse in the better eye with corrective lenses? ☐ Yes ☐ No

e. Is there a field defect in which the widest diameter of visual field subtends an angle no greater than 20 degrees? ☐ Yes ☐ No

f. Date first certifiable as legally "blind" _____

g. Should applicant be re-examined for tax purposes? ☐ Yes ☐ No If yes, when? _____

PART II - HEARING EXAMINATION (Must be done by an otolaryngologist)

a. Diagnosis _____

b. Hearing loss (500-2000 Hertz) without aid: Right: _____ Left: _____

c. Is the applicant's average loss in speech frequencies (500-2000) Hertz in the better ear? 82 Decibels ASA (or 92 Decibels ANSI 1969) or worse? ☐ Yes ☐ No

d. Date first certifiable as legally "deaf" _____

e. Should applicant be re-examined for tax purposes? ☐ Yes ☐ No If yes, when? _____

PART III - REPORT ON DISABILITY (Must be done by physicians licensed under chapter 453 or 460, HRS)

a. Diagnosis _____

b. Date first disabled or unable to work _____ Date under you care (by year) _____

c. Diagnosis and pertinent symptoms or findings that preclude ability to engage in gainful work

_____

d. Is the condition totally and permanently disabling? ☐ Yes ☐ No

e. If "No", when should applicant be re-examined for tax purposes? _____

CERTIFICATION BY A LICENSED PHYSICIAN OR OPTOMETRIST

Based on the above report, hereby certify that:

Applicant conforms to State definition of: ☐ "Blind" ☐ "Deaf" ☐ "Totally Disabled" OR

Applicant does not conform to the above definitions ☐

Date	Signature of Physician or Optometrist
License Number	Print Name of Physician or Optometrist
Date License Expires	Address of Physician or Optometrist

PHYSICIAN'S CERTIFIED REPORT

Definitions:

"Blind" means a person whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter if the visual field subtends an angle no greater than twenty degrees. The impairment of sight shall be certified on forms prescribed by the Department of Finance on the basis of a written report on an examination performed by a qualified ophthalmologist or qualified optometrist (Section 235-1, Hawaii Revised Statutes amended by Act 81 – 1988).

"Deaf" means a person whose average loss in the speed frequencies (500-2000 Hertz) in the better ear is eighty-two decibels, A.S.A., or worse. The impairment of deafness shall be certified by a qualified otolaryngologist on forms prescribed by the Department of Finance (Section 235-1, Hawaii Revised Statutes amended by Act 81 – 1988).

"Person totally disabled" mean a person who it totally and permanently disabled, either physically or mentally, which results in the person's inability to engage in any substantial gainful business or occupation. The disability shall be certified by a physician licensed under Chapter 453 or 460, or both, on forms prescribed by the Department of Finance (Section 235- 1, Hawaii Revised Statutes amended by Act 81 – 1988).

Instructions:

Purpose of Form DFT-485 – Use form to certify blindness, deafness, or disability for real property tax purposes. This form must be attached to Form DFT-475-A "Claim for Disability Exemption". Copies of this form should be retained by the taxpayer claiming the exemption and the physician or optometrist certifying the blindness, deafness, or disability.

How to File – File the original copy of this form attached to Form DFT-475-A with the Real Property Assessment Division.

Where to File - Taxpayers are to file this form with the Tax Assessor, County of Maui at the following address.

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