County of Maui - Department of Finance
REAL PROPERTY ASSESSMENT DIVISION

70 E Kaahumanu Ave, Ste A-16, Kahului, HI 96732
Phone: (808) 270-7297

CLAIM FOR HOME EXEMPTION

(Chap. 3.48.410 & 3.48.450 MCC; 514A-6 & Related Sec., HRS)

TAX KEY				
Z	S	PLAT	PARCEL	CPR

Owner's Name | Social Security Number | Date of Birth | ☐ Verified

Owner's Name | Social Security Number | Date of Birth | ☐ Verified

Property Address | Apt. No. | City | State: Hawaii | Zip Code

Mailing Address | Apt. No. | City | State | Zip Code

Home Phone or Cell Phone (circle one) | Business Phone | Date Purchased

Is any portion of your property used as a rental or business? No Yes (Circle One) If YES, please explain: _____

Do you claim a home exemption or similar type of exemption anywhere else? No Yes* (Circle One)

*If YES, indicate the tax map key number & location: _____
Tax Map Key Number | State | County

You may be entitled to the home exemption if all of the following requirements are met. Please initial to confirm you meet or will meet the requirements.

_____ Initial(s) Here — I own and occupy this property as my principal residence as of the assessment date.

_____ Initial(s) Here — I understand I must file a State of Hawaii Resident Income Tax Return with a reported address in the County for the year prior to the effective date of this exemption. **(NOTE: Non-resident and part-year resident State of Hawaii income tax returns do not qualify for the home exemption.)**

_____ Initial(s) Here — My property taxes are not delinquent on this parcel. **(NOTE: No home exemption shall be allowed if taxes on the property are delinquent.)**

Submit this Claim with proof of age. Acceptance proofs are: Driver's License; State registration card; birth certificate; and other governmental or legal documents. (Copies are accepted with claims submitted by mail)

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 copy of your processed application for your records.** One application per envelope.

CERTIFICATION

I certify that I own and occupy this home, and that all statements in this return are true and correct to the best of my knowledge. I understand that any mis-statement of facts will be grounds for disqualification and penalty and may be guilty of a misdemeanor per MCC 3.48.072. I also understand if I cease to qualify for this exemption, I must report to the assessor within 30 days this change in facts or status. Failure to report a change in facts or status will result in disqualification and penalties.

Owner's Signature | Date | Owner's Signature | Date

The applicant's social security number is required for the purpose of establishing the identity of the applicant for home exemption, maintaining a record of homeowner exemption claims and verification purposes. The requirement is authorized under the Federal Social Security Act [42 U.S.C.A. Sec. 405(c)(2)(C)]. Failure to disclose will result in a delay in processing the claim. If disclosed, social security numbers will not be subject to public access.

SPACE RESERVED FOR DATE STAMP

FOR OFFICIAL USE	
PITT CODE:	Received by:
EX CODE:	FOR TAX ASSESSOR — DATE
BLDG #:	
BLDG %:	
LAND %:	DFT-450 Revised 6/10/2013 — Effective 2014 Tax Year