



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

Hawaii

Property Address _____ Apt. No. _____ City _____ State _____ 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 If YES, please explain: _____
 (Circle One)

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.

- _____ 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.)**
Initial(s) Here

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: _____ FOR TAX ASSESSOR DATE
EX CODE: _____	
BLDG #: _____	
BLDG %: _____	
LAND %: _____	DFT-450 Revised 01/02/2014 Effective 2015 Tax Year