

**Information and Instructions**  
**Claim for Exemption – Homes of Totally Disabled Veterans**  
**Revised Ordinances of Honolulu (“ROH”) § 8-10.5**

**1. Eligibility for the Exemption:**

Real property (a home) is exempt from property taxes (except special assessments) if it is:

- a. Owned and occupied by a veteran who is totally disabled due to injuries received while serving in the U.S. Armed Forces;
- b. Owned jointly by such a veteran and their spouse, and occupied by one or both of them; or
- c. Owned and occupied by the unmarried widow or widower of such a veteran, as long as they continue to live there.

**2. Definition of “Home” for the Purpose of the Exemption:**

- a. The whole property when used as a residence by the disabled veteran or their widow/widower.
- b. A house in which no more than one room is rented out to a tenant (unless covered by subsection (d)).
- c. A property being purchased under a recorded agreement (signed before October 1 of the tax year) in which the veteran agrees to pay all taxes while buying it.

**3. Conditions for the Exemption:**

- a. The veteran’s total disability must have been incurred while serving in the military.
- b. The exemption applies only while the veteran remains totally disabled, and proof may be required.
- c. A person may only claim the exemption for one home.
- d. If part of the home is used for business, only the residential part may qualify. No exemption applies to any building or land used for commercial purposes.
- e. A widow or widower may apply even if the veteran never did, as long as they can prove the veteran would have qualified at the time of death.

**4. Effective Date of the Exemption:**

Allowed claims will be processed and take effect beginning with the next tax payment date. If filed on or before August 19, the exemption will take effect for the following tax year. If filed on or before February 19, the exemption will take effect for the second half of the current tax year.

**5. Moving into Care Facilities:**

The exemption continues if the veteran (or qualifying widow/widower) moves into a licensed long-term care facility or adult residential care home in Hawaii, as long as:

- a. The owner designates the adult residential care home or long-term care facility on this form; and
- b. The original home is not rented, leased, or sold during that time the owner is in the care facility.

**6. How to File:**

- a. A fillable application form is available online at [realproperty.honolulu.gov](http://realproperty.honolulu.gov).
- b. Official ID, Marriage Certificate (if applicable), and Death Certificate for deceased veteran(if applicable) are required with the application.
- c. Please submit the completed application form in person or by mail, along with all required documents to any of the Real Property Assessment Division (“RPAD”) offices listed below:

**Downtown Office:** 842 Bethel Street, Basement, Honolulu, HI 96813, or

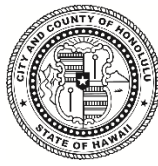
**Kapolei Office:** 1000 Ulu’ōhi’a Street, #206, Kapolei, HI 96707

When mailing, use First-Class, Certified, Registered, or Certificate of Mailing. Include a self-addressed, stamped envelope for a receipted copy.

The Social Security number is requested to verify the identity of the claimant. Disclosure is voluntary and will not affect the allowance of the exemption claim; however, failure to provide it may delay the determination of eligibility. If provided, Social Security numbers will be kept confidential and used solely for purposes related to this exemption.

Disclaimer: RPAD provides general information regarding real property tax assessments. RPAD does not provide legal or other professional advice. Individuals with specific inquiries regarding ownership, real property tax law, or the appraisal process are encouraged to consult with an attorney or other qualified professional.





Enter 12-digit Parcel ID

**Claim for Exemption  
Homes of Totally Disabled Veterans  
ROH § 8-10.5**

| I am submitting this claim as the <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
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| Totally Disabled Veteran Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | Social Security Number   |        | Date of Birth                                                                                                                   |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Spouse or Surviving Spouse Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Social Security Number   |        | Date of Birth                                                                                                                   |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Veteran Service Entry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Discharge Date           |        | Veteran Injury Description                                                                                                      |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Site Address/Property Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | Apt. No. (if applicable) |        | City                                                                                                                            | State ZIP |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Mailing Address (if different from property address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Apt. No. (if applicable) |        | City                                                                                                                            | State ZIP |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | Phone Number             |        | Preferred Method of Contact<br><input type="checkbox"/> USPS Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| 1. How many owners reside on this parcel? _____<br>2. How many living units are located on this parcel? _____ (Note: Your co-op/condo unit is one living unit.)<br>3. If more than one living unit, provide a plot plan, floor plan or diagram showing the location of each living unit on the parcel, and indicate the number of owners residing in each unit: _____<br>4. Is any portion of this parcel or living unit used for income-producing purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, what is the square footage used for income-producing purposes? _____<br>5. Indicate below the number of days within twelve (12) months for all uses on this parcel. A new claim must be filed if there are any changes to the use of this parcel: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width:16.6%;">Owner Occupied</th> <th style="width:16.6%;">Short-Term Rental</th> <th style="width:16.6%;">Long-Term Rental</th> <th style="width:16.6%;">Travel</th> <th style="width:16.6%;">Vacant</th> <th style="width:16.6%;">Other</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                   |                          |        |                                                                                                                                 |           | Owner Occupied | Short-Term Rental | Long-Term Rental | Travel | Vacant | Other |  |  |  |  |  |  |
| Owner Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Short-Term Rental | Long-Term Rental         | Travel | Vacant                                                                                                                          | Other     |                |                   |                  |        |        |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| 6. Do you have a home exemption anywhere else? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, what is the home's address and tax map key? _____<br>7. Do you live separately from your spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable<br>If yes, spouse's name: _____<br>spouse's address and parcel ID: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| <b>Certification and Acknowledgment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| I hereby certify that the information provided in this form and the supporting documents is true and accurate to the best of my knowledge. I understand that any false statements may result in the disqualification of the exemption and the imposition of taxes and penalties. I further acknowledge that I have read and followed the instructions for completing this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | _____                    |        | _____                                                                                                                           |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Signature                |        | Date                                                                                                                            |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| <b>For Official Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| For Tax Year: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | Received By: _____       |        | Received / U.S. Postmark: _____                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |
| Attachments: <input type="checkbox"/> VA Certification <input type="checkbox"/> Marriage Certification <input type="checkbox"/> Death Certification <input type="checkbox"/> Plot Plan <input type="checkbox"/> Copy of Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                          |        |                                                                                                                                 |           |                |                   |                  |        |        |       |  |  |  |  |  |  |