

Parcel ID (Tax Map Key)



REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET
AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU
Phone: (808) 768-3799
www.realpropertyhonolulu.com

Enter 12-digit Parcel ID

Kuleana Land CLAIM FOR EXEMPTION ROH § 8-10.29

LAST NAME , FIRST NAME MIDDLE INITIAL	PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS
LAST NAME , FIRST NAME MIDDLE INITIAL	PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS

SITE ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM SITE ADDRESS)

A. The current Land Use Ordinance zoning of parcel is:

Residential Agricultural Other: _____

B. Attached is 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.

Yes No

C. Attached is 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.

Yes No

You may contact the Kuleana Call Center of the Office of Hawaiian Affairs (OHA) for the genealogy verification process at (808) 594-1967.

CERTIFICATION

I certify that I own this parcel in accordance with ROH § 8-10.29, and that the foregoing is true and correct to the best of my knowledge. I understand that any misstatement or misrepresentation of facts will be grounds for disqualification. I also understand that if I cease to qualify for such exemption, I must report to the assessor within 30 days this change in facts or status.

Signature of Applicant

Print Name of Applicant

Date

Signature of Applicant

Print Name of Applicant

Date

(If there are more owners of property, please use additional copies of this form as needed.)

Complete this one-time initial claim form and deliver or mail (post office cancellation mark) the claim form with supporting documentation, on or before September 30th preceding the tax year for which you are claiming the exemption to either:

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813
Telephone: (808) 768-3799

Real Property Assessment Division
1000 Uluohia Street #206
Kapolei, HI 96707
Telephone: (808) 768-3169

(This claim cannot be filed by facsimile transmission. For a receipted copy, submit with a self-addressed stamped envelope.)

See ROH § 8-10.29 at: <https://www.honolulu.gov/ocs/roh.html>

FOR OFFICIAL USE ONLY		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Received By: _____	Date Received: _____	Number: _____	Tax Year: _____
(post office cancellation mark)			
Proof of Identification:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not attached	
Proof of genealogy:	OHA Verification: <input type="checkbox"/> Attached	<input type="checkbox"/> Not attached	OR Court Order Verification: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached