



Information and Instructions

Claim for Continuance of Home Exemption

Notice of Temporary Relocation to a Care Home or Facility - Totally Disable Veterans

Revised Ordinances of Honolulu ("ROH") § 8-10.5

1. Requirements to Qualify for Continuance of Home Exemption Due to Temporary Relocation to a Care Home or Facility
 - a. The designated adult residential care home or long-term care facility must be licensed to operate in the State of Hawaii.
 - b. The home from which the claimant relocates must not be rented, leased, or sold during the time the claimant is residing in the long-term care facility or the adult residential care home.
 - c. The claimant must provide their most current federal income tax returns, including the schedule E (Supplemental Income and Loss), if applicable, as evidence of non-rental activity.
 - d. Additional documentation may be required by Real Property Assessment Division ("RPAD") for verification purposes.
2. Notice of Status Change
 - a. The claimant must notify RPAD within 30 days of relocation out of the care home or facility.
 - b. The claimant must notify RPAD within 30 days of any change in facts that may disqualify the claimant for the home exemption.
3. Failure to comply with any of the requirements will result in the disallowance of the home exemption and will subject the claimant to rollback taxes, interest, and penalties.
4. If an authorized representative is filing the claim on behalf of the home exemption claimant, documentation of authorization must be submitted along with the claim.
5. This form is available for download at: realproperty.honolulu.gov. The claimant may mail or hand-deliver the claim form, along with supporting documents, on or before **September 30** of each year to one of the two RPAD offices listed below:

Real Property Assessment Division 842 Bethel Street, Basement Honolulu, HI 96813	Real Property Assessment Division 1000 Ulu'ōhi'a Street #206 Kapolei, HI 96707
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6. Claims cannot be filed by fax or email. To receive a file-stamped copy, include a self-addressed, stamped envelope with your submission. For questions, email bfsrpmmailbox@honolulu.gov or call (808) 768-3799.

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.



Parcel ID (Tax Map Key No.)



Real Property Assessment Division
Department of Budget and Fiscal Services
City and County of Honolulu
realproperty.honolulu.gov
(808) 768-3799

Enter 12-digit Parcel ID

Claim for Continuance of Home Exemption
Notice of Temporary Relocation to Care Home or Facility – Totally Disabled Veterans
ROH § 8-10.5

Home Exemption Claimant's Name		Social Security Number	Date of Birth
Site Address		City	State Zip Code
This Notice is filed by: ☐ the Claimant of Home Exemption ☐ an Authorized Representative Authorization Document Attached (Required) ☐ Yes ☐ No			
CONTACT INFORMATION			
Mailing Address		City	State Zip Code
Primary Phone Number	Secondary Phone Number	Email Address	
LICENSED CARE HOME OR FACILITY INFORMATION			
Name of Licensed Care Home or Facility		State of Hawaii Operating License Number	
Address of Care Home or Facility		Date Claimant Relocated to Facility	
Name of Contact Person at Care Home or Facility		Contact Phone Number of Care Home or Facility	
Status of Home During Relocation Period (Check the appropriate box that best describes the status of the home) ☐ Home will be vacant during the continuance of the home exemption. ☐ Home will be occupied but will not be rented, leased or sold. ☐ Other. Explain: _____			
Federal Income Tax Documents Attached ☐ Yes ☐ No			
Certification and Acknowledgement I certify that the information provided in this form and the attached documents is true and correct to the best of my knowledge. I understand that failure to meet the ordinance requirements or provide requested records may result in cancellation of the exemption and imposition of back taxes and penalties. I acknowledge that I have read and followed the instructions for completing this form. _____ Print Name Signature Date			
FOR OFFICIAL USE ONLY			
Received By: _____ Received Date (post office cancellation mark): _____ Tax Year: _____			
Tenancy #: _____ Documents Attached: Authorization Documents ☐ Yes ☐ No Federal Income Tax Returns ☐ Yes ☐ No			