

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

Notice of Temporary Relocation CHANGE OF STATUS FORM ROH §§ 8-10.3 and 8-10.4

| TYPE OR PRINT LEGIBLY (This application cannot be filed by fax or email. For a receipted copy, submit with a self-addressed stamped envelope.) | | | | | |
|--|---|---|---|--|--|
| 1. Type of Application (Check the appropriate box that describes your purpose in filing this application) | | | | | |
| | batical or Temporary Work I § 8-10.3(a)(2)(H)) | Assignment | Fire Damage (ROH § 8-10.3(a)(2)(I)) | | |
| Instructions: If you checked Home Renovation, complete Nos. 2-12, and 18 below. If you checked Sabbatical or Temporary Work Assignment, complete Nos. 2-10, 13-15, and 18 below. If you checked Fire Damage, complete Nos. 2-10, and 16-18 below. | | | | | |
| 2. Home Exemption Claimant's Name (Last, First, MI) 3. L | ast 4 digits of Social Security No. | 4. Date of Birth | 5. Filing Date of this Notice | | |
| 6. Site Address of Property Street Address | City | State | Postal/Zip Code | | |
| 7. Contact Information Primary Phone | Secondary Phone | I | E-mail Address | | |
| 8. Status of Home During Relocation Period (Check the appropriate box that best describes the status of the home) RELOCATION PERIOD: 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: | | | | | |
| 11. Building Permit Number | 12. Renovation Permit Star | t Date | | | |
| 13. Verification of Sabbatical or Temporary Work Assignment (if applicable) Claimant must provide verification of sabbatical or temporary work assignment from employer. In accordance with ROH § 8-10.3(a)(2)(H)(i), the tax-payer submits to the director verification of the sabbatical or temporary work assignment and documentation from the taxpayer's employer which specifies the start and completion dates of the sabbatical or temporary work assignment. Documentation of sabbatical or temporary work assignment from the claimant's employer is: Attached Not Attached | | | | | |
| 14. Sabbatical/Temporary Work Assignment Start Date | 15. Sabbatical/Temporary V | Vork Assignment E | nd Date | | |
| 16. Evidence of Uninhabitable Home Caused by Fire Damage (if applicable) <i>Claimant must provide evidence of uninhabitable home caused by fire damage.</i> In accordance with ROH § 8-10.3(a)(2)(I)(ii), the taxpayer submits to the director the date the fire occurred and evidence that the fire caused the home to be uninhabitable. | | | | | |
| Evidence that the fire caused the home to be uninhabitable is: 17. Date Fire Occurred | | Attached Not Attached 18. Date Claimant Relocated | | | |
| | | ~ | | | |

(continued on the back of the form)

CERTIFICATION

(Please read carefully before signing)

I certify that I am the above-named Claimant or Authorized Representative submitting this Notice in accordance with ROH §§ 8-10.3 and 8-10.4, and that the foregoing is true and correct to the best of my knowledge, and that any misstatement of facts will be grounds for disqualification. I understand the failure to file this Notice may be grounds for disallowance of the exemption. I also understand if I cease to qualify for such exemption, I must report this change in facts or status to the assessor within 30 days.

ROH § 8-10.3(a)(2): Failure to comply with any of the requirements stipulated within paragraphs (G), (H), and (I) will result in the disallowance of the home exemption and will subject the taxpayer to rollback taxes, interest and penalties as set forth in ROH §§ 8-10.1(d) and (e) for the period of time the home exemption is continued.

Check the appropriate box:

Signature of Claimant

- HOME RENOVATION I intend to reoccupy the home before the expiration of two (2) years after the renovation start date. I understand that I need to submit a dated Certificate of Occupancy, Notice of Completion, or Closed Permit upon completion of work.
- □ **SABBATICAL OR TEMPORARY WORK ASSIGNMENT** I intend to reoccupy the home within 24 months after the sabbatical or temporary work assignment begins.
- FIRE DAMAGE The damage or destruction of the home is not the result of the owner or tenant intentionally, knowingly, or recklessly setting fire to the home. I intend to reoccupy the home within 24 months after the date of the fire.

I understand that *before the expiration of two (2) years or 24 months <u>and</u> before I reoccupy the home, I must notify the Real Property Assessment Division of my reoccupation by filing the "Change in Status Notice of Home Reoccupation" form.*

Print Claimant Name

Date

| (Each Home E | xemption Claimant should file a sepa | rate form.) | |
|----------------|--|---|----|
| HAND-DELIVER (| or MAIL (post office cancellation mark) th | is completed application with all supporting documents to |): |
| | REAL PROPERTY ASSESSMENT DIVISIONor842 Bethel Street, BasementHonolulu, HI 96813 | REAL PROPERTY ASSESSMENT DIVISION 1000 Uluohia Street, #206 Kapolei, HI 96707 | |
| | Phone: (808) 768-3799 | www.realpropertyhonolulu.com | |
| FOR OFFICIAL | USE ONLY | | |
| Received by: | Tenancy #: Building Exempt | ion %: Building #: Land Exemption %: | |
| | | Employer Documents: Attached Not Attached Evidence of Fire Documents: Attached Not Attached | |
| Tax Year: | | Authorization Documents: | |