| Parcel ID (Tax Map Key) | |
|--------------------------|--|
| | |
| Enter 12-digit Parcel ID | |



REAL PROPERTY ASSESSMENT DIVISION DEPARTMENT OF BUDGET AND FISCAL SERVICES CITY AND COUNTY OF HONOLULU

Phone: (808) 768-3799 www.realpropertyhonolulu.com

Low-Income Rental Housing INITIAL CLAIM FOR EXEMPTION

ROH §§ 8-10.17 & 8-10.18

Please read instructions on page 2 prior to completing this claim.

| Name of Housing Project | Name of Owner/Organiz | Name of Owner/Organization | | |
|---|--|----------------------------|--------------|--|
| | | Leasehold | | |
| Site Address | Mailing Address (if different from site address) | | | |
| | | | | |
| Managing Agent's Name/Title | Managing Agent's Phone | Managing Agent's Email | | |
| Regulatory Agency's Name/Representative | Representative's Phone | Representative's Email | | |
| Regulatory Agency 3 Name/Representative | rtoprocentative or meno | Representative 3 Email | | |
| | | | | |
| Total number of dwelling units in the housing project: Number of dwelling units rented to households with income of 80% AMI or less: | | | | |
| Number of dwelling units refited to flousefloids with income of 80 % Aivit of less. | | | | |
| REQUIRED ATTACHMENTS: Submit the following supporting documents: (See page 2 for details) | | | | |
| | | | | |
| ☐ Recorded Regulatory Agreement ☐ Recorded Lease (if applicable) ☐ Plot Plan ☐ Rent Roll (one-year period immediately preceding the date of this form) | | | | |
| Other documents necessary to determine qualificati | on (if applicable) | | | |
| CERTIFICATION | | | | |
| | | | | |
| I declare, under penalty of law, (1) that I am an authorized representative of the housing project above-identified, (2) that all statements in this certification regarding the housing project and the regulatory agreement, above-identified, are true | | | | |
| and correct to the best of my knowledge, and (3) is in compliance with the applicable low-income rental requirements in the manner provided by ROH §§ 8-10.17 & 8-10.18. | | | | |
| the marrier provided by NOT1 99 0-10.17 & 0-10.16. | | | | |
| | | | | |
| Signature of Owner/Managing Agent Print | Name of Owner/Managing | Agent Da | ite | |
| For Tax Year FOR | OFFICIAL USE ONLY | proved Disapproved Appra | iser Initial | |
| Received By: Date Received (post office cancellation mark): | | | | |
| Documents Attached: Recorded Regulatory Agreement Rent Roll | | | | |
| Recorded Lease Plot Plan Other Applicable Documents | | | | |
| Building # Building Ex. % Buil | ding # Building | Ex. % Land Ex | % | |
| PRORATED EXEMPTION: Effective Date: Percent Prorated:% Prorated (Amended) Assessment: \$ | | | | |

PURPOSE

Form BFS-RPA-E-8-10.17 *Low-Income Rental Housing* is used to claim an exemption from property taxes for the duration of the housing project's regulated period.

INSTRUCTIONS

Complete one Form BFS-RPA-E-8.10.17 Low-Income Rental Housing for each parcel ID (tax map key number):

- Enter parcel ID (tax map key number), project/organization name, site address, contact information for claimant organization and the managing agent, and information regarding the regulatory agency that oversees the low-income rental housing project.
- Enter total number of dwelling units in the housing project.
- Enter the number of dwelling units rented to households with income of 80% AMI or less.

Required:

- Attach the recorded regulatory agreement.
- Attach a plot plan showing the location and specific use of each building and area (in square feet). Specify if any areas of the land and buildings are used for purposes other than low-income rentals.
- Attach the recorded lease if the property is leasehold.
- Attach the rent roll for a one-year period immediately preceding the date of this form, containing the following information:
 - Designated dwelling unit numbers
 - o Number of household members in each dwelling unit
 - Annual household income

Complete this claim and submit with supporting documentation within 60 days of qualification or by September 30 preceding the tax year for which you are claiming this exemption. Additional information may be required by the Real Property Assessment Division to substantiate this exemption claim. Deliver or mail via USPS the completed claim form with supporting documentation to:

Real Property Assessment Division 842 Bethel Street, Basement Honolulu, HI 96813

OR

Real Property Assessment Division 1000 Uluohia Street #206 Kapolei, HI 96707

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self-addressed stamped envelope. Additional forms are available at the Real Property Assessment Division, Satellite City Halls, and the City and County of Honolulu's website at www.realpropertyhonolulu.com.

IMPORTANT INFORMATION REGARDING SUBSEQUENT FILING OF CLAIM FORMS:

To claim this exemption after the initial year for which it has been granted, Form *BFS-RPA-E-8-10.17A ANNUAL CLAIM AND CERTIFICATION FOR CONTINUED EXEMPTION–Low-Income Rental Housing* must be completed and filed annually by the applicable deadline. If ownership of the parcel, or any portion thereof, has been transferred <u>or</u> there has been a change to the parcel, such as subdivision or consolidation with another parcel, your existing exemption may be cancelled and you must file a new *BFS-RPA-E-8-10.17 INITIAL CLAIM FOR EXEMPTION–Low-Income Rental Housing* form and any required documentation with the Real Property Assessment Division.

ORDINANCE

See the ROH Chapter 8 Real Property Tax, online at: https://codelibrary.amlegal.com/codes/honolulu/latest/honolulu/0-0-0-5451.