Information and Instructions
Claim for Continuance of Home Exemption
Notice of Home Reoccupation
Revised Ordinances of Honolulu ("ROH") §§ 8-10.3 and 8-10.4

1. Notice of Home Reoccupation
   The claimant must file a **Notice of Home Reoccupation Form (Form BFS-RP-E-8-10.3C)** with Real Property Assessment Division ("RPAD") before reoccupying the home on which continuance of exemption is granted. Failure to file the Notice of Home Reoccupation form by September 30 preceding the next tax year may result in removal of home exemption in that tax year.

2. Home Reoccupation due to Home Renovation
   The renovation period will commence on the start date and must not exceed two years. The taxpayer may reoccupy the home prior to the expiration of the two-year period. Before reoccupying the home, the claimant must file the Notice of Home Reoccupation Form with RPAD along with a dated certificate of occupancy "COO", notice of completion, or a closed permit indicating the date the renovations were completed.

3. Home Reoccupation due to a Sabbatical or Temporary Work Assignment
   The claimant must reoccupy the home within 2 years from the start of the sabbatical or temporary work assignment. Before reoccupying the home, the claimant must file the Notice of Home Reoccupation form with RPAD, indicating the actual date the home will be reoccupied.

4. Home Reoccupation due to Fire Damage
   The claimant must reoccupy the home within 2 years from the date of the fire. Before reoccupying the home, the claimant must file the Notice of Home Reoccupation form with RPAD, indicating the actual date the home will be reoccupied.

This form is available for download at: realproperty.honolulu.gov. The claimant may mail or hand-deliver the claim form, along with supporting documents to one of the two RPAD offices listed below. 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 bfsrpmailbox@honolulu.gov or call (808) 768-3799.

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

Real Property Assessment Division
1000 Ulu'ōhi'a Street #206
Kapolei, HI 96707

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.)

_____
Enter 12-digit Parcel ID

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

Claim for Continuance of Home Exemption
Notice of Home Reoccupation
ROH §§ 8-10.3 and 8-10.4

Home Exemption Claimant's Name	Last 4 Digits of SSN	Date of Birth	Date of Filing

Site Address of Property	City	State	Postal/Zip Code

This notice is filed by: ☐ the claimant of home exemption
☐ an Authorized Representative for the claimant
Authorization Document is attached ☐ Yes ☐ No

Primary Phone Number	Secondary Phone Number	Email Address

TEMPORARY RELOCATION TYPE AND REOCCUPATION DATE (CHOOSE ONLY ONE)

☐ 1. Home Renovation Reoccupation Date: _____ (Date of COO, Notice of Completion, or Closed Permit)

☐ 2. Sabbatical or Temporary Work Assignment Reoccupation Date: _____

☐ 3. Fire Damage Reoccupation Date: _____

Status of Home Upon Reoccupation: (Check the appropriate box that best describes the status of the home)
☐ Home was occupied but was not rented, leased or sold.
☐ Other. Explain: _____

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
Reoccupation Documents ☐ Yes ☐ No