



Above enter 12-digit Parcel ID
For example: 210630150000

**CLAIM FOR EXEMPTION
Charitable (Nonprofit) Purposes
Revised Ordinances of Honolulu ("ROH") Sec.8-10.10**

Name of Claimant (Organization)	Authorized Agent's Name
Property Address	Authorized Agent's Title
Mailing Address	Agent's Telephone Number
Organization's Website	Agent's Email
Business Name (As registered with Hawaii DCCA - required)	Employer Identification Number (EIN):

Select the nonprofit use for which the real property, or portion thereof, is actually and exclusively being used:

- | | | |
|--|--|---|
| <input type="checkbox"/> School purposes | <input type="checkbox"/> Used as cemetery | <input type="checkbox"/> Owned by labor union or trust benefiting labor union members |
| <input type="checkbox"/> Hospital/nursing home purposes | <input type="checkbox"/> Church purposes | <input type="checkbox"/> Owned by association or league of federal credit unions |
| <input type="checkbox"/> Dedicated to public use | <input type="checkbox"/> Patriotic society (Title 36 U.S.C.) | <input type="checkbox"/> Owned by government employees' association or organization |
| <input type="checkbox"/> Other charitable purposes (describe): _____ | | |

Describe specific use(s) of parcel: _____

Ownership status of Claimant (organization): Fee owner Lessee (enter lease information below)

Required: Lease term from _____ to _____

Is the lease recorded at the Bureau of Conveyances? No Yes Instrument Number: _____

For leased properties, the lease or rental agreement must be in force and recorded at the Bureau of Conveyances at the time the exemption is claimed. The term of the lease must be for one year or more. Attach: Copy of recorded rental agreement.

Required: Attach a plot plan illustrating the location of buildings and area (in square feet), and indicating their specific use. Identify any building areas (in square feet): (1) that are not exclusively being used for charitable purposes; (2) that are being used by other parties or organizations; and (3) that are being used for gift shops, thrift shops, eating establishments, and recurring commercial activities.

Are all of the land and building(s) used exclusively for the purpose claimed? Yes No

If "No," indicate the total area (in square feet) of land and building(s) used for this Claim For Exemption. _____

Check appropriate box for documentation being submitted to support the exemption claim and attach copies of each:

- | | |
|---|---|
| <input type="checkbox"/> IRS ruling or determination letter | <input type="checkbox"/> Hawaii Dept. of Education Certificate (schools only) |
| <input type="checkbox"/> IRS Form 990 (includes EZ, N and PF) | <input type="checkbox"/> Hawaii Dept. of Health Certificate (hospitals and nursing homes only) |
| <input type="checkbox"/> IRS Form 990-T (if applicable) | <input type="checkbox"/> Proof of Hawaii Dept. of Commerce & Consumer Affairs ("DCCA") Registration |
| <input type="checkbox"/> Organization Charter (if applicable) | |

CERTIFICATION

I declare, under penalty of law, that all statements in this claim are true and correct to the best of my knowledge.
I understand that any misstatement of facts will be grounds for disallowance of the exemption and penalty.

Authorized Agent's Signature _____ Print Name _____ Date _____

Complete and deliver or mail (post office cancellation mark) this claim form with supporting documentation, on or before
September 30, 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 Ulukouia Street #206
Kapolei, HI 96707
Telephone: (808) 768-3169

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

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	FOR OFFICIAL USE ONLY	Exemption Code: _____
Received By: _____ Date Received: _____ (post office cancellation mark) For Tax Year: _____			
Applicable Documentation Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Lease Documents Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Plot Plan Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Exemption % of Land: _____ Building # _____ Exemption % of Building: _____ Building # _____ Exemption % of Building: _____			