

Parcel ID (Tax Map Key)



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

Above enter 12-digit Parcel ID
Please include: -FA at end of numbers
For example: 210630150000-FA

**CLAIM FOR EXEMPTION
Totally Disabled Veteran (Sec. 8-10.6)**

PRINT OWNER/APPLICANT'S NAME	HOME PHONE NUMBER	BUSINESS PHONE NUMBER
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	
PROPERTY (PARCEL) ADDRESS		
MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS		
Service entry date: _____ Service discharge date: _____ Injury date: _____		
Describe injury: _____		

CERTIFICATION

I certify the above facts to be true and that I am totally disabled due to injuries received while on duty with the armed forces of the United States. I understand that I may be required to submit a physician's report to provide proof of total disability. I hereby authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf for the limited purpose of verifying the dates of my service entry, service discharge and injury, and my total disability.

_____ Yes _____ No (please check one)

I understand that if I do not authorize the Real Property Assessment Division to contact the Veterans Administration on my behalf, I may be required to obtain the certification of the Veterans Administration myself to support this application.

SIGNATURE PRINT NAME DATE

Complete the Claim form and deliver or mail (post office cancellation mark) the claim form with supporting documentation. Approved claims will be processed and take affect beginning with the next tax payment due. Submit claim to:

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813
Telephone: (808) 768-3799

Real Property Assessment Division
1000 Uluohia 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.

FOR OFFICIAL USE ONLY

For Tax Year: _____

Approved Disapproved

Received By: _____

Date Received (post office cancellation mark): _____

Sec. 8-10.6 Exemption--Homes of totally disabled veterans.

- (a) Real property:
- (1) Owned and occupied as a home by any person who is totally disabled due to injuries received while on duty with the armed forces of the United States;
 - (2) Owned by any such person together with such person's spouse and occupied by either or both spouses as a home;
 - (3) Owned and occupied by a widow or widower of such totally disabled veteran who shall remain unmarried and who shall continue to own and occupy the premises as a home, is exempted from all property taxes, other than special assessments, subject to subsection (b).
- (b) The exemption provided for in subsection (a) shall be subject to the following:
- (1) That the total disability of the veteran was incurred while on duty as a member of the armed forces of the United States, and that the director may require proof of total disability.
 - (2) That the home exemption shall be granted only as long as the veteran claiming exemption remains totally disabled.
 - (3) That the exemption shall not be allowed on more than one house for any one person.
 - (4) That a person living on premises, a portion of which is used for commercial purposes, shall not be entitled to an exemption with respect to such portion, but shall be entitled to an exemption with respect to the portion used exclusively as a home; provided, that this exemption shall not apply to any structure, including the land thereunder, which is used for commercial purposes.
 - (5) That a widow or widower of a disabled veteran may apply for an exemption and the exemption may be granted even if the disabled veteran did not apply for and obtain the exemption provided for in subsection (a) during the veteran's lifetime, provided that the widow or widower submits proof satisfactory to the director that, at the time of the veteran's death, the veteran would have qualified for an exemption under this section.
- (c) For the purposes of this section, the word "home" includes the entire homestead when it is occupied by a qualified totally disabled veteran or the veteran's qualifying widow or widower as a residence; houses where the occupant disabled veteran owner or the qualifying widow or widower owner sublets not more than one room to a tenant; and premises held under an agreement by which the disabled veteran agrees to purchase the same for a residence, where the agreement has been duly entered into and recorded prior to October 1st preceding the tax year for which the exemption is claimed, whereby the purchaser agrees to pay all taxes while purchasing the premises.
- (d) The exemption shall take effect beginning with the next tax payment date, provided that the claimant shall have filed with the department a claim for a disability exemption along with a copy of a physician's certificate of disability on such form as the department shall prescribe on or before June 30 for the first payment or December 31 for the second payment.

(Sec. 8-10.6, R.O. 1978 (1983 Ed.); Am. Ord. 96-15, 00-63)