www.realpropertyhonolulu.com

12-Digit Parcel ID (Tax Map Key)
For example: 210630150000

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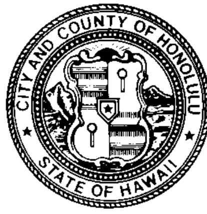

REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET
AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU

ANNUAL NOTICE OF RELOCATION TO CARE HOME OR FACILITY FOR CONTINUANCE OF HOME EXEMPTION

Revised Ordinances of Honolulu (ROH), Sections 8-10.4 and 8-10.5

PRINT NAME OF HOME EXEMPTION CLAIMANT	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH	FILING DATE OF THIS NOTICE
	XXX - XX -		

SITE ADDRESS OF PROPERTY

STATUS OF PROPERTY DURING RELOCATION PERIOD

- ☐ The property will be vacant during the continuance of the home exemption.
- ☐ The property will be occupied but is not rented or leased or let.
- ☐ Other. Explain: ____

ROH Sec. 8-10.4 (a)(2)(F)(ii): The home the taxpayer moves from is **not** rented or leased or let during the time the taxpayer is in the long-term care facility or the adult residential care home.

FEDERAL INCOME TAX DOCUMENTS

The claimant must provide his/her Federal tax return for the past year, including the Schedule E (Supplemental Income and Loss), if any. In accordance with ROH Sec. 8-10.4(a), the director may demand indicia from a property owner applying for an exemption or from an owner as evidence of continued qualification for an exemption.

The Federal income tax documents of claimant for the prior year to effective date of the exemption are: ☐ Attached ☐ Not Attached

THIS NOTICE IS FILED BY:

- ☐ Claimant of Home Exemption.
- ☐ Authorized Representative / person with Power of Attorney for claimant. Authorization document must be submitted with this notice.
  Authorization document: ☐ Attached ☐ Not attached

MAILING ADDRESS	EMAIL ADDRESS	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER

NAME OF CARE HOME OR FACILITY	ADDRESS OF CARE HOME OR FACILITY	DATE CLAIMANT RELOCATED TO FACILITY

CONTACT PERSON AT CARE HOME OR FACILITY	PHONE NUMBER OF CARE HOME OR FACILILTY	STATE OF HAWAII -OPERATING LICENSE NUMBER

CERTIFICATION

I certify that I am the above-named Claimant or Authorized Representative is submitting this notice in accordance with ROH Sections 8-10.4 and 8-10.5, and that the foregoing is true and correct to the best of my knowledge, any misstatement of facts will be grounds for disqualification. I understand the failure to file this notice annually may be grounds for cancellation of the exemption. I also understand that if the above-named Claimant ceases to qualify for such exemption, I must report to the assessor within 30 days.

ROH Section 8-10.4(a)(2): Failure to comply with any of the requirements stipulated within paragraph (F) will result in the disallowance of the home exemption and will subject the taxpayer to rollback taxes, interest and penalties as set forth in subsections 8-10.1(d) and (e) for the period of time the home exemption is continued.

______________________________ ______________________________ ______________
Signature of Claimant / Authorized Representative Print Name Date

Deliver or mail (post office cancellation mark) this form with all supporting documentation on or before **September 30th** of each year:

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

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

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

FOR OFFICIAL USE ONLY

Received By: ______________________ **Tenancy #:** ________ **Building Exemption %:** ____________

Date Received (post office cancellation mark): ______________________ **Building #:** ________ **Land Exemption %:** ____________

For Tax Year: ________ **Authorization Documents:** ☐ **Attached** ☐ **Not Attached** **Federal Income Tax Documents:** ☐ **Attached** ☐ **Not Attached**