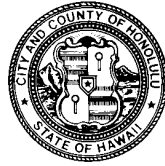


Parcel ID (Tax Map Key)



REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET
AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU
Phone: (808) 768-3799
www.realpropertyhonolulu.com

Enter 12-digit Parcel ID

CHANGE IN STATUS NOTICE OF HOME REOCCUPATION ROH §§ 8-10.3 and 8-10.4

1. Type of Application (Check the appropriate box that describes your purpose in filing this application) REOCCUPATION AFTER: <input type="checkbox"/> Home Renovation <input type="checkbox"/> Sabbatical or Temporary Work Assignment <input type="checkbox"/> Fire Damage (ROH § 8-10.3(a)(2)(G)) (ROH § 8-10.3(a)(2)(H)) (ROH § 8-10.3(a)(2)(I)) <u>Instructions:</u> If you checked Home Renovation , complete Nos. 2-13, and 18 below. If you checked Sabbatical or Temporary Work Assignment , complete Nos. 2-10, 14-15, and 18 below. If you checked Fire Damage , complete Nos. 2-10, and 16-18 below.				
2. Home Exemption Claimant's Name (Last, First, Middle Initial)		3. Last 4 digits of Social Security No.	4. Date of Birth	5. Filing Date of this Notice
_____		_____	__/__/____	__/__/____
6. Site Address of Property	Street Address	City	State	Postal/Zip Code
7. Contact Information	Primary Phone ()	Secondary Phone ()	E-mail Address	
8. Status of Home Upon Reoccupation (Check the appropriate box that best describes the status of the home) UPON REOCCUPATION: <input type="checkbox"/> Home was occupied but was not rented, leased or sold. <input type="checkbox"/> Other. Explain: _____ ROH § 8-10.3(a)(2)(G)(iv): The home must not be rented, leased or sold during the renovation period. ROH §§ 8-10.3(a)(2)(H)(iii) and 8-10.3(a)(2)(I)(iv): The home the taxpayer moves from is not rented, leased or sold during the time the taxpayer resides in the designated temporary residence.				
9. Federal Income Tax Documents <i>Claimant must provide Federal tax return(s) for the period of time the Claimant was relocated, including the Schedule E (Supplemental Income and Loss), if any.</i> In accordance with ROH § 8-10.3(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 document(s) of Claimant that cover the time period the Claimant was relocated are: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached		10. This Notice is Filed By (Check one) <input type="checkbox"/> Claimant of home exemption <input type="checkbox"/> Authorized Representative/Person with Power of Attorney for Claimant. Authorization document must be submitted with this Notice. Authorization Document: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached		
11. Confirmation of the Home Renovation Completion Date (if applicable) <i>Claimant must provide confirmation of the home renovation completion date.</i> Pursuant to ROH § 8-10.3(a)(2)(G)(iii), the taxpayer must submit to the director a dated certificate of occupancy, notice of completion or close permit indicating the date the renovations have been completed. Dated certificate of occupancy, notice of completion or close permit is: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached				
12. Building Permit Number		13. Renovation Permit Completion Date		
14. Start Date of Sabbatical/Temporary Work Assignment		15. Completion Date of Sabbatical/Temporary Work Assignment		
16. Date Fire Occurred	17. Date Home Reconstructed		18. Actual Date Home Will Be Reoccupied	
_____	_____		_____	

(continued on the back of the form)

CERTIFICATION

(Please read carefully before signing)

I certify that I am the above-named Claimant or Authorized Representative submitting this Notice in accordance with ROH §§ 8-10.3 and 8-10.4, and that the foregoing is true and correct to the best of my knowledge, and that any misstatement of facts will be grounds for disqualification. I understand the failure to file this Notice may be grounds for disallowance of the exemption. I also understand if I cease to qualify for such exemption, I must report this change in facts or status to the assessor within 30 days.

ROH § 8-10.3(a)(2): Failure to comply with any of the requirements stipulated within paragraphs (G), (H), and (I) 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.

Check the appropriate box:

- HOME RENOVATION** – I intend to reoccupy the home before the expiration of two (2) years after the renovation start date. I have submitted a dated Certificate of Occupancy, Notice of Completion, or Close Permit upon completion of work. Actual date the home will be reoccupied: _____ (please fill in)
- SABBATICAL OR TEMPORARY WORK ASSIGNMENT** - I intend to reoccupy the home within 24 months after the sabbatical or temporary work assignment begins. Actual date the home will be reoccupied: _____ (please fill in)
- FIRE DAMAGE** - I intend to reoccupy the home within 24 months after the date of the fire. Actual date home will be reoccupied: _____ (please fill in)

Signature of Claimant

Print Name

Date

(Each Home Exemption Claimant should file a separate form)

This application cannot be filed by fax or email. For a receipted copy, submit with a self-addressed stamped envelope.

HAND-DELIVER or MAIL (post office cancellation mark) this completed application with all supporting documents on:

REAL PROPERTY ASSESSMENT DIVISION
842 Bethel Street, Basement
Honolulu, HI 96813

or

REAL PROPERTY ASSESSMENT DIVISION
1000 Uluohia Street, #206
Kapolei, HI 96707

Phone: (808) 768-3799

www.realpropertyhonolulu.com

FOR OFFICIAL USE ONLY

Tax Year: _____ Received by: _____ Tenancy #: _____ Building Exemption %: _____

Building #: _____ Land Exemption %: _____

Date Received (post office cancellation mark): _____

Federal Income Tax Docs: Attached Not Attached

Renovation Documents: Attached Not Attached

Authorization Documents: Attached Not Attached