

(FOR OFFICIAL USE)

Received by: _____

Date: _____

REAL PROPERTY ASSESSEMENT DIVISION
FINANCE DEPARTMENT COUNTY OF KAUA'I
4444 Rice St., Suite A-454, Lihue, HI 96766-1326
(808) 241-4224 (B) (808) 241-6252 (F)
Website: www.kauaipropertytax.com Email: rassessment@kauai.gov

Annual Filing Deadline – September 30th, 2023
Tax Map Key/Parcel ID #

(FOR OFFICIAL USE)

PITT # _____
BLDG # _____
BLDG % _____
LAND % _____
PROC. BY _____
DATE _____

_____-_____-_____-_____-_____-_____-
Zone Section Plat Parcel CPR

Address of Property for which exemption is being claimed

Does this property have a current Home Exemption? Yes No

Attach the following proof of Income:

- 1) Filed **2022** State of Hawai'i Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed **2022** U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) If Married Filing Separately, spouses tax returns are required with application.
- 4) If any applicants were not required to file any tax return(s) an affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income.

PROGRAM I 2024 Additional Home Exemption Relating to Owner-Occupant's Income

1. Print Names of ALL Owner Occupants & Spouse - FILING JOINTLY FILING SEPARATELY whom occupy this property

Owner's Name:	Social Security #	Phone No.	Email Address:

Mailing Address: _____

- a) #of dwellings on property? _____ If more than 1, state approx. year the dwelling you live in was built _____
- b) Is any portion of the dwelling you live in used as rental? business? Yes - Sq ft. _____ No

My Gross Income for last year is \$96,550 or LESS

	First Owner	Second Owner	TOTAL
From Federal Returns			
From State Returns			

PROGRAM II

2024 Very Low Income Tax Credit

The Combined total for all Titleholder's Gross Income is \$60,350 or LESS

I understand my Fiscal Year taxes must be current to benefit (Initial here)

COMBINED Titleholders Gross Income \$ _____ 3% of COMBINED TITLEHOLDERS Gross Income \$ _____

PART III CERTIFICATION

I hereby certify that I am a qualified title holder and spouse thereof, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kaua'i, or his duly designated representative of the Department of Finance, County of Kaua'i, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service. ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXEMPTION.

Signature _____

Date _____

Signature _____

Date _____

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Zone Section Plat Parcel CPR

Annual Filing Deadline - September 30th, 2023

Address of Property for which exemption is being claimed

Attach the Following Proof of Income for EACH additional titleholder:

- 1) Filed 2022 State of Hawai'i Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed 2022 U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) If Married Filing Separately, spouses tax returns are required with application.
- 4) If any applicants were not required to file any tax return(s) an affidavit will need to be signed & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income.

2024 Additional Titleholders Very Low Income Tax Credit Application

Gross Income of all Titleholder's is \$60,350 or LESS

Information of ADDITIONAL TITLEHOLDERS not listed on original application:

Applicant's Name _____ Social Security # _____ - _____ - _____
Mailing Address _____ Email _____
Address Phone _____ Title Holders Gross Income \$ _____

Applicant's Name _____ Social Security # _____ - _____ - _____
Mailing Address _____ Email Address _____
Phone _____ Title Holders Gross Income \$ _____

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ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXMEPTION.

Signature

Date

Signature

Date