



County of Kauai, Dept. of Finance, Real Property Assessment Div.
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**2024 ANNUAL LONG-TERM LEASE APPLICATION
 VERIFICATION FOR THE RECLASSIFICATION OF RESIDENTIAL INVESTOR PROPERTIES**

FILING DEADLINE: SEPTEMBER 30TH 2023

NOTICE: (1) Changes to any existing Rental/Lease Agreements must have the initials of the tenants and owner (2) The application must have the signature of the Owner, no agents' signatures. (3) Those submitting Rental/Lease Agreements expiring October 31st or before, must provide the renewal agreement not later than November 15, 2023.

Tax Map Key No. (4) _____ - _____ - _____ - _____ - _____
 Zone Section Plat Parcel CPR Lease Term Dates (start & end dates)

PART I: OWNER INFORMATION

Owner's Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 HM/BUS Phone: _____ Cell Phone: _____ Email: _____

1. Definition:

"Residential Investor" shall mean a tax rate classification applied to properties that do not qualify for the home exemption, are improved with a dwelling unit(s), not vacant land, are not being rented on a long-term basis, and have an assessed value of one million three hundred thousand dollars (\$1,300,000) or more. (Bill No. 2814, Approved January 27, 2021)

"Long Term Rental" means a residential rental agreement for a period of at least one hundred and eighty days.

2. Rental Property Identification:

Property Address: _____
 House Number, Street Name and Town Bldg. /Unit #

****IMPORTANT:** To qualify, you must submit an executed "CURRENT" copy of your Rental Agreement with this application.

A.) Rental Agreement and/or Lease Agreement must be on a "fixed term" and cannot expire on or before October 1, 2023 to qualify. Month to month agreements will not qualify. To be excluded from the Residential Investor Tax Class **ALL UNITS** must be rented long term and each with an application and Long Term lease provided.

Please check appropriate description of your unit

Select number of bedrooms being rented with attached application	Description of unit with 6 months or longer rental agreement
	Studio
	1-Bedroom
	2-Bedroom
	3-Bedroom
	4-Bedroom
	5-Bedroom

(B.) Owners renting to themselves, via a related corporation, co-partnership, or company will not qualify.

(C.) Tenants must be the age 18 years or older; children under the age of majority are not considered legal tenants.

(D.) Renters/lessees must OCCUPY the property under this application, as their principal residence.

3. Tenant Contact Information

Renter's Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

PART II: APPLICATION DEFINITIONS AND QUALIFICATIONS

I also certify that the tenant **OCCUPIES** the property described above as their principal residence.

I authorize the County of Kauai to verify my rental, tenant information, or any other information on this application.

I, further agree to notify the Real Property Assessment Division within 30 calendar days if my property is (a) sublet, (b) no longer being leased by the lessee named on the submitted rental agreement residing on the property and/or (c) is no longer rented.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11A.1 SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH.

X _____ **X** _____
 Signature of Owner (OWNER signature ONLY - NO AGENTS SIGNATURE) Date

PART III: OWNER CERTIFICATION

DEPARTMENT USE ONLY: Received date: _____ Received by: _____