Parcel ID (Tax Map Key)
Enter 12-digit Parcel ID



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

Phone: (808) 768-3799 www.realpropertyhonolulu.com

Remove an Exemption, Change a Notice of Assessment or Tax Bill Mailing Address CHANGE OF STATUS FORM

ROH § 8-10.1 Person Requesting Change I am: Owner Owner's Agent (Attach Document of Authorization) Exemption Type (Home, Disability, Charitable, etc.) Name of Original Claimant **Property Address** Requestor's Telephone Requestor's Email Section I: Remove an Existing Exemption **REASON FOR REMOVAL:** Death of owner. Name of Deceased Owner: Social Security Number: _____ Date of Birth: _____ Date of Death:_____ Property interest sold or title transferred. Date of Recordation of Sale/Title Transfer: ___ Other, please explain: Effective Date: (e.g., not owner's principal residence, lease term has expired, etc.) The owner of any property that has been allowed an exemption has a duty to report to the assessor within 30 days (and no later than November 1st^t) after a change in facts whereby such owner or property ceases to qualify for the exemption. A penalty of \$300 will be imposed for failure to make the report by November 1st, and for each year thereafter, that the change in facts remains unreported. ROH § 8-10.1(d). Section II: Change of Mailing Address New Mailing Address Apply changes to: Notice of Assessment ☐ Tax Bill Both Section III: Add/Remove "Care of" Addressee Check one box: Add "Care of" Addressee Remove "Care of" Addressee Name of "Care of" Addressee Telephone Number Email Address "Care of" Mailing Address Apply changes to: ☐ Notice of Assessment ☐ Tax Bill ☐ Both **CERTIFICATION** I certify, under penalty of law, that all statements on this form are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and the imposition of a penalty. Requestor's Signature Print Name of Requestor Date Complete this form, attach any required supporting documents, and deliver or mail it via USPS to one of the following addresses: Real Property Assessment Division Real Property Assessment Division 842 Bethel Street, Basement 1000 Uluohia Street #206 Honolulu, HI 96813 Kapolei, HI 96707 Telephone: (808) 768-3169 Telephone: (808) 768-3799 This form cannot be filed by facsimile transmission or email. For a receipted copy, submit with a self addressed stamped envelope. FOR OFFICIAL USE ONLY Agent Authorization Attached: Yes No N/A For Tax Year: ___ Date Received (post office cancellation mark) __ Received By: _

PURPOSE

Form BFS-RPA-M-8-10.1 *Change of Status* is used to report changes in status that affect real property tax exemptions, including the removal of an existing exemption, a change of mailing address to receive assessment notices and tax bills, and the addition or removal of the "Care of" addressee to receive assessment notices and tax bills. NOTE: To apply for a home exemption please use Form BFS-RP-P-3 *Claim for Home Exemption.*

INSTRUCTIONS

- 1. Complete Form BFS-RPA-M-8.10.1 Change of Status:
 - Enter Parcel ID (Tax Map Key Number), name of person requesting the change and the person's relationship to the owner, the name of the person who originally claimed the exemption, the property address, and contact information
 - Select and complete section appropriate for your purpose:
 - I. Removal of an Existing Real Property Tax Exemption (because of the death of an owner, the sale or transfer of property, or the property is no longer the owner's primary residence): Check the appropriate box and enter the required information
 - II. Change of Mailing Address to Receive Real Property Assessment Notice/Tax Bill (in the event the mailing address to receive assessment notices and tax bills has changed): Enter the new mailing address and indicate applicable documents
 - III. Add/Remove "Care of" Addressee to Receive Real Property Assessment Notice/Tax Bill (to add or remove "Care of" addressee to receive assessment notices and tax bills): Enter the addressee's name and contact information and indicate applicable documents
- 2. Attach all required documents to the completed form prior to submission:
 - Copy of power of attorney or other proof of authorization (for owner's agents only)
- 3. Deliver or mail via USPS the completed form with supporting documentation within 30 days of the change 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) 768-3799

Any change in facts affecting an exemption must be reported within 30 days. Failure to report by November 1st preceding the tax year in which the owner or the property no longer qualifies for the exemption, will result in the imposition of a penalty and may result in the levy of taxes due on the property, and additional penalties and/or interest on past due amounts. Refer to the ordinance section pertaining to a specific exemption for more information.

This form cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self-addressed, stamped envelope. Additional forms are available at the Real Property Assessment Division, Satellite City Halls, and the City and County of Honolulu's website at www.realpropertyhonolulu.com.

ORDINANCE

See the Revised Ordinances of Honolulu (ROH), *Chapter 8 Real Property Tax*, online at: https://www.honolulu.gov/ocs/roh.html.