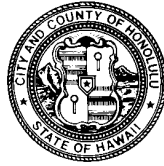


Parcel ID (Tax Map Key)



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

Enter 12-digit Parcel ID

**Homes of Totally Disabled Veterans  
CLAIM FOR EXEMPTION  
ROH § 8-10.5**

PRINT TOTALLY DISABLED VETERAN NAME		SOCIAL SECURITY NO. (VETERAN)		DATE OF BIRTH (VETERAN)	
SERVICE ENTRY DATE	SERVICE DISCHARGE DATE	INJURY DESCRIPTION			
EMAIL ADDRESS		PRIMARY PHONE NUMBER		OTHER PHONE NUMBER	
PROPERTY SITE ADDRESS		APT	CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS		APT	CITY	STATE	ZIP
<i>SPOUSE APPLICANT (File Separately from veteran, see page 2 instruction): Copy of marriage certificate attached <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)</i>					
PRINT SPOUSE NAME		SOCIAL SECURITY NO.		DATE OF BIRTH	
<i>WIDOW OR WIDOWER APPLICANT (See page 2 instruction): Copy of marriage and death certificate attached <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)</i>					
PRINT WIDOW OR WIDOWER NAME		SOCIAL SECURITY NO.		DATE OF BIRTH	

- A. How many living units are located on this parcel? \_\_\_\_\_ living units (NOTE: Your co-op/condominium unit is one living unit.)
- B. If more than one living unit, is the plot plan attached?  No  Yes  Only one living unit on parcel
- C. Portion of parcel **not** qualified as a home as defined by ROH § 8-10.5(e)(2). (See page 2) \_\_\_\_\_ sq ft. \_\_\_\_\_ # of rooms
- D. Portion of the home, as defined by ROH § 8-10.5(e), that is rented. (See page 2) \_\_\_\_\_ sq ft. \_\_\_\_\_ # of rooms
- E. If there is a home exemption on another property, provide the address/parcel ID: \_\_\_\_\_
- F. If spouse lives separately, provide spouse's name: \_\_\_\_\_ address/Parcel ID: \_\_\_\_\_
- G. Choose one of the following (veteran and spouse must file separately):
- (1) I am the veteran named above, am totally disabled due to injuries incurred while on duty with the armed forces of the United States, and have enclosed proof of my current total disability certified by a licensed physician.
  - (2) I am the spouse of the totally disabled veteran named above; and we co-own the above site address.
  - (3) I am the widow or widower of the veteran named above whose total disability was due to injuries while on duty with the armed forces of the United States, and I have enclosed proof of the veteran's total disability certified by a licensed physician. Up to the time of death of the veteran, the veteran and I co-owned the home located at the property site address claimed. I remain unmarried.
- H.  I authorize /  I do not authorize (check one) the Real Property Assessment Division ("RPAD") to contact the U.S. Department of Veterans Affairs on my behalf for the limited purpose of verifying the dates of service, discharge, injury, and total disability of the above-named veteran. I understand that if I do not provide authorization to RPAD, I must obtain and submit the written verification on my own to RPAD.

**CERTIFICATION**

I certify that I own the property located at the above site address and occupy the property as my home as defined by ROH § 8- 10.5(e). If a trust(s) owns the property, I certify that I am the settlor or a beneficiary entitled to occupy this home.

I certify all the facts above to be true and understand that pursuant to ROH § 8-10.1(d) and (e), I must notify RPAD within 30 days of any change in status that disqualifies me for this exemption and that failure to do so subjects me to rollback taxes, penalties, and interest.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Date

For Tax Year: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Received (post office cancellation mark): \_\_\_\_\_

Documents Attached:  VA Certification  Marriage certificate  Death certificate  Plot Plan  Licensed Physician Certification of Total Disability

Spouse: A spouse of a totally disabled veteran who co-owns and occupies the property as their home should file a claim form separate from any claim filed by the totally disabled veteran. Provide a copy of the marriage certificate.

Widow or Widower: File a claim form even if the totally disabled veteran did not apply and receive, although could have qualified for, the exemption during the veteran's lifetime. Provide proof satisfactory to the director of the veteran's qualification. Also, provide a copy of the marriage and death certificate.

Filing: Email and facsimile transmission are not accepted. Complete the claim form, include supporting documents, and hand deliver or mail (post office cancellation mark) via first class mail, certified mail, registered mail or certificate of mailing to the Real Property Assessment Division at either of the following addresses:

842 Bethel Street, Basement Honolulu, HI 96813 or 1000 Uluohia St #206 Kapolei, HI 96707.

Proof of filing: Include a self-addressed stamped envelope for receipted copy, or send via registered or certified mail.

Approved claims will be processed and take effect beginning with the next tax payment date.

§ 8-10.5 Exemption--Homes of totally disabled veterans.

(a) Real property:

- (1) Owned and occupied as a home by any person who is totally disabled due to injuries received while on duty with the armed forces of the United States;
- (2) Owned by any such person together with such person's spouse and occupied by either or both spouses as a home; or
- (3) Owned and occupied by a widow or widower of such totally disabled veteran who shall remain unmarried and who shall continue to own and occupy the premises as a home; is exempt from all property taxes, other than special assessments, subject to subsection (b).

(b) The exemption provided for in subsection (a) is subject to the following:

- (1) The total disability of the veteran was incurred while on duty as a member of the armed forces of the United States.
- (2) The home exemption will be granted only as long as the veteran claiming exemption remains totally disabled, and the director may require proof of total disability.
- (3) The exemption will not be allowed on more than one house for any one person.
- (4) A person living on premises, a portion of which is used for commercial purposes, is not entitled to an exemption with respect to such portion, but may be entitled to an exemption with respect to the portion used exclusively as a home; provided that the exemption does not apply to any structure, including the land thereunder, which is used for commercial purposes.
- (5) A widow or widower of a disabled veteran may apply for an exemption and the exemption may be granted even if the disabled veteran did not apply for and obtain the exemption provided for in subsection (a) during the veteran's lifetime, provided that the widow or widower submits proof satisfactory to the director that, at the time of the veteran's death, the veteran would have qualified for the exemption.

(c) The exemption will take effect beginning with the next tax payment date, provided that the claimant has filed with the department a claim for a disability exemption along with a copy of a certificate of disability issued by a licensed physician on such form as the department prescribes.

(d) Notwithstanding any law to the contrary, real property will continue to be entitled to the exemption provided for in subsection (a) in the event the owner of the real property moves from the home on which the exemption is granted, to a long-term care facility or an adult residential care home licensed to operate in the State of Hawaii, provided that:

- (1) The owner designates the adult residential care home or long-term care facility on a form as prescribed by the department; and
- (2) Neither the home the owner moves from or any portion thereof, is rented, leased, or sold during the time the owner is in the long-term care facility or the adult residential care home.

(e) For the purposes of this section, the word "home" includes:

- (1) The entire homestead, when it is occupied as a residence by a qualified totally disabled veteran or the veteran's qualifying widow or widower;
- (2) Except for houses that are part of real property qualifying for the exemption pursuant to subsection (d), houses where the occupant disabled veteran owner or the qualifying widow or widower owner lets or sublets not more than one room to a tenant; and
- (3) Premises held under an agreement by which the disabled veteran agrees to purchase the same for a residence, where the agreement has been duly entered into and recorded prior to October 1st preceding the tax year for which the exemption is claimed, whereby the purchaser agrees to pay all taxes while purchasing the premises.

(Sec. 8 10.6, R.O. 1978 (1983 Ed.); (1990 Code, Ch. 8, Art. 10, § 8-10.6) (Am. Ords. 96-15, 00-63, 20-37)