Parcel ID (Tax Map Key)

_____

Above enter 12-digit Parcel ID
For example: 210630150000

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

CLAIM FOR EXEMPTION

Credit Union (Sec. 8-10.24, ROH)

Name of Claimant (Organization)	Authorized Agent's Name
Property Address	Authorized Agent's Title
Mailing Address	Agent's Telephone Number
Organization's Website	Agent's Email
Business Name	Employer Identification Number (EIN):

To claim exemption, organization must be a federal credit union organized under 12 U.S.C. Chapter 14 or a state credit union organized under HRS Chapter 410.

Describe specific use(s) of parcel: _____

_____

Ownership status of claimant (organization): ◯ Fee owner ◯ Lessee (enter lease information below)

Required: Lease term from _____ to _____

Is the lease recorded at the Bureau of Conveyances? ☐ No ☐ Yes Instrument Number: _____

For leased properties, the lease or rental agreement must be in force and recorded at the Bureau of Conveyances at the time the exemption is claimed. The term of the lease must be for one year or more.

Are all of the land and building(s) used exclusively for the purpose claimed? ☐ Yes ☐ No

If "No," indicate the total area of land and building(s) used for this Claim For Exemption.

_____

If "No" Attach: a plot plan illustrating the location of buildings and area (in square feet), and indicating their specific use. Identify any building areas (in square feet) that are exclusively being used for credit union purposes.

Required: Attach copies of the following items:

- ☐ Organization Charter
- ☐ Recorded Rental Agreement (if applicable)
- ☐ Plot Plan illustrating location of buildings and indicating their specific use (if applicable)

CERTIFICATION

I declare, under penalty of law, that all statements in this claim are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disallowance of the exemption and penalty.

_____ _____ _____
Authorized Agent's Signature Print Name Date

Complete and deliver or mail (post office cancellation mark) this claim form with supporting documentation, on or before **September 30**, preceding the tax year for which you are claiming the exemption to either:

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) 768-3169

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self-addressed stamped envelope.

For Tax Year: _____ **FOR OFFICIAL USE ONLY** ☐ Approved ☐ Disapproved

Received By: _____ Date Received: _____ (post office cancellation mark)

Documents Attached: ☐ Organization Charter ☐ Lease Documents ☐ Plot Plan

Exemption % of Land: _____ Building # _____ Exemption % of Building: _____ Building # _____ Exemption % of Building: _____