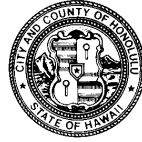


Parcel ID (Tax Map Key)



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

Above enter 12-digit Parcel ID
For example: 210630150000

CLAIM FOR EXEMPTION
For-profit Group Child Care Centers (Sec. 8-10.33, ROH)

Name of Applicant	Title of Applicant	Telephone
Property Address		Name of Business/Organization/Facility
Mailing Address		Email Address

Submit the indicated certification to claim exemption

For-profit Group Child Care Center: certification issued by or under the authority of the State of Hawaii, Department of Human Services stating the child care facilities meet the requirements set forth by HRS Chapter 346 Part VIII.

* HRS Chapter 346 Part VIII § 346-151 Definitions: "Group child care center" means a facility, **other than a private home**, at which care is provided."

Certification attached: Yes No

Describe specific use(s) of parcel: _____

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 used for this Claim For Exemption: _____

For leased or rented property, attach a copy of the recorded (at the bureau of conveyances) lease or rental agreement.

Copy of recorded lease or rental agreement attached: Yes No

If multiple buildings exist on parcel, attach a plot plan illustrating the location of buildings and indicating their specific use.

Plot plan attached: Yes No

CERTIFICATION

I declare, under penalty of law, that all statements in this exemption claim are true and correct to the best of my knowledge. As the applicant of this Claim For Exemption, I certify the facility is a property, **other than a private home**, at which care is provided. I understand that any misrepresentation of facts will be grounds for disqualification and penalty.

Applicant's Signature

Date

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

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813
Phone (808) 768-3799

Real Property Assessment Division
1000 Uluohia Street #206
Kapolei, HI 96707
Phone: (808) 768-3169

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

FOR OFFICIAL USE ONLY

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

For Tax Year: _____ Approved Disapproved Certification Attached: Yes No

Lease Documents Attached: Yes No Plot Plan Attached: Yes No

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