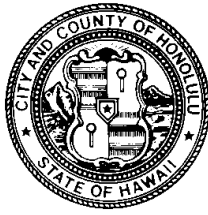


12-Digit Parcel ID (Tax Map Key)  
For example: 210630150000



REAL PROPERTY ASSESSMENT DIVISION  
DEPARTMENT OF BUDGET  
AND FISCAL SERVICES  
CITY AND COUNTY OF HONOLULU  
www.realpropertyhonolulu.com  
(808) 768-3799

ANNUAL NOTICE OF RELOCATION TO CARE HOME OR FACILITY  
FOR CONTINUANCE OF EXEMPTION OF HOME  
BEGINNING JULY 1, 2023 FOR TAX YEAR 2023  
Revised Ordinances of Honolulu (ROH), Section 8-10.4

PRINT NAME OF EXEMPTION CLAIMANT		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SITE ADDRESS OF PROPERTY			
STATUS OF PROPERTY DURING RELOCATION PERIOD <input type="checkbox"/> The home, defined by 8-10.5 ROH, will be vacant while the exemption claimant resides in a long-term care facility or adult residential care home. <input type="checkbox"/> The home, defined by 8-10.5 ROH, will be occupied but not rented, leased, or sold. <input type="checkbox"/> Other. Explain: _____ ROH Section 8-10.4(a)(2)(F)(ii): The home the taxpayer moves from is <b>not</b> rented, leased, or sold during the time the claimant is in the long-term care facility or the adult residential care home.			
FEDERAL INCOME TAX DOCUMENTS <b>The claimant must provide his/her most current Federal tax return, including the Schedule E (Supplemental Income and Loss), if any.</b> In accordance with ROH Sec. 8-10.4(a), the director may demand indicia from a property owner applying for an exemption or from an owner as evidence of continued qualification for an exemption. Federal income tax documents requested for the sole purpose of indication of any rental activity on the property. Federal income tax documents: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached			
THIS NOTICE IS FILED BY: <input type="checkbox"/> Claimant of this exemption. <input type="checkbox"/> Authorized Representative/person with Power of Attorney for the claimant. Authorization document <b>must</b> be submitted with this notice. Authorization document: <input type="checkbox"/> Attached <input type="checkbox"/> Not attached			
MAILING ADDRESS			
EMAIL ADDRESS	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	DATE CLAIMANT RELOCATED TO FACILITY
NAME OF CARE HOME OR FACILITY		ADDRESS OF CARE HOME OR FACILITY	
CONTACT PERSON AT CARE HOME OR FACILITY		PHONE NUMBER OF CARE HOME OR FACILITY	STATE OF HAWAII -OPERATING LICENSE NUMBER

CERTIFICATION

I certify that I am the above-named Claimant or Authorized Representative submitting this notice in accordance with ROH Section 8-10.4 and that the foregoing is true and correct to the best of my knowledge. I understand that any misstatement of facts, failure to file this notice annually, or failure to comply with any of the requirements of ROH 8-10.4 will be grounds for disqualification of exemption continuance upon relocation to the above named care home or facility. I also understand that I must report to the assessor within 30 days of the claimant's relocation out of the above named care home or facility, and report any change in facts that disqualifies the claimant for the home exemption. Failure to report such changes may result in cancellation of the exemption of the home and subject the taxpayer to rollback taxes and interest and penalties set forth in ROH Sections 8-10.1(d) and (e).

\_\_\_\_\_  
Signature of Claimant / Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self-addressed stamped envelope, or send via certified or registered mail, or certificate of mailing, and retain the receipt for your records. Deliver or mail (post office cancellation mark) this form with supporting documentation on or before **September 30<sup>th</sup>** of each year to the **Real Property Assessment Division** at one of the addresses below:

842 Bethel Street, Basement  
Honolulu, HI 96813

1000 Uluohia Street #206  
Kapolei, HI 96707

FOR OFFICIAL USE ONLY			
Received By: _____	Tenancy #: _____	Building Exemption %: _____	
Date Received (post office cancellation): _____	Building #: _____	Land Exemption %: _____	
For Tax Year: _____	Authorization Documents: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	Federal Income Tax Documents: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	