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

Low-Income Rental Housing
INITIAL CLAIM FOR EXEMPTION
ROH §§ 8-10.17 & 8-10.18

Name of Housing Project	Name of Owner/Organization	☐ Fee Simple ☐ Leasehold
Site Address	Mailing Address (if different from site address)	

Managing Agent's Name	Managing Agent's Title	Managing Agent's Telephone	Managing Agent's Email

Regulatory Agency's Name	Regulatory Agency's Representative	Representative's Telephone	Representative's Email

Total # Units in Project: _____ # Units Reserved for Low-Income Tenants: _____ % Low-Income Units: _____

Is any part of the Subject Property used for purposes other than low-income rental housing? ☐ Yes ☐ No: DHHL Land? ☐ Yes ☐ No

If "Yes," explain below and state the total area (in square feet) used for each purpose. **Attach** a plot plan illustrating the location of each area (in square feet) and indicating the specific use of each area.

_____

REQUIRED ATTACHMENTS: Submit the following supporting documents:

☐ Recorded Regulatory Agreement (required) ☐ Recorded Lease (if applicable) ☐ Plot Plan (if applicable)
☐ Restrictive Covenants (if applicable) ☐ Other documents necessary to determine qualification (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 also hereby certify that the Housing Project is in compliance with: 1) the current regulatory agreement with a governmental agency and 2) applicable low-income rental requirements set forth in ROH § 8-10.17. I understand that any misstatement of facts will be grounds for disqualification and the imposition of a penalty.

_____ _____ _____
Signature of Owner/Agent | Printed Name of Owner/Agent | Date

Complete this claim form and deliver or mail via USPS with supporting documentation to one of the following addresses, within 60 days of qualification for this exemption or by September 30 preceding the tax year for which you are claiming this exemption.

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813

OR

Real Property Assessment Division
1000 Uluohia Street #206
Kapolei, HI 96707

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

IMPORTANT INFORMATION REGARDING SUBSEQUENT FILING OF CLAIM FORMS:

To claim this exemption after the initial year for which it has been granted, Form *BFS-RPA-E-8-10.17A ANNUAL CLAIM AND CERTIFICATION FOR CONTINUED EXEMPTION–Low-Income Rental Housing* must be completed and filed annually by the applicable deadline. If ownership of the parcel, or any portion thereof, has been transferred or there has been a change to the parcel, such as subdivision or consolidation with another parcel, your existing exemption may be cancelled and you must file a new *BFS-RPA-E-8-10.17 INITIAL CLAIM FOR EXEMPTION–Low-Income Rental Housing* form and any required documentation with the Real Property Assessment Division.

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

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

Documents Attached: ☐ Recorded Regulatory Agreement ☐ Recorded Lease Agreement ☐ Plot Plan
☐ Restrictive Covenants ☐ Other Applicable Documents

Building # _____ Building Ex. % _____ Building # _____ Building Ex. % _____ Land Ex. % _____

☐ DHHL ☐ PRORATED EXEMPTION: Effective Date: _____

Percent Prorated: _____% Prorated (Amended) Assessment: $_____