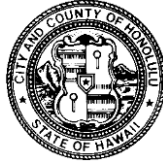


Parcel ID (Tax Map Key)



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

Enter 12-digit Parcel ID

Credit Union
CLAIM FOR EXEMPTION
ROH § 8-10.21

Table with 2 columns: Claimant Information and Agent Information. Rows include Name of Claimant, Property Address, Mailing Address, Organization's Website, Business Name, Authorized Agent's Name, Authorized Agent's Title, Agent's Telephone Number, Agent's Email, and 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)
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. Attach: Copy of recorded rental agreement.
Is the lease recorded at the Bureau of Conveyances? No Yes Instrument Number:
Required: Lease term from to

Required: 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): (1) that are not exclusively being used for charitable purposes; (2) that are being used by other parties or organizations; and (3) that are being used for gift shops, thrift shops, eating establishments, and recurring commercial activities.
Are all of the land and building(s) used exclusively for the purpose claimed? Yes No
If "No," indicate the total area (in square feet) of land and building(s) used for this Claim For Exemption.

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 this exemption and that penalty may be applied.

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
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.

FOR OFFICIAL USE ONLY
For Tax Year Approved Disapproved
Received By: Date Received: (post office cancellation mark)
Documentation Attached: Organization Chart Lease Documents Plot Plan Attached
Exemption % of Land: Building # Exemption % of Building: Building # Exemption % of Building: