



County of Maui - Department of Finance
REAL PROPERTY TAX DIVISION
 Service Center • Suite A-16
 70 E. Kaahumanu Avenue • Kahului, HI 96732
 (808) 270-7297 • FAX (808) 270-7884

TAX KEY NUMBER				
ZONE	SEC	PLAT	PARCEL	HPR

Claim for Real Property Tax Exemption for Kuleana Land

Claimant Name _____ Date of Birth _____

Site Address _____ City _____ State _____ Zip Code _____

1. Is any portion of the parcel **not** part of the kuleana? No Yes, _____ Sq. Ft. or Acres
2. Is any portion of the property designated as kuleana land used for any commercial purpose other than agriculture (see MCC 3.48.554)? No
 Yes, (please explain) _____

The following must be submitted with your claim form:

- Proof of identification, such as a photocopy of an original government-issued identification containing a photo and the date of birth, such as your driver's license, a Hawaii State identification card, or a passport
- Proof of genealogy verification* (the owner is a lineal descendant of the person(s) that received the original title to the kuleana land) issued by the Office of Hawaiian Affairs, or by court order.

* Contact the Office of Hawaiian Affairs (OHA) Kuleana Land Survey Call Center, for information about the genealogy verification process at (808) 594-1967.

CERTIFICATION	
I hereby certify, under penalty of law, that all statements above are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.	
Owner's Signature _____	Date _____ 20 _____
Mailing Address (If different from above) _____	All contact phone numbers _____

- **All claims must be filed and submitted (U.S. postmarked) on or before December 31st preceding the tax year for which the exemption is claimed. (MCC 3.48.410).**
- To ensure your application is received, we recommend mailing this application via certified mail with return receipt requested along with a self-addressed stamped envelope for the return of a copy of your processed application for your records. One application per envelope.

FOR ASSESSOR'S USE ONLY	
Date Received (U.S. Postmark) _____	By _____
Case # _____ PITT _____ Ex Code _____	Land % _____ Bldg # _____ Bldg % _____
___ Disapproved, Reason _____	___ Approved