



County of Maui – Department of Finance  
**REAL PROPERTY ASSESSMENT DIVISION**  
 70 E Kaahumanu Ave., Ste A-16, Kahului, HI 96732  
 Phone: (808) 270-7297

TAX MAP KEY				
Zone	Section	Plat	Parcel	CPR

## CLAIM FOR DISABILITY EXEMPTION TOTALLY DISABLED VETERAN

Deadline For Filing: **DECEMBER 31, 2018**

Claimant Name	Social Security Number	Date of Birth	<input type="checkbox"/> Verified
Property Address	Apt. No.	City	State <b>Hawaii</b>
Mailing Address	Apt. No.	City	State      Zip Code
Home Phone	Cell Phone	Business Phone	Date Purchased (Home)
Do you have multiple dwellings on your property?                      NO                      YES			
If YES, please indicate which dwelling you reside in:                      _____ square feet living area                      _____ Year built			
Is any portion of the dwelling you reside in used as a rental or business?                      NO                      YES			
If YES, please indicate square feet living area of rental or business:                      _____ square feet living area			
Do you or your spouse claim a home exemption or similar type of exemption anywhere else?                      NO                      YES			
If YES, indicate the tax map key number & location:                      _____			
Tax Map Key Number		State	County

\_\_\_\_\_ I own and occupy this property as my principal residence as of January 1, 2019.  
 Initial Here

- Totally disabled veterans must be verified by the Veterans Administration.
- 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 copy of your processed application for your records.*** One application per envelope.

CERTIFICATION	
I certify that I own and occupy this home, and that all statements in this return 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

VA CERTIFICATION	
<i>To: Tax Assessor</i>	
I hereby certify to the total service connected disability for the claimant shown.	
Veterans Administration Claim No. _____	
Name	Title
Signature	Date

FOR OFFICIAL USE						
PITT CODE	EX CODE	BLDG. NO.	BLDG. %	LAND %	Received by:	Date:
FOR TAX ASSESSOR						