



County of Maui – Department of Finance
REAL PROPERTY ASSESSMENT DIVISION
 Service Center, Suite A-16
 70 E Kaahumanu Ave., Kahului, HI 96732
 Phone: (808) 270-7297 Fax (808) 270-7884

TAX MAP KEY				
Zone	Section	Plat	Parcel	CPR

CLAIM FOR DISABILITY EXEMPTION TOTALLY DISABLED VETERAN

Deadline for Filing: **DECEMBER 31, 2020**

Claimant Name	Social Security Number	Date of Birth	Verified <input type="checkbox"/>
Property Address	Apt. No. City	Hawaii	
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?	YES	NO	
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?	YES	NO	
If YES, please indicate square feet living area of rental or business:	_____ square feet living area		
Do you claim a home exemption or similar type of exemption anywhere else?	YES	NO	
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, 2021.

Initial Here _____

- Submit this Claim with proof of age. Acceptance proofs are: Driver's License; State registration card; birth certificate; and other governmental or legal documents. (Copies are accepted with claims submitted by mail).
- The County of Maui, Real Property Assessment Division will verify total service connected disability with 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						