

**County of Maui - Department of Finance  
REAL PROPERTY ASSESSMENT DIVISION**

110 'Ala'ihi Street, Suite 110, Kahului, HI 96732

Phone: (808) 270-7297

RPA.co.maui.hi.us

**CLAIM FOR LONG-TERM RENTAL  
EXEMPTION**

(Chap. 3.48.466 MCC)

Deadline for Filing: December 31, 2021

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR



Owner's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Hawaii

Property Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have multiple dwellings on your property? \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

If YES, indicate the area and year built for the long-term rental (if more than one rental, list the largest): \_\_\_\_\_ square feet \_\_\_\_\_ year built

If YES, does the property have a home exemption or another type of exemption on a separate dwelling? \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

If YES, indicate the area and year built for the dwelling with the exemption: \_\_\_\_\_ square feet \_\_\_\_\_ year built

Is a portion of the rental dwelling used as for any other purpose? \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

If YES, provide the area and describe the use: \_\_\_\_\_ square feet \_\_\_\_\_ Use \_\_\_\_\_

You may be entitled to the long-term rental exemption if the following requirements are met. Initial to certify that you meet or will meet the requirements.

\_\_\_\_\_ On January 1, 2022, the dwelling unit on the above referenced parcel will be occupied as a long-term rental with a signed contract to lease for twelve consecutive months or more to the same tenant.

**\*6 month and month to month leases do not qualify\***

Date lease begins: \_\_\_\_\_ Date lease terminates: \_\_\_\_\_ Monthly rental amount \$ \_\_\_\_\_

\_\_\_\_\_ A valid signed contract is attached to the application.

To ensure receipt, mail this application via certified mail with return receipt requested along with a self-addressed stamped envelope for the return copy of the processed application. One application per envelope.

CERTIFICATION	
I certify that all statements in this return are true and correct to the best of my knowledge. I understand that any mis-statement of facts will be grounds for disqualification and penalty and may be considered a misdemeanor per MCC 3.48.072. I also understand that if the property ceases to qualify for the exemption, I must report the change in status to the assessor within 30 days. Failure to report a change in facts or status will result in disqualification and penalties.	

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

SPACE RESERVED FOR DATE STAMP

FOR OFFICIAL USE	
CLASS _____ BLDG % _____	Received by: _____ FOR TAX ASSESSOR _____ DATE _____
EX CODE _____ LAND % _____	
BLDG NO. _____	