



County of Maui – Department of Finance  
**REAL PROPERTY ASSESSMENT DIVISION**  
 Service Center, Suite 110  
 110 'Ala'ihī Street, Kahului, HI 96732  
 (808) 270-7297 Fax (808) 270-7884  
 RPA@co.maui.hi.us www.mauipropertytax.com

TAX MAP KEY				
Zone	Section	Plat	Parcel	CPR

## CLAIM FOR DISABILITY EXEMPTION

Deadline for Filing – **DECEMBER 31, 2021**

Exemption is hereby claimed from Real Property Taxation under:

Hansen's Disease Sufferer ([MCC 3.48.480](#))

Blind, Deaf, or Totally Disabled ([MCC 3.48.485](#))

Taxpayer's Name	Date of Birth	Social Security Number
Home Address		Telephone Number

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.

CERTIFICATION	
I certify 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

Disabled exemption is in addition to the regular home exemption. To obtain the regular home exemption, you must file claim on form DFT-450.

FOR ASSESSORS USE ONLY				
GENERAL LAND CLASS				
PITT Code	Exemption Code	Building No.	Building %	Land %
3	2	4	3	3
Received by: <i>For Tax Assessor</i>			Date:	



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## REPORT ON DISABILITY FOR REAL PROPERTY TAX EXEMPTION PURPOSES

Applicant's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

### PART I - EYE EXAMINATION (Must be done by an ophthalmologist or an optometrist)

- Diagnosis \_\_\_\_\_
- Vision without corrective lenses OD: \_\_\_\_\_ OS: \_\_\_\_\_
- Vision with corrective lenses OD: \_\_\_\_\_ OS: \_\_\_\_\_
- Is this applicant's visual acuity 20/200 or worse in the better eye with corrective lenses? Yes No
- Is there a field defect in which the widest diameter of visual field subtends an angle no greater than 20 degrees?  
Yes No
- Date first certifiable as legally "blind" \_\_\_\_\_
- Should applicant be re-examined for tax purposes? Yes No If yes, when? \_\_\_\_\_

### PART II - HEARING EXAMINATION (Must be done by an otolaryngologist)

- Diagnosis \_\_\_\_\_
- Hearing loss (500-2000 Hertz) without aid: Right: \_\_\_\_\_ Left: \_\_\_\_\_
- Is the applicant's average loss in speech frequencies (500-2000) Hertz in the better ear?  
82 Decibels ASA (or 92 Decibels ANSI 1969) or worse? Yes No
- Date first certifiable as legally "deaf" \_\_\_\_\_
- Should applicant be re-examined for tax purposes? Yes No If yes, when? \_\_\_\_\_

### PART III - REPORT ON DISABILITY (Must be done by physicians licensed under chapter 453 or 460, HRS)

- Diagnosis \_\_\_\_\_
- Date first disabled or unable to work \_\_\_\_\_ Date under your care (by year) \_\_\_\_\_
- Diagnosis and pertinent symptoms or findings that preclude ability to engage in gainful work  
\_\_\_\_\_
- Is the condition totally and permanently disabling? Yes No
- If "No", when should applicant be re-examined for tax purposes? \_\_\_\_\_

### CERTIFICATION BY A LICENSED PHYSICIAN OR OPTOMETRIST

Based on the above report, hereby certify that:

Applicant conforms to State definition of: "Blind" "Deaf" "Totally Disabled" OR  
 Applicant does not conform to the above definitions

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date License Expires

\_\_\_\_\_  
Signature of Physician or Optometrist

\_\_\_\_\_  
Print Name of Physician or Optometrist

\_\_\_\_\_  
Address of Physician or Optometrist

### PHYSICIAN'S CERTIFIED REPORT

**Definitions:**

**“Blind”** means a person whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than twenty degrees. The impairment of sight shall be certified on forms prescribed by the Department of Finance on the basis of a written report on an examination performed by a qualified ophthalmologist or qualified optometrist (Section 235-1, Hawaii Revised Statutes amended by Act 81 - 1988).

**“Deaf”** means a person whose average loss in the speed frequencies (500-2000 Hertz) in the better ear is eighty-two decibels, A.S.A., or worse. The impairment of deafness shall be certified by a qualified otolaryngologist on forms prescribed by the Department of Finance (Section 235-1, Hawaii Revised Statutes amended by Act 81 - 1988).

**“Person totally disabled”** mean a person who is totally and permanently disabled, either physically or mentally, which results in the person’s inability to engage in any substantial gainful business or occupation. The disability shall be certified by a physician licensed under Chapter 453 or 460, or both, on forms prescribed by the Department of Finance (Section 235- 1, Hawaii Revised Statutes amended by Act 81 - 1988).

**Instructions:**

**Purpose of Form DFT-485** - Use form to certify blindness, deafness, or disability for real property tax purposes. This form must be attached to Form DFT-475-A “Claim for Disability Exemption”. Copies of this form should be retained by the taxpayer claiming the exemption and the physician or optometrist certifying the blindness, deafness, or disability.

**How to File** - File the original copy of this form attached to Form DFT-475-A with the Real Property Assessment Division.

**Where to File** - Taxpayers are to file this form with the Tax Assessor, County of Maui at the following address.

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