



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

TMK: \_\_\_\_\_

## CLAIM FOR DISABILITY EXEMPTION SEVERELY DISABLED VETERAN

(Chapter 3.48.475 MCC)

Deadline for Filing: **DECEMBER 31, 2023**

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, 2024.

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 the total service connected disability with the Veterans Administration.
- Per Maui County Code, [Section 3.48.475](#), "Severely disabled" means the individual has been given a 70 percent or higher disability rating by the United States Department of Veterans Affairs.
- 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						