



County of Maui – Department of Finance  
**REAL PROPERTY ASSESSMENT DIVISION**  
 Service Center, Suite 110  
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| TAX MAP KEY |         |      |        |     |
|-------------|---------|------|--------|-----|
| ZONE        | SECTION | PLAT | PARCEL | CPR |
|             |         |      |        |     |

## CLAIM FOR LONG-TERM RENTAL EXEMPTION

(Chap. 3.48.466 MCC)

Deadline for Filing: DECEMBER 31, 2021

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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

Do you have multiple dwellings on your property?      YES                      NO  
 If YES, indicate the following 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?                      YES                      NO  
 If YES, indicate the following for the dwelling with the exemption      \_\_\_\_\_ square feet      \_\_\_\_\_ year built

Is a portion of the rental dwelling used as a business?      YES                      NO  
 If YES, provide the following for the business:                      \_\_\_\_\_ square feet

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 and under 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 misstatement 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: _____<br>FOR TAX ASSESSOR                      DATE |  |
| EX CODE _____    | LAND % _____ |  |  |
| BLDG NO. _____   |              |  |  |