



County of Maui - Department of Finance
REAL PROPERTY ASSESSMENT DIVISION
 110 'Ala'ihī Street, Suite 110, Kahului, HI 96732
 Phone: (808) 270-7297
CLAIM FOR LONG-TERM RENTAL
EXEMPTION
 (Chap. 3.48.305 MCC)

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR

Owner's Name _____

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? _____ 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 a business? _____ NO _____ YES
 If YES, provide the area 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 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. _____			