

CASE NO. _____



County of Hawai'i Real Property Tax Division

TAX MAP KEY / PARCEL ID					
ISLE	ZONE	SEC	PLAT	PAR	CPR
3					

Aupuni Center ~ 101 Pauahi Street ~ Suite 4 ~ Hilo, Hawai'i 96720 ~ Fax (808) 961-8415
 Appraisers (808) 961-8354 ~ Clerical (808) 961-8201 ~ Collections (808) 961-8282
 West Hawai'i Civic Center ~ 74-5044 Ane Keohokalole Hwy. ~ Bldg D. 2nd Floor ~ Kailua-Kona, Hawai'i 96740
 Fax (808) 327-3538 ~ Appraisers (808) 323-4881 ~ Clerical (808)323-4880

CERTIFICATION OF RENTAL RATE

I (WE) _____ CERTIFY THAT I (WE) PAY _____
TENANT(S) NAME(S) LANDLORD / PROPERTY MANAGER

\$ _____ RENT FOR THE PROPERTY LOCATED AT _____
MONTHLY RENT PROPERTY ADDRESS

SINCE _____ FOR A _____ BEDROOM DWELLING. IF YOU SHOULD
DATE RENTED FROM BEDROOM COUNT

HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT: Length of Rental Agreement

6 Months

Other: _____

*****Tenant must have occupied for 6 consecutive months before month to month*****

MAILING ADDRESS

TELEPHONE NUMBER

IF AT ANYTIME THROUGHOUT THE YEAR MY LEASE ENDS, TERMINATES, OR IF MY RENT INCREASES OVER THE AFFORDABLE RENTAL THRESHOLD OF \$ _____, I (WE) HAVE THE RIGHT TO CONTACT THE COUNTY OF HAWAI'I REAL PROPERTY TAX DIVISION TO REPORT ANY CHANGES. THE COUNTY OF HAWAI'I REAL PROPERTY TAX DIVISION CAN BE CONTACTED AT EITHER THE EAST HAWAI'I OFFICE AT (808) 961-8201 OR THE WEST HAWAI'I OFFICE AT (808) 323-4880.

ANY OWNER WHO FILES A FRAUDULENT CERTIFICATION OF RENTAL RATE AND ATTESTS TO ANY FALSE STATEMENT, WITH THE INTENT TO DEFRAUD OR TO EVADE THE PAYMENT OF TAXES OR ANY PART THEREOF, OR WHO IN ANY MANNER INTENTIONALLY DECEIVES OR ATTEMPTS TO DECEIVE THE DEPARTMENT OF FINANCE, SHALL BE FINED \$1,000. ANY PERSON WHO HAS BEEN ALLOWED THE AFFORDABLE RENTAL HOUSING CLASS HAS A DUTY TO REPORT TO THE ASSESSOR WITHIN 30 DAYS AFTER HE / SHE CEASES TO QUALIFY FOR SUCH BENEFIT. FAILURE TO SUBMIT SUCH A REPORT SHALL BE CAUSE FOR DISQUALIFICATION AND PENALTY.

TENANT'S SIGNATURE DATE

TENANT'S SIGNATURE DATE

TENANT'S SIGNATURE DATE

TENANT'S SIGNATURE DATE

FOR DEPARTMENT USE ONLY	
<input type="checkbox"/> U.S. POSTMARK	<input type="checkbox"/> OTC
<input type="checkbox"/> FAX	DATE RECEIVED: _____ BY: _____
USPS EXTENDED ZIP _____	DIFFERENCE IN MAILING ADDRESS: _____
NOTES:	