

**STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS**

TRANSFER OF HAWAIIAN HOME LANDS APPLICATION

Part A (TO BE COMPLETED BY THE APPLICANT. Please fill in the blanks of only the (or those) application(s) you wish to transfer.)

Today's Date: _____

RESIDENTIAL APPLICATION TRANSFER

I am an applicant for a residential DHHL homestead lease on the island of _____.

I wish to transfer the application named above to the island of _____.

AGRICULTURAL APPLICATION TRANSFER

I am an applicant for an agricultural DHHL homestead lease on the island of _____.

I wish to transfer the application named above to the island of _____ . Or

I wish to transfer this application to a pastoral homestead lease on the island of _____.

PASTORAL APPLICATION TRANSFER

I am an applicant for a pastoral DHHL homestead lease on the island of _____.

I wish to transfer the application named above to the island of _____ . Or,

I wish to transfer this application to an agricultural homestead lease on the island of _____.

I do this in accordance with §10-3-6(b), Hawaii Administrative Rules, which states: "Applicants wishing to transfer their completed application on one island-wide waiting list to another island-wide waiting list may do so. Upon the completion of the transfer, the transfer date will replace the original date of application. No applications will be accepted for any area waiting list." [Amended and compiled 10/26/98]

(DHHL Time Stamp)

Applicant Name (please print)

Applicant's signature

Applicant's Social Security Number

Mailing Address

City, State, Zip Code

Received By (DHHL Staff)

Area Code and Telephone Number

Part B - (For DHHL USE ONLY.)

TYPE OF APPLICATION (Application records show the following:)

- | | | |
|---------------------------------------|--------|---------------------|
| <input type="checkbox"/> RESIDENTIAL | _____ | _____ |
| | Island | Date of Application |
| <input type="checkbox"/> AGRICULTURAL | _____ | _____ |
| | Island | Date of Application |
| <input type="checkbox"/> PASTORAL | _____ | _____ |
| | Island | Date of Application |

Employee Name (Print, then initial)

NOTE This transfer request does not invalidate your previous designation of successor to application rights filed at the department. If you wish to change that designation, you must submit the name of your new successor in writing to the department.