STATE OF HAWAII DEPARTMENT OF HAWAIIAN HOME LANDS

REQUEST TO BE DESIGNATED BY THE HAWAIIAN HOMES COMMISSION TO SUCCEED TO APPLICATION RIGHTS FOR HOMESTEAD LEASE

		PLEASI	E TYPE OR PRIN	T WITH B	LACK INK			
hereby apply tapplication.	I understand that essor, I must be: At least 18 years A native Hawaii	application right before the H s old; an, (50% Haw applicant as o	hts of an applic (awaiian Home aiian) and one of the follow	ant who d s Commis wing: spou	lied without d ssion ("Comn se, child, gran	esignating a succ nission") may de	(please print), cessor to his or her esignate me as an idow/widower of a	
relative as des designate a suc 1)	B, Hawaii Adminis cribed above may ccessor from amon Spouse; or	strative Rules, request to suc ag those who h	states, in part, ceed to the dec ave filed a requ	that if an eased appl	applicant dies	ation rights. The	ting a successor, a e Commission may following order:	
2) 3) 4)	3) If none of the foregoing requests, then a grandchild; or							
department ha previously pub writing not lat application wi may be. The which request requesting the	s reason to believe blished by the depa er than one hundred Il be canceled and Hawaiian Homes s for succession to	re have died vartment. Requed eighty days the applicant's Commission, o an application and applications in the commission of an application of the commission of the commissio	vithout designatests for success after the date of sname shall be for good cause on may be may	ting a suction to app f the last premoved f , may extended. DHH	cessor and ward cessor and ward cessor rights obtained by the respective of the time of time of time o	hose names do not shall be made to the applicant's na ctive waiting list beyond one hundly that any indiv	ot appear in a list of the department in ame; otherwise, the or lists, as the case lired eighty days in ridual interested in on 10-3-8, Hawaii	
native Hawaii application in	an ancestry and	relationship to verifying you	the deceased ar age and ance	applicant. stry. Plea	You may ase note that t	attach a copy of the deceased app	rerifying your age, of your homestead licant's application can be succeeded.	
Name of decea	ased applicant:							
Island:			Type	of Applica	ation (Circle o	one):RES AG	PAST	
Date of death	(Attach copy of de	ath certificate)	:					
Name of Requ	estor:							
Is Requestor a	lessee? Yes	No	Is Requestor a	an applicai	nt? Yes N	No (Circle	one)	
If Yes to one of	of the above:	Island Type ((Circle one):	RES	AG PAS	Γ		
RELATIONSI	HIP (Circle one):	SPOUSE	CHILD	GRAN	DCHILD	PARENT	SIBLING	
WIDOW/WID	OWER OF A CH	ILD WIDO)W/WIDOWER	OF A SII	BLING	NIECE	NEPHEW	
claims for the		Therefore, th	ne Hawaiian Ho	mes Comi	mission may o	lesignate a succe	there may be other ssor as provided in	
	erstand that <i>if</i> the this same type (r						plication, that my	
(DHHL TIME STA	MP)				SIGNATUR		DATE	
					Social Securi	ty Number		
					Address			
					Auditos			

Telephone Number