STATE OF HAWAII **DEPARTMENT OF HAWAIIAN HOME LANDS** INFORMATION CHANGE NOTIFICATION FORM HHL Form 00061 (Rev.07/2024)

Please print in blue or black ink

PLEASE CHECK WHERE APPROPRIATE.			Lease No.(s):			
Please make changes to my:		Homestead Area:				
	ned	me (must produce cessary documents) te effective:	D	ocial Security No. ate effective:		
*Submit Marriage Certificate, Name Change Decree or Divorce Decree **Submit Photocopy of ID My current homestead status with DHHL is: Applicant Lessee Applicant & Lessee						
	0	LD INFORMATION				
The following informati	on must be co	mpleted.				
Name:		First Name		MI		
Social Security No.:	ocial Security No.: Day Phone No.:					
Mailing Address: P.O.					Zip code	
		EW INCOPMATION				
NEW INFORMATION						
Please fill out only info		•				
Name:		First Name		MI		
Social Security No.:						
Mailing Address:						
P.O. I	Box / Street	Apt. No.	City	State	Zip code	
	Bus.	:	Cell	:		
Applicant/Lessee signs:						
	Signature			<u>.</u>	Date	
Staff acknowledges:s	Signature				Date	
Remarks:						
Dahu, call for Department's D DHHL, Homestead Services Div	vision, P. O. Box	1879, Honolulu, HI 968	05 A	pplication Branch: Dahu Distr. Office:	Telephone No 808-730-0279 808-730-0279	
Neighbor Islands, call for Department's Delivery Address or Mail Original Form to: DHHL, East Hawaii District Office, 160 Baker Ave., Hilo, HI 96720 DHHL, Kauai District Office, 3060 Eiwa St., Rm. 203, Lihue, HI 96766-1886 DHHL, Maui District Office, 655 Kaumualii St., Suite 1, Wailuku, HI 96793 DHHL, Molokai District Office, P.O. Box 2009, Kaunakakai, HI 96748 DHHL, West Hawaii District Office, P.O. Box 125, Kamuela, HI 96743					808-974-425 808-274-313 808-760-512 808-560-610 808-887-605	