

JOSH GREEN, M.D.
GOVERNOR
STATE OF HAWAII
*Ke Kia 'āina o ka Moku 'āina 'o
Hawai'i*

SYLVIA J. LUKE
LT. GOVERNOR
STATE OF HAWAII
*Ka Hope Kia 'āina o ka Moku 'āina
'o Hawai'i*



KALI WATSON
CHAIRPERSON, HHC
Ka Luna Ho 'okele

KATIE L. LAMBERT
DEPUTY TO THE CHAIR
Ka Hope Luna Ho 'okele

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS

Ka 'Oihana 'Āina Ho 'opulapula Hawai'i

P. O. BOX 1879
HONOLULU, HAWAII 96805

Aloha,

The Department of Hawaiian Home Lands ("Department") welcomes your interest in homestead opportunities under the Hawaiian Homes program. Created by the U.S. Congress in 1920, the Hawaiian Homes Commission Act (HHCA) provides for homestead residential, agricultural, and pastoral leases to native Hawaiians defined as a person of one-half or more Hawaiian ancestry. Over 200,000 acres were set aside for the Hawaiian Homes Program and these homestead lands are located on the islands of O'ahu, Hawai'i, Kaua'i, Maui, Moloka'i, and Lāna'i.

Applicants are responsible for substantiating their **biological** native Hawaiian ancestry by providing sufficient documentary evidence to the Department for evaluation. Genealogy documents can be found at a number of repositories, some of which are listed in this packet.

Please read the section of this packet entitled, *Instructions for Applying for Homestead Lease* **carefully and thoroughly** before working on your application.

If an application is completed and accepted, it will be time-stamped, signed by the Department representative, and filed in the order received. After Commission approval, a confirmation letter with a copy of the application will be mailed to the applicant.

When the Department receives an application that is incomplete, completed incorrectly, or lacks the required genealogy documents to substantiate your native Hawaiian ancestry, the application process is halted. The Department will return the application within sixty (60) days with an explanation and instructions for corrections, including a request for additional genealogy documents if required. If an applicant disagrees with the action taken by the Department, he or she has thirty (30) days from receipt of the written notice to petition the Department to appear before the Hawaiian Homes Commission [Hawai'i Administrative Rules §10-3-3.1(a2) and (c)].

Once again, *mahalo* for your interest in applying. If you have any questions, please call our Application Branch at (808) 730-0279.

Department of Hawaiian Home Lands

(rev. 07/30/2024)



HOMESTEAD APPLICANT'S CHECK SHEET

- YOU GET:
- ☐ HOMESTEAD APPLICATION INSTRUCTIONS
 - ☐ CONSENT TO RELEASE OF INFORMATION
 - ☐ ADDENDUM TO APPLICATION
 - ☐ KUMU 'OHANA WORKSHEET
 - ☐ HOMESTEAD APPLICATION FORM
 - ☐ DESIGNATION OF SUCCESSOR TO APPLICATION RIGHTS

- YOU DO:
- ☒ CHECK YOUR GENEALOGY
 - ☒ PREPARE DOCUMENTATION (SUBMIT D.O.H. "NO-RECORD" CERTIFICATION IF DOCUMENTS NOT AVAILABLE)
 - (1) **YOUR REGISTERED BIRTH CERTIFICATE** *(If your present legal name differs from the name listed on your birth certificate, you must also submit a marriage certificate, a divorce decree, or a legal name change decree to account for this difference.)*
 - (2) **BIRTH CERTIFICATES FOR YOUR PARENTS, GRANDPARENTS, ETC.**
 - (3) **MARRIAGE CERTIFICATES** *(if your parents'/grandparents' birth certificates are not available)*
 - (4) **DEATH CERTIFICATES** *(if your parents'/grandparents' marriage certificates are not available)*
 - (5) **YOUR GREAT-GRANDPARENTS' RECORDS IF APPLICABLE** *(i.e., your grandparents born after 1920s)*

*** Please be apprised that in addition to what is requested here, you may need additional documentation to meet the quantum requirement.

- ☒ REVIEW APPLICATION PACKAGE
- ☒ COMPLETE APPLICATION AND NOTARIZE APPLICATION FORM
- ☒ NOTIFY DEPARTMENT IN WRITING OF ANY CHANGE IN MAILING ADDRESS

INSTRUCTIONS FOR APPLYING FOR HOMESTEAD LEASE

PLEASE READ THESE INSTRUCTIONS CAREFULLY AND THOROUGHLY BEFORE FILING YOUR APPLICATION FOR HOMESTEAD LEASE OF HAWAIIAN HOME LANDS.

FAILURE TO COMPLETE THE APPLICATION CORRECTLY OR PROVIDE SUFFICIENT DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

ELIGIBILITY REQUIREMENTS

To be eligible to apply for a Hawaiian Home Lands homestead lot lease, you must meet the following requirements:

- ☒ You must be a native Hawaiian as defined in the Hawaiian Homes Commission Act of 1920, that is, a person with at least 50% Hawaiian ancestry; and

*** Note: Native Hawaiian qualification is based on biological (natural) ancestry.*

- ☒ You must be at least 18 years old.

In addition, please keep in mind that as an eligible applicant:

- ☒ You may apply for ONLY ONE residential lot; and

- ☒ You may apply for ONLY ONE agricultural or pastoral lot.

***Note: Application for agricultural and pastoral lease must be on the same island as the residential lot lease, if applicant is a current residential lessee.*

APPLYING FOR A HOMESTEAD LOT

The Department recommends that you call for an appointment with Department staff **before** you submit your application. An appointment can save you time and frustration because staff can retrieve any relevant files before your meeting, answer any questions you may have, and can also help ensure that your application is completed and filed correctly. You may call any DHHL district office for more information or to set an appointment date and time (refer to pages 4 and 5). When you apply you will need to bring or complete the following:

- (1) Application for Lease of Hawaiian Home Lands (HHL Form 00073 rev 12/2011);

*** Note: Completed form must be notarized if you are mailing your application.*

- (2) Kumu Ohana Worksheet (HHL Form B25 rev 01/2008);

*** Note: Completed Kumu Ohana must be SUPPORTED BY DOCUMENTARY EVIDENCE to prove at least 50% Hawaiian ancestry.*

- (3) Necessary documents to prove 50% Hawaiian ancestry and at least 18 years of age;

- (4) Designation of Successor to Application Rights For Homestead Lease if you have a qualified successor (HHL Form 00037 rev 01/2006);
- (5) Consent to Release of Information (HHL Form 00038 rev 04/2007) if applicable; and
- (6) Addendum to Application (HHL Form 0511D rev 12/2011).

PRIMARY DOCUMENTS

Birth certificates and "Certificates of Hawaiian Birth" are the primary documents used to determine native Hawaiian qualification. ***THESE PRIMARY DOCUMENTS MUST BE EXHAUSTED BEFORE SECONDARY DOCUMENTS WILL BE ACCEPTED.*** Please submit **certified copies** of original birth certificates, or computer-generated certificates of live birth.

If the State Department of Health does not have a birth certificate on file for any of your parents or grandparents, you must obtain a "no-record certification" from the State Department of Health (DOH). A "no-record certification" tells Department of Hawaiian Home Lands staff that the DOH searched its files and cannot find the records requested. At a minimum, the DHHL asks that applicants produce certified copies of birth certificates, certificates of Hawaiian birth, or no-record certifications for the following people:

- Yourself (*If your present legal name differs from the name listed on your birth certificate, you must also submit a marriage certificate, a divorce decree, or a legal name change decree to account for this difference*);
- Your natural father;
- Your natural mother;
- Your natural father's parents;
- Your natural mother's parents; and
- Your natural great-grandparents if applicable (*i.e.*, submit if your grandparents born after 1920s)

****** In addition to what is requested here, you may need additional documentation to meet the quantum requirement.***

*****IMPORTANT*****

- (1) *Birth certificates of adopted individuals must be cleared through family court. Please ask DHHL staff for assistance.*
- (2) *Out-of-state and foreign birth records [e.g., FS-240 ("Consular Report of Birth Abroad of a Citizen of the United States of America"), DS-1350 ("Certification of Report of Birth"), etc.] must be accompanied by notarized affidavits from biological parents.*

USE OF SECONDARY DOCUMENTS

Secondary documents may be accepted in lieu of primary documents where birth certificates for the applicant, applicant's parents, or grandparents are not available and Department of Health "No-record" certifications have been issued for those searches. The following is a list of secondary documents arranged in the order of priority:

- (1) Marriage Certificates (*If not available, obtain "No-record" certification from the Department of Health;*
- (2) Death Certificates (*If not available, obtain "No-record" certification from the Department of Health; and*

(3) Other documents such as:

- Records of the State of Hawaii Archives, state court, public libraries, or census records;
- Official baptism records or other church records that show applicant's or an applicant's ancestor's race;
- Official records from the files of military services, schools, or hospitals;
- Employment records;
- Physician or mortuary written statement;
- Obituaries and vital statistics news clippings; and
- Affidavits or sworn and notarized statements from knowledgeable persons to substantiate ancestry claims (*primarily from parents, grandparents, etc*).

WHERE TO GET DOCUMENTS

State Department of Health. The Vital Records Section of the Department of Health is located in Honolulu at *1250 Punchbowl Street*. This office maintains official records of births, marriages, and deaths. Certified copies of records can be obtained for a fee. To obtain a certified copy of a record, applicants must provide the name of the person they are interested in along with the date and place of the particular event (birth, marriage, or death). Office hours are from 7:45 a.m. to 2:30 p.m., Monday through Friday.

State Archives. The State Archives [364 South King Street, (808) 586-0329] is located on the grounds of 'Iolani Palace in Honolulu and is the official repository for historical Hawai'i government records of note. Its holdings include census records which are useful for identifying families living in the islands during specific time periods and often give the ethnic backgrounds of household members. (Copies of the 1900, 1910 and 1920 U.S. Federal Census records are also available in the regional libraries of the public library system.). Office hours are from 9:00 a.m. to 4:00 p.m., Monday through Friday.

Other Sources. Other sources of genealogy information include the Circuit Courts and the Bureau of Conveyances. Some applicants may also find the Family History Centers of the Mormon Church (LDS) helpful as a source of genealogical information.

Use of DHHL Records. You may use copies of documents in the Department's files of relatives who are homestead lessees or applicants; however, you must obtain that relative's written consent allowing the Department to use their genealogy information to assist you.

SPECIAL SITUATIONS

Adopted Persons. Adopted persons must use their biological (natural) parents' birth certificates to prove that they are Native Hawaiian. If information about natural parents is contained in sealed court records, DHHL staff can help adopted persons in obtaining those records from the Family Court, but such information is kept confidential.

Inconclusive Documents. In some cases, documents may not conclusively show the percentage of Hawaiian ancestry; for example, documents may show an individual's race as "Part-Hawaiian," "Caucasian-Hawaiian," "Hawaiian-Chinese," or "Portuguese-Hawaiian." In such cases, the Department requires additional documentation to identify any full-blooded Hawaiian ancestors so that the percentage of Hawaiian ancestry can be determined to show that the applicant is at least 50% Hawaiian.

Variation In Names Or Single Names. If documents show a variation in names (e.g., An individual may have a name on a birth certificate and a different name on his or her marriage certificate.), further documentation to explain the difference will be required. The Department also requests more information when a single name is shown on a document (e.g., only a first name or only a last name, etc.).

Reasonable Basis For Further Questioning. When there is a reasonable basis for questioning an applicant's information, Department staff will require additional documentation or explanation. (e.g., a birth certificate showing the last name "Benett," a non-traditional Hawaiian surname, and the race is shown only as "Hawaiian.")

CHANGE IN APPLICANT'S GENEALOGICAL INFORMATION

Based on information provided to DHHL, a determination may be made that an applicant meets the 50 percent blood quantum and is eligible for the Hawaiian Home Lands program. That applicant is then placed on the appropriate waiting list.

It has been DHHL's experience that sometimes new information becomes available after an application has been accepted. When this occurs, DHHL and the Hawaiian Homes Commission have a fiduciary responsibility to carefully examine the new information and insure that the applicant does indeed qualify for the program. Consequently, DHHL staff may ask for further documentation concerning an applicant's 50 percent blood quantum.

DESIGNATION OF SUCCESSOR

If applicable, an applicant may designate a qualified successor to succeed to the applicant's application rights upon the death of the applicant by completing a *Designation of Successor to Application Rights for Homestead Lease* form. A named successor is deemed qualified to succeed to a deceased applicant's application rights if the named successor is:

- ☒ Of at least 50% Hawaiian blood;
- ☒ At least 18 years old; and
- ☒ One of the following relatives:
Spouse, child, grandchild, parent, widow/widower of a child, sibling, widow/widower of a sibling, niece or nephew.

DEPARTMENT OF HAWAIIAN HOME LANDS DISTRICT OFFICES

The Department maintains a district office on each of the islands of O‘ahu, Kaua‘i, Maui, and Moloka‘i, with the exception of Hawai‘i Island, which has an East Hawai‘i office and a West Hawai‘i office. Office hours are from 7:45 a.m. to 4:30 p.m. daily, Monday through Friday. Application packets, information about Department programs, and notary services are available at any of these district offices. **To ensure better service, it is strongly recommended that applicants call their respective district offices to set specific appointment dates and times.**

(1) O‘AHU OFFICE - Application Branch

Street Address:

*Hale Kalaniana‘ole
91-5420 Kapolei Parkway
Kapolei, Hawai‘i 96707*

Mailing Address:

*P.O. Box 1879
Honolulu, Hawai‘i 96805*

Phone: (808) 730-0279

(2) MOLOKA‘I DISTRICT OFFICE

Street Address:

*600 Maunaloa Highway,
Suite D-1
Kalama‘ula, Moloka‘i*

Mailing Address:

*P.O. Box 2009
Kaunakakai, Hawai‘i 96748*

Phone: (808) 560-6104

(3) WEST HAWAI‘I DISTRICT OFFICE

Street Address:

*55 Mile Marker
64-756 Māmalahoa Highway
Kamuela, Hawai‘i 96743*

Mailing Address

*P.O. Box 125
Kamuela, Hawai‘i 96743*

Phone: (808) 887-6053

(4) EAST HAWAI‘I DISTRICT OFFICE

Street and Mailing Address:

*160 Baker Avenue
Hilo, Hawai‘i 96720*

Phone: (808) 974-4250

(5) KAUA'I DISTRICT OFFICE

Street and Mailing Address:
3060 'Eiwa Street Room 201
Līhu'e, Hawai'i 96766

Phone: (808) 274-3131 or (808) 274-3132

(6) MAUI DISTRICT OFFICE

Street and Mailing Address
655 Kaumuali 'i Street, Suite 1
Wailuku, Hawai'i 96793

Phone: (808) 760-5120

(rev. 7/30/2024)

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS
CONSENT TO RELEASE OF INFORMATION

Please print in black ballpoint pen

NAME: _____
*First Name**MI**Last Name*

SOCIAL SECURITY NO.: _____

TYPE OF FILE (*please check where appropriate*)

☐ APPLICATION FILE

☐ LESSEE FILE

(Please check where appropriate or print name(s) of individual(s) you wish to permit access to your records)

I hereby agree and consent to the use of such personal information about me and my family within my application/lessee file by the Department of Hawaiian Home Lands or any of its offices to assist:

☐ ALL MY FAMILY

☐ MY SPOUSE

☐ NAME(S) OF INDIVIDUAL(S)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

APPLICANT/LESSEE SIGN: _____
*Signature**Date*

Have you notified the department in writing of any recent change in your address? ☐ Yes ☐ No
If No, write in:

New Address: _____
*Street**Apt. No.**City**State**Zipcode*

New Phone No.: _____ Date effective: _____
Residence

*Signature**Date*

ADDENDUM TO LEASE APPLICATION

Applicant's Name: _____

Employed by: _____ Bus. Phone: _____

(1) Name of Spouse: _____

Employed by: _____ Bus. Phone: _____

Spouse at least 50% Hawaiian? YES ☐ NO ☐

(2) Applicant's Children:

Name

Age

Other Parent

(3) Applicant's Siblings:

Applicant's Signature

Date

PLEASE TYPE OR PRINT WITH BLACK BALLPOINT PEN

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS
APPLICATION FOR LEASE OF HAWAIIAN HOME LANDS

*** **WARNING** *** DELIBERATE FALSIFICATION OF A MATERIAL FACT ON AN APPLICATION FORM SHALL BE GROUNDS FOR REMOVAL OF THE APPLICANT'S NAME FROM THE WAITING LIST, OR CANCELLATION OF ANY LEASE AWARDED THE APPLICANT, AND MAY SUBJECT THE APPLICANT TO PROSECUTION FOR PERJURY. (§10-3-1 HAR)

NAME OF APPLICANT: _____
First name MI Last name

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
mm/dd/yy

PLACE OF RESIDENCE: _____
Street Apt. No. City State Zip Code

MAILING ADDRESS: _____
(Complete only if different from place of residence) Street Apt. No. City State Zip Code

HOME PHONE: _____ MOBILE: _____ E-MAIL: _____

EMPLOYER: _____ BUS. PHONE: _____

CONTACT NAME: _____ PHONE NO.: _____ RELATION: _____
*(Person to contact in case of emergency)

ANNUAL HOUSEHOLD INCOME (Check one only)
☐ Less than \$10,000 ☐ \$10,000-\$25,999 ☐ \$26,000-\$36,999 ☐ \$37,000-\$50,999 ☐ \$51,000-\$75,000 ☐ Over \$75,000

HOUSEHOLD SIZE (Check one only)
☐ 1-3 Household members ☐ 4-6 Household members ☐ 7-10 Household members ☐ 11+ Household members

ARE YOU AT LEAST 50% HAWAIIAN? (Check one only) ☐ Yes ☐ No

WERE YOU LEGALLY ADOPTED? (Must check one) ☐ Yes ☐ No

*YOUR HAWAIIAN BLOOD QUANTUM (GENEALOGY) MUST BE ESTABLISHED THROUGH YOUR BIOLOGICAL PARENTS, GRANDPARENTS, ETC.

NATURAL FATHER'S NAME: _____

NATURAL MOTHER'S FULL MAIDEN NAME: _____

TYPE OF HOMESTEAD LEASE NOW APPLYING FOR: (Check one only) ☐ Residential ☐ Agricultural ☐ Pastoral
ISLAND APPLYING FOR: (Check one only) ☐ Hawaii ☐ Kauai ☐ Maui ☐ Molokai ☐ Oahu
☐ Lanai (Residential Only)

ARE YOU AN APPLICANT FOR ANOTHER TYPE OF HOMESTEAD LEASE? (Check one only) ☐ Yes ☐ No
If Yes, Type Of Lease: _____ Island: _____

DO YOU OR YOUR SPOUSE CURRENTLY HAVE A HOMESTEAD LEASE? (Check one only) ☐ Yes ☐ No
If Yes, Lessee's Name: _____ Type Of Lease: _____ Island: _____

HAVE YOU EVER HELD A HOMESTEAD LEASE IN THE PAST? (Check one only) ☐ Yes ☐ No
If Yes, Type Of Lease: _____ Island: _____ Reason: (circle one) Transfer/ Surrender, To whom: _____

BELOW MUST BE FILLED OUT BY NOTARY PUBLIC

State of _____)
County of _____)SS.

I, _____, being first duly sworn, do state under oath and say that I am the applicant named in this application; that I have read (or have had read and interpreted to me) this application; that I know and understand the contents thereof and that my statements are true to the best of my knowledge and belief. In support of this application, my birth certificate, my parents' birth certificates, or other documents necessary to substantiate my native Hawaiian ancestry are attached and made a part of this application.

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____

Signature of Applicant Date

Signature of Staff Reviewer Date

Notary Public, State of _____

My Commission expires: _____

APPLICATION ACCEPTED:
DEPARTMENT OF HAWAIIAN HOME LANDS
By: _____
Signature of Authorized Department Representative Date

*** **IMPORTANT** ***
(1) COMPLETED APPLICATION FORM MUST BE NOTARIZED TO BE ACCEPTED.
(2) YOUR NAME WILL BE PLACED ON THE WAITING LIST ONLY AFTER THIS APPLICATION IS ACCEPTED AND CERTIFIED BY DHHL AUTHORIZED STAFF.
(3) IF YOU ARE PLACED ON THE WAITING LIST, YOU MUST NOTIFY THE DEPARTMENT IN WRITING OF ANY CHANGES IN MAILING ADDRESS.
(4) OUT-OF-STATE AND FOREIGN BIRTH RECORDS MUST BE ACCOMPANIED BY NOTARIZED AFFIDAVITS FROM BIOLOGICAL PARENTS.
(5) THE DEPARTMENT OF HAWAIIAN HOME LANDS HAS MAINTAINED A CLIENT GENEALOGY DATABASE SINCE 2001.

PLEASE TYPE OR PRINT WITH BLACK BALLPOINT PEN

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS
APPLICATION FOR LEASE OF HAWAIIAN HOME LANDS

*** **WARNING** *** DELIBERATE FALSIFICATION OF A MATERIAL FACT ON AN APPLICATION FORM SHALL BE GROUNDS FOR REMOVAL OF THE APPLICANT'S NAME FROM THE WAITING LIST, OR CANCELLATION OF ANY LEASE AWARDED THE APPLICANT, AND MAY SUBJECT THE APPLICANT TO PROSECUTION FOR PERJURY. (§10-3-1 HAR)

NAME OF APPLICANT: _____
First name MI Last name

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
mm/dd/yy

PLACE OF RESIDENCE: _____
Street Apt. No. City State Zip Code

MAILING ADDRESS: _____
(Complete only if different from place of residence) Street Apt. No. City State Zip Code

HOME PHONE: _____ MOBILE: _____ E-MAIL: _____

EMPLOYER: _____ BUS. PHONE: _____

CONTACT NAME: _____ PHONE NO.: _____ RELATION: _____
*(Person to contact in case of emergency)

ANNUAL HOUSEHOLD INCOME (Check one only)
☐ Less than \$10,000 ☐ \$10,000-\$25,999 ☐ \$26,000-\$36,999 ☐ \$37,000-\$50,999 ☐ \$51,000-\$75,000 ☐ Over \$75,000

HOUSEHOLD SIZE (Check one only)
☐ 1-3 Household members ☐ 4-6 Household members ☐ 7-10 Household members ☐ 11+ Household members

ARE YOU AT LEAST 50% HAWAIIAN? (Check one only) ☐ Yes ☐ No

WERE YOU LEGALLY ADOPTED? (Must check one) ☐ Yes ☐ No

*YOUR HAWAIIAN BLOOD QUANTUM (GENEALOGY) MUST BE ESTABLISHED THROUGH YOUR BIOLOGICAL PARENTS, GRANDPARENTS, ETC.

NATURAL FATHER'S NAME: _____

NATURAL MOTHER'S FULL MAIDEN NAME: _____

TYPE OF HOMESTEAD LEASE NOW APPLYING FOR: (Check one only) ☐ Residential ☐ Agricultural ☐ Pastoral
ISLAND APPLYING FOR: (Check one only) ☐ Hawaii ☐ Kauai ☐ Maui ☐ Molokai ☐ Oahu
☐ Lanai (Residential Only)

ARE YOU AN APPLICANT FOR ANOTHER TYPE OF HOMESTEAD LEASE? (Check one only) ☐ Yes ☐ No
If Yes, Type Of Lease: _____ Island: _____

DO YOU OR YOUR SPOUSE CURRENTLY HAVE A HOMESTEAD LEASE? (Check one only) ☐ Yes ☐ No
If Yes, Lessee's Name: _____ Type Of Lease: _____ Island: _____

HAVE YOU EVER HELD A HOMESTEAD LEASE IN THE PAST? (Check one only) ☐ Yes ☐ No
If Yes, Type Of Lease: _____ Island: _____ Reason: (circle one) Transfer/ Surrender, To whom: _____

BELOW MUST BE FILLED OUT BY NOTARY PUBLIC

State of _____)
County of _____)SS.

I, _____, being first duly sworn, do state under oath and say that I am the applicant named in this application; that I have read (or have had read and interpreted to me) this application; that I know and understand the contents thereof and that my statements are true to the best of my knowledge and belief. In support of this application, my birth certificate, my parents' birth certificates, or other documents necessary to substantiate my native Hawaiian ancestry are attached and made a part of this application.

Subscribed and sworn to before me this _____ day of _____ A.D. 20_____

Notary Public, State of _____
My Commission expires: _____

Signature of Applicant Date

Signature of Staff Reviewer Date

APPLICATION ACCEPTED:
DEPARTMENT OF HAWAIIAN HOME LANDS
By: _____
Signature of Authorized Department Representative Date

*** **IMPORTANT** ***
(1) COMPLETED APPLICATION FORM MUST BE NOTARIZED TO BE ACCEPTED.
(2) YOUR NAME WILL BE PLACED ON THE WAITING LIST ONLY AFTER THIS APPLICATION IS ACCEPTED AND CERTIFIED BY DHHL AUTHORIZED STAFF.
(3) IF YOU ARE PLACED ON THE WAITING LIST, YOU MUST NOTIFY THE DEPARTMENT IN WRITING OF ANY CHANGES IN MAILING ADDRESS.
(4) OUT-OF-STATE AND FOREIGN BIRTH RECORDS MUST BE ACCOMPANIED BY NOTARIZED AFFIDAVITS FROM BIOLOGICAL PARENTS.
(5) THE DEPARTMENT OF HAWAIIAN HOME LANDS HAS MAINTAINED A CLIENT GENEALOGY DATABASE SINCE 2001.

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS

DESIGNATION OF SUCCESSOR TO APPLICATION RIGHTS FOR HOMESTEAD LEASE

Please Check Where Appropriate.

TYPE OF APPLICATION:

ISLAND:

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Lanai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai	<input type="checkbox"/> Oahu
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai	<input type="checkbox"/> Oahu	
<input type="checkbox"/> PASTORAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai		

I have read Section 10-3-8 of the Department’s Administrative Rules provided below.* I understand that it is my responsibility to designate a successor at this time. I have indicated my choice by checking the appropriate box below. (CHECK ONLY ONE BOX)

☐

I, _____, in accordance with provisions of

(Applicant’s Name PLEASE PRINT)

Section 10-3-8* of the Department of Hawaiian Home Lands Administrative Rules, effective October 26, 1998, hereby designate the following person as my successor to my application rights upon my death.

PLEASE DESIGNATE ONE SUCCESSOR ONLY. INFORM YOUR SUCCESSOR ABOUT YOUR DESIGNATION.	
Name of Successor: _____ <div>First nameMiddle InitialLast name</div>	
Social Security No.: _____	Date of Birth: _____ <div>mm/dd/yy</div>
Mailing Address: _____	
% Hawaiian Ancestry: _____ <div>(Subject to verification by Department of Hawaiian Home Lands)</div>	Relationship: _____
Qualification of Successor: <input checked="" type="checkbox"/> See *§10-3-8 below <input checked="" type="checkbox"/> Must be 50% Hawaiian ancestry <input checked="" type="checkbox"/> Must be at least 18 years old	

- I further understand that it is my responsibility to notify my designated successor of my selection and to advise him or her to contact the Department of Hawaiian Home Lands in the event of my death, regarding this successorship.
- I hereby revoke any previous designations filed with the Department of Hawaiian Home Lands.

DHHL Time Stamp

_____ Signature of Applicant		_____ Today’s Date
_____ Social Security No.		

Received By (DHHL Staff)

☐

I choose not to designate a successor at this time; _____

(Applicant’s Name PLEASE PRINT)

(SOCIAL SECURITY NO.)

(SIGNATURE AND DATE)

***§10-3-8 states that an applicant may designate one person from among the following relatives to succeed to his or her application rights: spouse, child, grandchild, parent, widow/widower of a child, sibling, widow/widower of a sibling, niece or nephew. The relative whom the applicant designates to succeed must be at least 18 years old and a native Hawaiian(50% Hawaiian or more).**

An applicant may change his or her designation at any time; provided that the change of designation is filed at DHHL and DHHL shall acknowledge the change of designation in order for the designation to be deemed filed.

If an applicant dies without designating a successor, any relative identified above may request to succeed to the applicant’s application rights and the Commission may designate a successor from among those who have requested to succeed. The Commission must select from only among the following: spouse; or if no spouse requests then a child; or if none of the foregoing requests then a grandchild; or if none of the foregoing requests then, from among the following: a parent, or widow/widower of children, sibling, widow/widower of siblings, or nieces, or nephews.

DHHL recommends that any individual interested designating a successor to application rights or any individual interested in requesting to be designated by the Commission to succeed to application rights review section 10-3-8 in its entirety or contact DHHL for more information.

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS

DESIGNATION OF SUCCESSOR TO APPLICATION RIGHTS FOR HOMESTEAD LEASE

Please Check Where Appropriate.

TYPE OF APPLICATION:

ISLAND:

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Lanai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai	<input type="checkbox"/> Oahu
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai	<input type="checkbox"/> Oahu	
<input type="checkbox"/> PASTORAL	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Maui	<input type="checkbox"/> Molokai		

I have read Section 10-3-8 of the Department’s Administrative Rules provided below.* I understand that it is my responsibility to designate a successor at this time. I have indicated my choice by checking the appropriate box below. (CHECK ONLY ONE BOX)

☐

I, _____, in accordance with provisions of

(Applicant’s Name PLEASE PRINT)

Section 10-3-8* of the Department of Hawaiian Home Lands Administrative Rules, effective October 26, 1998, hereby designate the following person as my successor to my application rights upon my death.

PLEASE DESIGNATE ONE SUCCESSOR ONLY. INFORM YOUR SUCCESSOR ABOUT YOUR DESIGNATION.		
Name of Successor: _____ <div>First nameMiddle InitialLast name</div>		
Social Security No.: _____	Date of Birth: _____ <div>mm/dd/yy</div>	
Mailing Address: _____		
% Hawaiian Ancestry: _____ (Subject to verification by Department of Hawaiian Home Lands)		Relationship: _____
Qualification of Successor: <input checked="" type="checkbox"/> See *§10-3-8 below <input checked="" type="checkbox"/> Must be 50% Hawaiian ancestry <input checked="" type="checkbox"/> Must be at least 18 years old		

- I further understand that it is my responsibility to notify my designated successor of my selection and to advise him or her to contact the Department of Hawaiian Home Lands in the event of my death, regarding this successorship.
- I hereby revoke any previous designations filed with the Department of Hawaiian Home Lands.

DHHL Time Stamp

_____ Signature of Applicant		_____ Today’s Date
_____ Social Security No.		

Received By (DHHL Staff)

☐

I choose not to designate a successor at this time; _____

(Applicant’s Name PLEASE PRINT)

(SOCIAL SECURITY NO.)

(SIGNATURE AND DATE)

*§10-3-8 states that an applicant may designate one person from among the following relatives to succeed to his or her application rights: spouse, child, grandchild, parent, widow/widower of a child, sibling, widow/widower of a sibling, niece or nephew. The relative whom the applicant designates to succeed must be at least 18 years old and a native Hawaiian(50% Hawaiian or more).

An applicant may change his or her designation at any time; provided that the change of designation is filed at DHHL and DHHL shall acknowledge the change of designation in order for the designation to be deemed filed.

If an applicant dies without designating a successor, any relative identified above may request to succeed to the applicant’s application rights and the Commission may designate a successor from among those who have requested to succeed. The Commission must select from only among the following: spouse; or if no spouse requests then a child; or if none of the foregoing requests then a grandchild; or if none of the foregoing requests then, from among the following: a parent, or widow/widower of children, sibling, widow/widower of siblings, or nieces, or nephews.

DHHL recommends that any individual interested designating a successor to application rights or any individual interested in requesting to be designated by the Commission to succeed to application rights review section 10-3-8 in its entirety or contact DHHL for more information.