## STATE OF HAWAII DEPARTMENT OF HAWAIIAN HOME LANDS INFORMATION CHANGE NOTIFICATION FORM

HHL Form 00061 (Rev.05/2018)

## Please print in blue or black ink

PLEASE CHECK WHI	ERE APPROPRIATE.		Leas	e No.(s):	
Please make changes	s to my:	ŀ	Homeste	ad Area:	
Mailing address Date effective:	necessa	nust produce ary documents) ective:	I	Social Security No. Date effective:	
*Submit Marriage Ce **Submit Photocopy	ertificate, Name Change D of ID	ecree or Divorce	Decree		
My current homestea	d status with DHHL is:	Applicant	Lessee	Applicant & Lo	essee
	2.2.				
	OLDI	NFORMATION			
The following infor	mation must be comple	eted.			
Name:					
Last Name		First Name		MI	
Social Security No.:	Day Phone No.:				
Mailing Address:					
	P.O. Box / Street	Apt. No.	City	State	Zip code
	NIENA/ I	NEODMATION			
	NEW I	NFORMATION			
Please fill out only	information that needs	to be changed.			
Name:					
Last Name		First Name		MI	
Social Security No.:		E-Mail:			
Mailing Address:					
Contact numbers:	P.O. Box / Street	Apt. No.	City	State	Zip code
	Bus.:		Ce	II:	
A li //					
Applicant/Lessee signs:	Signature				Date
Staff acknowledges:					
	Signature			•	Date
Remarks:					
	<mark>nt's Delivery Address or N</mark> es Division, P. O. Box 1879			Application Branch: Oahu Distr. Office:	Telephone No 620-9220 620-9250
	<mark>r Department's Delivery A</mark>		riginal F		020-3200
HHL, East Hawaii District Office, 160 Baker Ave., Hilo, HI 96720					974-4250
HHL, Kauai District Office, 3060 Eiwa St., Rm. 203, Lihue, HI 96766-1886 HHL, Maui District Office, 655 Kaumualii St., Suite 1, Wailuku, HI 96793					274-3131 760-5120
HHL, Molokai District Office, P.O. Box 2009, Kaunakakai, HI 96748					560-6104
HHL, West Hawaii District Office, P.O. Box 125, Kamuela, HI 96743					887-6053