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 WHERE APPROPRIAT	E.	Lease	No.(s):	
Please make changes to my:	H	Homestea	d Area:	
Date effective: n	lame (must produce ecessary documents) late effective:		Social Security No. Date effective:	
*Submit Marriage Certificate, Name Cha **Submit Photocopy of ID	ange Decree or Divorce	Decree		
My current homestead status with DHH	L is: Applicant	Lessee	Applicant & L	essee
	OLD INFORMATION			
	OLD INFORMATION			
The following information must be o	completed.			
Name:				
Last Name	First Name		MI	
Social Security No.:	Day Phone No.:			
Mailing Address:				
P.O. Box / Street	Apt. No.	City	State	Zip code
	NEW INCORPORT			
	NEW INFORMATION			
Please fill out only information that	needs to be changed.			
Name:				
Last Name	First Name		MI	
Social Security No.:	E-Mail:			
Mailing Address: P.O. Box / Street	Apt. No.	City	State	Zip code
Contact numbers:				
Home: Bu	s.:	Cel	l:	
Applicant/Lessee signs:				
Signature			ı	Date
Staff acknowledges:				Date
Remarks:				- 4.0
Dahu, call for Department's Delivery Addre		to:		Telephone No
DHHL, Homestead Services Division, P. O. Bo		05 A	Application Branch:	620-9220
leighbor Islands, call for Department's Del	livery Address or Mail O		Oahu Distr. Office:	620-9250
HHL, East Hawaii District Office, 160 Baker	Ave., Hilo, HI 96720		<u></u> .	974-4250
HHL, Kauai District Office, 3060 Eiwa St., Rr				274-3131
HHL, Maui District Office, 655 Kaumualii St., Suite 1, Wailuku, HI 96793 HHL, Molokai District Office, P.O. Box 2009, Kaunakakai, HI 96748				760-5120 560-6104
інні, моюкаї District Опісе, Р.О. вох 2009, ІННІ, West Hawaii District Office, Р.О. вох 1				560-6104 887-6053