

REQUEST FOR INFORMAL NON-BINDING INTERPRETATION OF  
SECTION 514B-98.5(b), HAWAII REVISED STATUTES  
**SERIOUS ILLNESS**

Print name(s) of owner(s) who executed owner-  
occupant affidavit(s):

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Date(s) owner-occupant affidavit(s)  
executed:

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**( A copy of the executed owner-occupant affidavit(s) must be submitted with this request )**

Recording date of unit conveyance:

Name and relationship of individual with serious illness if not an owner who executed owner-  
occupant affidavit:

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Name of the residential condominium project and registration number:

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Address of owner-occupant residential condominium unit (including unit number):

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Contact/Mailing Address if different from the address above:

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As owner-occupants of a residential condominium unit in the subject condominium project who  
executed an owner-occupant affidavit, we hereby request that the Hawaii Real Estate  
Commission consider whether extenuating circumstances exist under §514B-98.5(b), HRS (as  
applicable), and whether it affects our ability to comply with the law. We declare that the  
following extenuating circumstance exists - **SERIOUS ILLNESS**

I/We have attached documents in support of the above request.

I/We certify that the information provided is true and correct.

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Signature of owner who executed owner-occupant affidavit

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Date

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Signature of owner who executed owner-occupant affidavit

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Date

Note: Should the Commission decide not to take any action on this issue, it will be an informal,  
non-binding decision. The Commission reserves the right to initiate future action should new  
information substantiate possible violations.

*This material can be made available for individuals with special needs. Please call the Senior Condominium  
Specialist at 1-844-808-DCCA (3222) to submit your request.*

**Submit request to:**  
Hawaii Real Estate Commission  
Attn: Condominium Specialist  
335 Merchant Street, Room 333  
Honolulu, HI 96813

**To be completed by the treating U.S. licensed physician:**

I certify that: \_\_\_\_\_

Is diagnosed with a serious illness which prevents him/her from occupying the condominium unit identified for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The serious illness was diagnosed on: \_\_\_\_\_

The serious illness will likely exist:

Less than 12 months  
 More than 12 months

If less than 12 months, the serious illness will end: \_\_\_\_\_

\_\_\_\_\_  
(Physicians Signature)

\_\_\_\_\_  
(Date)