

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):

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

(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:

Name of the residential condominium project and registration number:

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

Contact/Mailing Address if different from the address above:

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.

Signature of owner who executed owner-occupant affidavit

Date

Signature of owner who executed owner-occupant affidavit

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.

Revised 01/02/2026

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)