

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 (808) 586-2643 to submit your request.*

Revised 06/07/2021

**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)