

ASSOCIATION OF APARTMENT OWNERS OF WAIALAE PLACE

CONFIDENTIAL ACCOMMODATION LETTER

Name of Person Verifying the Disability: _____

Address: _____

Patient's Name: _____

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. I am the patient's treating physician.

I am not the treating physician but I am a healthcare professional, mental health professional or social worker.

2. Under the Federal Fair Housing Act, a person with a disability may request and be granted a reasonable accommodation to the Association's rules, regulations, policies, and procedures that may be necessary for a disabled person to use or enjoy a dwelling. In addition, they may request and will be granted permission to make reasonable modifications to the Project that may be necessary for a disabled person to use or enjoy a dwelling. The cost of the modification must be paid for by the disabled individual. Reasonable conditions and provisions may be placed on the accommodations and modifications.

- a. Under HRS Chapter 515 and the Federal Fair Housing Act, a disability is a mental or physical impairment which substantially limits one or more major life activities. "Major life activities" include, but are not limited to, activities such as walking, caring for oneself, speaking, standing, learning, reading, thinking, communicating, etc. The term does not include current illegal use of or addiction to a controlled substance, or alcohol or drug abuse that threatens the property or safety of others.

- b. In my professional opinion, the patient has a disability as defined in 2.a. above. Initial here: _____

The Governing Documents for Waialae Place provide that no animals are allowed on the Project except that the Board will give reasonable consideration to an occupant of a Unit who desires to have a bird. In

addition, the Fair Housing Act allows residents to keep assistance animals but only if these animals are required to assist persons with disabilities and give the resident an equal opportunity to use and/or enjoy their apartments and/or the common elements of the project.

Patient has requested permission from the Board of Directors ("Board") of the Association of Apartment Owners of Waialae Place (the "Association") to have:

an assistance animal that is a dog or other household pet.

an assistance animal that is NOT a dog or other household pet.

This form will assist the Board in evaluating the Patient's request for an exception or waiver of the rules, regulations or policies of the Association. You may also provide information on a different form, as long as it verifies that (1) the Patient has a disability, as defined above, and (2) the animal is needed to alleviate one or more symptoms of the Patient's disability.

3. In my professional opinion, the requested accommodation may be necessary for the Patient to have an equal opportunity to use or enjoy the property. Initial here: _____
4. For assistance animals: In my professional opinion, the requested assistance animal is needed to alleviate one or more symptoms of the Patient's disability. Initial here: _____
5. I understand that this information is solely for the internal use of the Association, that it will be kept confidential and that it will be provided only to authorized representatives of the Association.

Print Name

Signature

Date