

**ASSOCIATION OF APARTMENT OWNERS OF ILIKAI MARINA APARTMENT BUILDING  
REQUEST FOR REASONABLE ACCOMMODATION**

(Page 1 to be completed by the owner/resident)

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The Association of Apartment Owners of Ilikai Marina Apartment Building provides reasonable accommodations to its owners/residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules and policies to afford for the owner/resident an equal opportunity to use and enjoy an apartment and the common elements in the community. Please answer the following questions:

Name of owner/resident (print): \_\_\_\_\_

Unit #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I am disabled as defined below, and I am requesting the following accommodation:

\_\_\_\_\_  
\_\_\_\_\_

What is the connection between your disability and the requested accommodation?

\_\_\_\_\_  
\_\_\_\_\_

If requesting an accommodation for an assistance animal:

Name of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_

Type/Breed: \_\_\_\_\_ License or I.D. #: \_\_\_\_\_

Signature of Owner/Resident: \_\_\_\_\_

*This signature authorizes the verifier to provide answers to the questions on page 2 to the best of his/her knowledge.*

**Definitions:**

The federal and state Fair Housing laws define disability as: a physical or mental impairment that substantially limits a major life activity; or a record of such an impairment; or being regarded as having such an impairment.

A physical or mental impairment includes:

- Any physiological disorder or condition; or
- Cosmetic disfigurement; or
- Anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic, lymphatic, skin and endocrine; or
- Any mental or psychological disorder such as cognitive delays, organic brain syndrome, emotional or mental illness and/or learning disabilities.

Major life activities include: walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

**ASSOCIATION OF APARTMENT OWNERS OF ILIKAI MARINA APARTMENT BUILDING  
VERIFICATION OF STATUS AS A PERSON WITH A DISABILITY**

(Page 2 to be completed by health care or mental health professional or by social worker)

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**As a medical/social service professional with the knowledge necessary to make the following determination, I certify that**

\_\_\_\_\_  
(Name of Patient/Client)

qualifies as an individual with a disability as defined above and that his/her disability substantially limits one or more major life activities, including, but not limited to, his/her ability to:

\_\_\_\_\_  
\_\_\_\_\_

In my professional opinion, \_\_\_\_\_ (name of patient/client) may need the accommodation requested in order to have the same opportunity that a non-disabled person has to enjoy his/her housing.

I am a duly licensed physician in the State of \_\_\_\_\_, Medical License # \_\_\_\_\_

I am not the treating physician, but I am qualified to verify the person's disability because

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

Address: \_\_\_\_\_  
\_\_\_\_\_