

REASONABLE ACCOMMODATION AND MODIFICATION POLICY

It is the policy of Darren Smith and Terri Smith to afford residents with disabilities the equal opportunity to use and enjoy their dwellings and the common areas of their housing communities. Darren Smith and Terri Smith provide reasonable accommodations to their rules, policies, or practices and permit residents with disabilities to make reasonable modifications to their premises at their own expense. A resident or applicant can request a reasonable accommodation or modification verbally or in writing. To assist residents and applicants in making such requests, a procedure and forms have been developed to streamline the process. A copy of this procedure and forms will be provided upon request. Assistance in completing these forms will be provided should a resident or applicant require it.

I. PROCEDURE

Procedure for Requesting a Reasonable Accommodation or Modification

1. Accommodation or Modification Request

Any resident or applicant of any properties owned or managed by Darren Smith and/or Terri Smith has the right to request a reasonable accommodation or modification needed due to disability. If you, a member of your household, or someone associated with you needs a reasonable accommodation or modification, submit a request to Darren Smith. Although you can make verbal requests, it is recommended that you make requests in writing so that there is a record of the request.

a. Content of Accommodation Request

Fully describe the required accommodation. You are not required to disclose the nature of the disability. However, you may voluntarily disclose that information if you believe it will assist us in providing an effective solution for your request. You may also need to include with your request written verification from a healthcare provider that the individual in need of the accommodation/modification has a disability. If you know of resources that will make it easier or quicker for us to grant your request, include this information along with your request.

b. Content of Modification Request

In addition to the information provided when making an accommodation request, provide the following additional information if you are requesting permission to make a modification to the existing premises at your expense. Fully describe the intended modification(s), and please also include the following:

- assurance that required building permits will be obtained;

- assurance that the modifications will be done in a professional manner;
- agreement to return the premises to their original state, unless the modification will not interfere with the next resident's use and enjoyment of the premises.

2. Accommodation/Modification Discussion

After receiving an accommodation or modification request, we will contact the resident or applicant to discuss the needs of the individual with a disability. This dialogue will allow the resident or applicant to verify to us the existence of a disability, if the disability is not readily apparent. This interaction also allows us to verify that the requested accommodation or modification is necessary to give the requester equal opportunity to use and enjoy the dwelling and housing community. We may also discuss with the resident or applicant possible alternative accommodations that might effectively meet the requester's disability related needs, and will work with the requester to reach a mutually acceptable accommodation.

3. Deliberation Period

Following the accommodation/modification discussion, we will consider how best to meet the requester's needs and may request additional information from the resident or applicant. If not already provided at the time of the request, we may require the requester to provide written verification of disability from a healthcare provider, if the disability is not apparent, and that the accommodation/modification requested is necessary to give that requester equal opportunity to use and enjoy the dwelling and housing community. We will not require personal information regarding the nature of the disability, although such information can be voluntarily provided.

We have the right to deny any requested accommodation or modification if they would impose an undue financial or administrative burden or if they would cause a fundamental alteration to our housing operations. If we deny a resident's or applicant's request, we will advise that individual in writing and offer an opportunity for the requester to make a revised request.

Darren Smith will provide a determination to grant or deny the resident's or applicant's requested accommodation or modification in writing no later than thirty (30) days after the request is made, unless the requesting resident or applicant indicates that a faster response is necessary.

II. FORMS FOR REQUESTING REASONABLE ACCOMMODATIONS AND MODIFICATIONS

Darren Smith and Terri Smith do not require that residents or applicants use a particular format for requesting a reasonable accommodation or modification on the basis of disability. Requests for reasonable accommodations and modifications can be written or verbal. However, we offer forms that serve as a template for requesting accommodations and/or modifications and for us to respond to such requests. The forms are available on request.

FORM TO REQUEST A REASONABLE MODIFICATION

Name of Individual Making Request _____

Today's Date _____

The person who has a disability requiring a reasonable modification is:

Me _____ A person associated or living with me _____

Name of person with disability _____

Phone # _____

Address _____

As an accommodation for a disability, I request your permission to make the following modifications, at my expense, to _____ (name of room or area to be modified):

This modification is needed because:

I am attaching the following documentation in support of my request:

_____ I agree to obtain all required building permits

_____ I agree that the modifications will be done in a professional manner according to local code

_____ I agree to return the premises to their original state when I move out of the premises, unless the modification will not interfere with the next resident's use and enjoyment of the premises

_____ If required by the landlord, I agree to pay into an interest-bearing escrow account, over a reasonable period, an amount of money not to exceed the cost of the restorations.

Signature of Person Making Request

Date

Signature of Person Accepting Request

Date

FORM TO REQUEST A REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability, and feels that there is a need for a reasonable accommodation for that person to have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please complete this form and return it to the landlord or property manager. We will respond to this request in accordance with the procedures set forth in our Accommodation/Modification Policy. If you require assistance in completing this form, or want to make an oral request, contact us for assistance. This form is just a guide; your request for a reasonable accommodation may be made in any alternate manner, as long as the information requested below is provided.

Name of Individual Making Request _____

Today's Date _____

The person who has a disability requiring a reasonable accommodation is:

Me _____ A person associated or living with me _____

Name of person with disability _____

Phone # _____

Address _____

I am requesting the following change in a rule, policy, practice, or service so that a person with a disability can have an equal opportunity to use and enjoy the premises and common areas:

This reasonable accommodation is needed because:

I am attaching the following documentation in support of my request:

Signature of Person Making Request

Date

Signature of Person Receiving Request

Date

**FORM TO BE COMPLETED BY LANDLORD OR MANAGER IF RESIDENT MAKES
A VERBAL REQUEST FOR A REASONABLE ACCOMMODATION OR
MODIFICATION**

On _____ [date], _____ [name] orally
requested the following reasonable accommodation or modification:

I, _____ [name]:

- _____ Gave the requester the applicable form and offered to assist in filling it out
- _____ Documented the verbal request on this form without providing the applicable form
- _____ Gave the requester a copy of the Reasonable Accommodation and Modification Policy
- _____ Informed the requester when the landlord or property manager would discuss the request with him/her
- _____ Suggested that the requester provide the following additional information:

_____ Other response as described below:

[Signature]

Date

Requester's Address _____

Requester's Telephone Number _____

**LANDLORD'S
APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION/MODIFICATION
REQUEST**

Dear: _____:

Address: _____

Phone: _____

On _____ [date], you requested the following reasonable
accommodation or modification [describe request]:

We have (check all that apply):

☐ **Approved** your request. The following reasonable accommodation will be permitted:

☐ The change is effective immediately.

☐ The reasonable accommodation is not effective immediately because [list reason(s)
accommodation cannot be implemented immediately]

We anticipate that the change will be made by _____ [date], and we will notify you if we
discover that there will be a delay.

☐ **Can neither approve nor deny your request** without the following additional information:

Denied your request. We have denied your request because [You must check at least one]:

 You do not have a disability

 The requested accommodation/modification is not related to your disability

 Granting the request would impose an undue financial and administrative burden or would fundamentally alter the nature of our operations

We used these facts to deny your request:

If you disagree with this decision you may submit a revised request for a reasonable accommodation or modification which we will review, and discuss with you.

Sincerely,

Signature: _____ Date _____

Name: _____ Title: _____