

ROCKY RIDGE CONDOMINIUM ASSOCIATION
REQUEST FOR REASONABLE ACCOMMODATION OR MODIFICATION

You are encouraged to use this form in requesting a reasonable accommodation or reasonable modification. Using this form will assist the Board of Directors in understanding the nature of your request, the need for your request, and to process your request in a timely and efficient manner.

You will be provided with a written response within 14 business days from the date the Managing Agent receives this form (unless additional information is needed or unless you agree to a longer period of time). The Managing Agent will let you know if the Board needs more information from you, verification from a health care professional, or if the Board would like to talk with you further about other ways to meet your needs. If the Board denies your request, the Board, through the Managing Agent will explain the reasons for the denial in writing.

If your request is denied, you will have the opportunity to appeal the decision. A copy of the *Procedures For Requesting a Reasonable Accommodation and Modification* has been provided with this request form.

All information you provide will be kept confidential and be used only to process your request.

- 1. Applicant's Name: _____
 Address: _____ Phone: _____

*If making this request on behalf of an Applicant, please provide the name, address, and telephone number of the person making this request:

- 2. The Fair Housing Act defines a "person with a disability" as: 1) individuals with a physical or mental impairment that substantially limits one or more major life activities; 2) individuals who are regarded as having such impairment; and 3) individuals with a record of such impairment.

_____ Yes, I have a disability which meets the above definition

_____ No, I do not have a disability which meets the above definition

- 3. If yes to #2 above, please state the nature of the functional impairment(s) that substantially limits one or more major life activities:

- 4. Please describe the reasonable accommodation or reasonable modification that is being requested:

FORM 4 CONTINUED-

5. Please describe how the disability is related to the requested accommodation or modification: _____

You MAY be asked to allow us to verify the need for this accommodation or modification. If so, the information we obtain will be kept completely confidential and used solely to determine whether the requested accommodation or modification is necessary.

6. If you have additional information you would like to provide regarding the requested reasonable accommodation or reasonable modification, please use this page or attach it to this form.

This form can be transmitted via email or U.S. Mail to the Managing Agent. The address of the Managing Agent can be found on the front cover of this Handbook.

POLICY AND PROCEDURES FOR PROCESSING REQUESTS FOR REASONABLE

ACCOMMODATIONS AND REASONABLE MODIFICATIONS

The Board of Directors has adopted the following policy and procedure for processing a resident's request for a reasonable accommodation or reasonable modification. If you have any questions or concerns about these procedures please do not hesitate to contact the Board of Directors or the Association's Manager directly.

1. Applicants are encouraged to complete the Association's form to formally request a reasonable accommodation or reasonable modification. Applicants are also encouraged to use the Association's form letter and verification or certification if additional information is requested by the Board of Directors from your physician or health care professional regarding your request. Using the forms will assist everyone involved with efficiently processing a request and providing a prompt response to the Applicant.

The request form and all other forms are to be returned via U.S Mail or email to the Managing Agent. *All forms completed by Applicant or his/her physician or health care provider shall be mailed to this same mailing or email address.

2. The Board of Directors will review the request to determine if the documentation that has been provided is sufficient to approve the request. The Board of Directors may contact the Applicant to ask additional questions if necessary. The Board of Directors may require the Applicant to provide verification of the need for the request and a certification from a health care professional familiar with the Applicant's disability. It is the Applicant's responsibility to send all forms to his or her physician or health care professional as requested.
3. Timelines For Reasonable Accommodation Requests: Reasonable accommodation requests are processed as soon as possible with a response provided to the Applicant no later than fourteen (14) business days from the date the request is received by the Managing Agent unless additional information or a certification from your health care professional is needed. If additional information or a certification from your health care professional is needed, a written decision about the request will be provided to the Applicant within five (5) business days of receiving the verification and certification from your health professional. The association has no control over the length of time it takes for a health care professional to return the necessary verification and certification documents. Any verification or certification for an Applicant must be dated within six (6) months of the request or the Board of Directors has the right to request an updated verification or certification regarding any request.

Additional Timelines For Reasonable Modification Requests: Reasonable modification requests are processed as soon as possible with a response provided to the Applicant no later than fourteen (14) business days from the date the request is submitted with all necessary paperwork, including drawing(s). If the Applicant is requesting an exterior modification to the dwelling, a drawing and specifications showing the dimensions and location of the modification must be included with the modification request. If the Applicant is requesting a modification to the common elements only (such as a parking area), a basic drawing showing the general location only is necessary. The decision regarding a modification will also contain information as to whether the Applicant or Association will pay for the requested modification.

4. If the request is approved, the Board of Directors will provide notification of the approval in writing to the Applicant. If the request is denied, the Board of Directors will provide notification of such denial in writing to the Applicant with the reasons for the denial.

5. The Applicant has the right to appeal a denial by requesting a hearing with the Board of Directors, in writing, no later than ten (10) days after receiving written notification of the denial. Within seven (7) days from the date of the request for a hearing, the Board of Directors will provide the Applicant with written notice of the time, place, and location of the hearing. The Applicant may provide any additional information he or she feels necessary at the hearing. Within ten (10) days after the date of the hearing, the Board of Directors will provide the Applicant with written notification that the Board has either affirmed or overruled its decision of a denial.
6. ALL COMMUNICATIONS, INCLUDING ANY DISCUSSIONS WITH THE APPLICANT, SHALL REMAIN CONFIDENTIAL AND ANY DOCUMENTS OBTAINED IN RELATION TO THE APPLICANT'S REQUEST SHALL REMAIN CONFIDENTIAL AND NOT OPEN TO THE PUBLIC FOR INSPECTION.
7. Any Director that has a conflict of interest will recuse himself or herself and the remaining members of the Board of Directors shall make the decision as to the Applicant's request.