

APPENDIX A  
REASONABLE ACCOMMODATION/MODIFICATION POLICY

Crown Property Management is committed to providing people with disabilities<sup>1</sup> the equal opportunity to use and enjoy their dwellings, as required by federal, state, and local law. Reasonable accommodations may include a change or exception to rules, policies, practices, or services that is needed because of a person's disability. Reasonable modifications may be a physical change to a unit or common area that is needed because of a person's disability. It is Crown Property Management's general policy to provide reasonable accommodations or modifications to individuals with disabilities whenever an individual has a.) requested a reasonable accommodation or modification, b.) met the definition of a person with a disability, and c.) has provided<sup>2</sup> there is a disability-related need for the requested accommodation or modification. A disability-related need exists when there is an identifiable relationship, or nexus, between the requested accommodation/modification and the individual's disability.

Crown Property Management accepts reasonable accommodation and modification requests from persons with disabilities and those acting on their behalf. Reasonable accommodation and modification request forms are available in your property management office, and may be returned to that office when complete. They will then be forwarded to the appropriate property manager. If you require assistance in completing the form, or wish to make the request orally, please contact Crown Property Management's management office. Crown Property Management will keep a record of all requests.

We will make a prompt decision on your request. If the request is of a time-sensitive nature, please let us know and we will expedite the decision-making process. In the event we need additional information to make a determination, we will promptly advise you of the information needed. It is Crown Property Management's policy to seek only the information needed to determine if the request should be granted under federal, state, or local law. We will not ask about the nature or extent of your disabilities. If the request is granted, you will receive a letter indicating so.

In the event of a denial due to a fundamental alteration to the operations of the property or if the request imposes an undue financial and administrative burden the request will be discussed with the individual who has made the request. Crown Property Management is committed to participating in an interactive process with the person requesting the accommodation or modification in order to reach an alternative.

If the request is denied, we will provide you with a letter stating all of the reasons for the denial. If an individual with a disability believes that the request has been denied unlawfully or a response has been unreasonably delayed, then he or she may contact the U.S. Department of Housing & Urban

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<sup>1</sup> For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

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Development, Office of Fair Housing & Equal Opportunity, 1670 Broadway, Denver Colorado,  
80202-4801, 1-800-877-7353, <http://hud.gov/complaints>.

## ASSISTANCE ANIMALS

A common type of reasonable accommodation is allowing a person with a disability to keep assistance animal(s)<sup>3</sup>. Dogs are the most common type of assistance animal; however, there are many other animals that can be assistance animals as well. Breed, size, and weight limitations may not be applied to an assistance animal and these animals are not required to be individually trained or certified. Payment of a fee or deposit applied to individuals with PETS may not be applied. Crown Property Management is committed to ensuring that individuals with disabilities, who make a reasonable accommodation request, may keep such animals to the extent required by federal, state, and local law. In the case of an individual who requests a reasonable accommodation for an assistance animal Crown Property Management will consider the following two criteria:

- i. That the individual requesting the accommodation to keep an assistance animal meets the definition of a person with a disability;
- ii. That that individual requesting the accommodation to keep an assistance animal has a disability-related need for the animal.

If the individual meets the two criteria, Crown Property Management will provide an exception to the Ex. "NO PETS" rule or policy to permit the individual with a disability to live with and use an assistance animal in all areas of the premises where persons are normally allowed to go unless doing so would fundamentally alter the nature of the housing provider's services or imposes an undue financial and administrative burden.

Crown Property Management may ask individuals who have disabilities that are not readily apparent or known to submit reliable documentation of a disability and their disability-related need for an assistance animal. Crown Property Management may request documentation from a treating physician, psychiatrist, social worker, other mental health professional, or other reliable third party, stating that the animal provides support that alleviates one or more of the identified symptoms or effects of an existing disability. We will not ask for access to medical records, or request detailed or extensive information/documentation of an individual's physical or mental disabilities

Because Crown Property Management is dedicated to the health and safety of all residents please note that if the specific assistance animal poses a direct threat to the health, safety, or property of others the request may be denied if it cannot be reduced or eliminated by other reasonable means. A determination that an assistance animal poses a direct threat of harm to others or would cause substantial physical damage will be based on an individualized assessment that relies on objective evidence about the specific

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<sup>3</sup> An assistance animal is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

## ASSISTANCE ANIMALS

animal's actual conduct. It will not be based on speculation or fear about the types of harm or damage an animal may cause. It will not be based on evidence about harm or damage that other animals have caused.

**FORM A**

**FORM TO REQUEST A REASONABLE ACCOMMODATION/MODIFICATION**

If you, a member of your household, or someone associated with you has a disability, and there is a need for a reasonable accommodation/modification in order for that person to have equal opportunity to use and enjoy a dwelling unit, or the public and common use areas, please complete this form and return to Crown Property Management's management office. Please fill out the form as completely as possible to ensure timely processing of the reasonable accommodation/modification request. Crown Property Management will answer this request, in writing within 10 days (or sooner if the situation requires an immediate response). If you require assistance in completing this form OR would like to make an oral request for a reasonable accommodation/modification, please contact Michelle Ryun for assistance. Crown Property Management will keep a record of all requests.

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Me: \_\_\_\_\_ A person associated or living with me: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I am requesting a:

- 
- (1) **REASONABLE ACCOMMODATION:** A change and/or exception to rules, policies, practices, or services so that a person with a disability can have an equal opportunity to use and enjoy the premises.

The change I am requesting is:

\_\_\_\_\_

\_\_\_\_\_

This reasonable accommodation is needed because:

\_\_\_\_\_

\_\_\_\_\_

**\*Please fill out the following if the accommodation request is for an assistance animal:**

Designate the species, e.g., "dog", "cat", "bird" \_\_\_\_\_

Is the animal required because of a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

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(continued on next page)

**FORM A**

I am requesting a:

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**(2) REASONABLE MODIFICATION:** A structural change to an existing unit or common area in order to afford a disabled person the full enjoyment of the unit and premises.

The modification I am requesting is:

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This reasonable modification is needed because:

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\*NOTE: The individual requesting the modification may be responsible for the costs incurred. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations.

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If the individual in need of the accommodation/modification is a person whose disability or need for the requested accommodation/modification is not readily apparent or known please submit documentation from a physician, psychiatrist, social worker, other mental health professional or other reliable third party which provides documentation of the individual's disability and disability related need for requested accommodation/modification. A form which can be provided to the health or social service professional can be provided to you by Crown Property Management if needed.

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Printed Name of Person Making Request

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Signature of Person Making Request

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Date

**To be completed by Crown Property Management or designee:**

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Form accepted by (print)

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Date

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Signature

**FORM B**

**FORM TO BE COMPLETED BY Crown Property Management IF REQUESTER IS UNABLE TO COMPLETE WRITTEN FORM OR AN ORAL REQUEST IS MADE**

On [DATE], [NAME OF PERSON MAKING REQUEST] orally requested the following reasonable accommodation/modification:

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I, [NAME OF PERSON RECEIVING REQUEST]

- Gave the requester the applicable form and offered to assist in filling it out
- Granted the request
- Explained that the request could not be evaluated until the following additional documentation and/or information is provided:  
[LIST DOCUMENTATION OR INFORMATION REQUIRED TO CONSIDER REQUEST]

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[NAME OF PERSON RECEIVING REQUEST]

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Date

Requester's Address: \_\_\_\_\_

Requester's Telephone Number: \_\_\_\_\_

## FORM C

### HEALTH OR SOCIAL SERVICE PROFESSIONAL FORM

\*This form is for use only when the individual in need of an accommodation/modification is a person whose disability is not readily apparent or known OR the relationship between the person's disability and needed accommodation/modification is not readily known or apparent. An individual may also provide the information sought in this form through alternate means (e.g. letter from treating physician, etc.). This form may be completed medical professional, peer support group, non-medical service agency, or a reliable third party who is in a position to know about the individual disability.

On [DATE], [NAME OF PERSON MAKING REQUEST] requested the following reasonable accommodation/modification:

\_\_\_\_\_

Type of Animal: \_\_\_\_\_ (if requesting an assistance animal)

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***TO BE COMPLETED BY HEALTH OR SOCIAL SERVICE PROFESSIONAL OR  
RELIABLE THIRD PARTY***

Please complete this form to assist us in determining whether or not to grant the requested accommodation/modification.

\_\_\_\_\_ [name of patient/individual] has a disability<sup>45</sup>: Yes  No

The requested accommodation/modification is necessary to afford the person the equal opportunity to use and enjoy their dwelling. Yes  No

*If the requester is requesting an assistance animal:*

The presence of the animal alleviates one or more identified symptoms or effects of the person's disability: Yes  No

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<sup>4</sup> For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

<sup>5</sup> Information verifying that the individual meets the definition of disability can usually be provided by the individual themselves (ie. Proof of Supplemental Security Income for someone under 65, Social Security Disability Insurance benefits, or a credible statement by the individual). A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability.



**FORM C**

Please describe the relationship between the person's disability and the need for the requested accommodation/modification:

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

When completed, return this form to:

**Crown Property Management**

**RE: Reasonable Accommodation/Modification Request**

**2727 O'Neil Ave.**

**Cheyenne, WY 82001**

**Fax: 307-433-8836**

**FORM D**

**APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION/MODIFICATION REQUEST**

[REQUESTER'S NAME]  
[REQUESTER'S ADDRESS]  
[CITY, STATE, ZIP CODE]  
[REQUESTER'S PHONE]

Dear [REQUESTER'S NAME],

On [DATE], you requested the following reasonable accommodation/modification: [DESCRIBE REQUEST].

We have (check all that apply):

- Approved** your request. The following reasonable accommodation/modification will be permitted: [ACCOMMODATION/MODIFICATION TO BE PROVIDED]
- The change is effective immediately
- The reasonable accommodation/modification is not effective immediately because [LIST REASON(S) ACCOMMODATION/MODIFICATION 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.

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**Can neither approve nor deny your request** without the following additional documentation and/or information: [LIST DOCUMENTATION OR INFORMATION REQUIRED TO CONSIDER REQUEST].

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- Denied** your request. We have denied your request because [Must check at least one]:
- The request was not made by or on behalf of a person with a disability
- It has not been provided that the individual meets the definition of disability under the Act
- The relationship between the individual's disability and the need for the requested accommodation/modification has not been provided
- Granting this request would impose an undue financial and administrative burden and/or would fundamentally alter the nature of our operations.
- An alternative accommodation/modification has been identified that does not impose an undue financial and administrative burden and/or fundamentally alter the nature of our operations. Crown Property Management recognizes that the individual has the most accurate knowledge of what is best for them. Crown Property Management would like to discuss the alternative option and participate in an interactive process with the individual to reach an agreement.

**FORM D**

If you disagree with this decision you may file a complaint with:

DENVER FHEO REGION VIII

1670 Broadway

Denver, CO 80202

(800) 877-7353

(303) 672-5437

Sincerely,

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Signature

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Date

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Name

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Title