

Sorrento Condominium Association Inc.
Policy: Reasonable Accommodation/Modification

Policy Explanation:

The Federal Fair Housing Act (FHA) is a federal law which prohibits discrimination in housing. One of the many protections of the FHA is the right of individuals with disabilities to request a reasonable accommodation and/or modification in the rules, policies, practices, or services of a housing provider.

Whenever a person submits a request that a rule, policy, practice, or service be changed or modified in some way in order to afford a person with a disability an equal opportunity to use and enjoy a dwelling, such a request is a reasonable accommodation request.

FHA also makes it unlawful to refuse to permit a person with a disability to make reasonable modifications of existing premises occupied or to be occupied by such person if such modifications may be necessary to afford him or her full enjoyment of the premises. It is important to note that such modifications are to be completed at the expense of the person with a disability who made the request, in which case the property owner must pay for the modification (this does not include housing that is subsidized by a Section 8 housing voucher). Once the person with the disability is no longer a resident, the modifications must be restored to the original purpose at the property owner's expense.

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(PRINT NAME)

(ADDRESS)

Please return to the Sorrento Condominium Association's Management Company

The following section is to be filled out by the Designated Verification Source:

1. The individual seeking an accommodation is a person with a disability according to the following definition: "Disability" is defined as a physical or mental impairment that substantially limits one or more major activities; a record of having such impairment, or being regarded as having such impairment.

[] YES [] NO

2. Describe the problem(s) that the person is having with the dwelling, building, property, practice, rule, policy, procedure, program or service:
3. Describe the type of changes(s), feature(s) or assistance required:
4. Using the checklist on page 3, indicate the functional limitation(s) (i.e. the way major life activities are substantially limited) of the person for whom the accommodation is requested.
5. Please describe the relation between the person's functional limitation(s) and the requested accommodation. Do not provide unnecessary details about the medical history or disabled status of the person seeking accommodation.

Name of Verification Source _____
(PRINT NAME OF HEALTH CARE PROVIDER)

Signature _____ Date ____/____/____

Type of Verification Source _____

Address: _____

Telephone: _____ Fax: _____

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FUNCTIONAL LIMITATIONS OF MAJOR LIFE ACTIVITIES CHECKLIST

RESIDENT'S NAME _____
Last First Date

TYPE OF MAJOR LIFE ACTIVITIES (Check Applicable)	DISABILITY STATUS D=Disabled (or) ND=Not Disabled (Enter D or ND as applicable)
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<input type="checkbox"/> Walking	<input type="checkbox"/>
<input type="checkbox"/> Standing	<input type="checkbox"/>
<input type="checkbox"/> Climbing	<input type="checkbox"/>
<input type="checkbox"/> Bending	<input type="checkbox"/>
<input type="checkbox"/> Reaching	<input type="checkbox"/>
<input type="checkbox"/> Self Care	<input type="checkbox"/>
<input type="checkbox"/> Speaking	<input type="checkbox"/>
<input type="checkbox"/> Breathing	<input type="checkbox"/>
<input type="checkbox"/> Seeing	<input type="checkbox"/>
<input type="checkbox"/> Hearing	<input type="checkbox"/>
<input type="checkbox"/> Lifting	<input type="checkbox"/>
<input type="checkbox"/> Stooping	<input type="checkbox"/>
<input type="checkbox"/> Kneeling	<input type="checkbox"/>
<input type="checkbox"/> Use of Hands	<input type="checkbox"/>
<input type="checkbox"/> Intelligence (a person's Capacity for Understanding)	<input type="checkbox"/>
<input type="checkbox"/> Thinking (the ability to form or conceive in the mind)	<input type="checkbox"/>
<input type="checkbox"/> Perception (the brain's interpretation of internal and external stimuli)	<input type="checkbox"/>
<input type="checkbox"/> Judgment (the ability to assess a given situation and act appropriately)	<input type="checkbox"/>
<input type="checkbox"/> Mood (emotion tone underlying the behavior)	<input type="checkbox"/>
<input type="checkbox"/> Behavior (specifically examining behavior That is disruptive, distressing or aggressive)	<input type="checkbox"/>
<input type="checkbox"/> Other (Please specify in non-technical terms that simply describes what the client cannot do or has difficulty in doing)	<input type="checkbox"/>

HEALTH CARE PROVIDER / VERIFICATION
SOURCE INFORMATION

PRINT NAME:
SIGNATURE:
DATE:

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**Approval or Denial of Reasonable Accommodation
and/or Modification Request**

To:

(Print Name of Individual)

Address:

On _____ you requested the following reasonable accommodation and/or modification:
(Date)

We have:

- ☐ Approved your request. We will provide the following accommodation and/or modification
- ☐ The change is effective immediately.
- ☐ We will provide the accommodation by _____
- ☐ To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by; _____ (date), and we will notify you if we discover that there will be a delay. If you feel that this will take too long, please contact us immediately.
- ☐ Unable to approve your request, but offer instead the following:

If you have questions or think this accommodation and/or modification will not meet your needs, please contact us immediately.

- ☐ Denied your request. We have denied your request because (check all that apply):
- ☐ You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and or state law, and we are not required to give you an accommodation and/or modification.
- ☐ The accommodation and/or modification you requested is not reasonable because:
- ☐ You do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.
- ☐ It will cost (fill in amount) \$_____ and/or _____ hours of staff time to make the change you requested and this is an undue burden on our operations.
- ☐ It will fundamentally change the nature of our housing.

We used these facts to deny your request (list):

**Approval or Denial of Reasonable Accommodation
and/or Modification Request**

To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

If you disagree with this decision or have more information to provide to us, you may contact us at the Sorrento Condominium Association's Management Company.