

**RESOLUTION OF
THE GREENS AT UTE CREEK HOMEOWNERS ASSOCIATION, INC.
ADOPTING POLICY AND PROCEDURE FOR
REASONABLE ACCOMMODATION REQUESTS**

- SUBJECT:** Requests for reasonable accommodations pursuant to Federal and Colorado Fair Housing laws.
- PURPOSE:** To welcome residents with disabilities; and, to provide a policy and procedure by which the Board of Directors will consider requests from disabled residents or prospective disabled residents for reasonable accommodations, so as to allow equal opportunity to use and enjoy their homes in The Greens at Ute Creek Homeowners Association, Inc. ("Community").
- AUTHORITY:** The Declaration, Bylaws, Articles, and Federal and Colorado fair housing laws.
- DATE:** December 3, 2008
- RESOLUTION:** The Association gives notice of its adoption of the following Policy and Procedure, pursuant to which the Design Review Committee ("DRC") or Board of Directors ("Board") shall consider requests from disabled residents, or future residents, of the Community for reasonable accommodations. The Policy and Procedure adopted is as follows:
- A. Equal Opportunity to Use and Enjoy Homes and the Community.
To comply with applicable federal and state law, all residents shall have equal opportunity to use and enjoy the Community and their home.
 - B. Reasonable Accommodation Defined.
A "reasonable accommodation" is a request that the Association change, waive, adapt, modify or make an exception to the Association's covenants, rules, policies, practices or services.
 - C. Requests for Reasonable Accommodations.
The Association will consider requests from disabled residents (or future disabled residents if applicable) for reasonable accommodations necessary to afford an equal opportunity to use and enjoy his or her home or the Community. The Association will accept and act upon oral requests, but prefers the request to be in writing, to avoid any misunderstanding regarding the reasons for and the nature of the request, and to ensure that the Association is fully aware of the circumstances surrounding the request. The request will be considered as follows:

1. Form for Requests. A resident or prospective resident, family member or someone else acting on behalf of the resident or prospective resident, who would like to request that the Association make a reasonable accommodation should do so in writing and use the attached form entitled "Request for Reasonable Accommodation" ("Accommodation Request Form"). The request shall include a statement verifying the resident's disability and how the requested accommodation is necessary to afford the resident or prospective resident an equal opportunity to enjoy or use his/her home or the Community. If the request is for a reasonable accommodation for an Association meeting or event, the request must be received at least fourteen (14) days before the meeting or event at which any accommodation is requested or within one week after the announcement, whichever is later.

2. Evaluation of Requests/Guidelines. In making a decision on a request for a reasonable accommodation, the DRC or Board shall consider each request on a case-by-case basis, according to the following guidelines:

First Guideline. If the resident's or prospective resident's disability is not readily apparent, the DRC or Board shall evaluate whether the individual has provided sufficient and satisfactory documentation of a disability, as defined by the Fair Housing Act. The Colorado and Federal Fair Housing Acts define "disability" as:

- a physical or mental impairment which substantially limits one or more major life activities,
- a record of such impairment, or
- being regarded as having such impairment.

If the resident's or prospective resident's disability is readily apparent but the need for the accommodation is not, the DRC or Board may request the resident or prospective resident to provide documentation from a health care provider or other person qualified to evaluate the applicant's disability and the need for the accommodation stating that the resident is disabled and explaining the need for the accommodation, and establishing the relationship between the person's disability and the need for the requested accommodation. Attached is a Health Care Provider's Confidential Certification Letter that may be used in such situation. Any medical information provided by a health care provider shall remain confidential, and should be marked confidential and maintained in a separate file to further secure its confidential nature.

Second Guideline. The DRC or Board may determine whether the requested accommodation is necessary to afford the resident or prospective resident an equal opportunity to use and enjoy his/her home or the Community.

Third Guideline. The DRC or Board may determine whether the requested accommodation is reasonable. If the requested accommodation requires the Association to spend money, the Board may take into consideration the following factors:

- financial resources of the Association;
- cost of the request;
- benefits to the resident;
- burden of the accommodation on the Association and other Owners; and
- availability of other, less expensive alternative accommodations that would effectively meet the resident's needs.

If the requested accommodation is reasonable, the Board shall not deny the request, even if there are other alternatives.

D. Response to Requests.

The DRC or Board shall advise the requesting resident or prospective resident of its decision, in writing, within a reasonable time of receiving the complete request, but in no case no more than 30 days after receipt of a complete request. A "complete request" is one which provides the DRC or Board with sufficient information to make an informed decision about the requested accommodation. If the DRC or Board denies the request for an accommodation, the reasons for such denial shall be specified in the written response to the requesting resident. In addition, the DRC or Board should offer to meet with or discuss with the person making the request, whether there is any alternative accommodation that would effectively meet the person's needs.

If the request is for a reasonable accommodation for an Association meeting or event, the Board shall respond to the request, in writing, at least 3 days before the meeting or event.

CERTIFICATION: The undersigned, being the President and Secretary of The Greens at Ute Creek Homeowners Association, Inc., certify that the foregoing Resolution was adopted by the Board of Directors of the Association at a duly called and held meeting of the Board of Directors on December 3, 2008, and in witness thereof, the undersigned have subscribed their names.

THE GREENS AT UTE CREEK HOMEOWNERS ASSOCIATION, INC.

By: Marilyn R Hajek
Signature

MARILYN R. HAJEK, President
Printed Name

By: T. Gregory Matthews
Signature

T. Gregory Matthews, Secretary
Printed Name

REQUEST FOR REASONABLE ACCOMMODATION

I hereby state that I meet the definition of a person with a disability/handicap, as defined by the Federal and Colorado Fair Housing Acts.

I/we, the undersigned, hereby request an accommodation be made for the following reason:

Please describe reason for request:

Pursuant to the Federal Fair Housing Act (42 U.S.C. 3601-3619) and Colorado Fair Housing Act (C.R.S. 24-35-501, et seq.), I/we are requesting the following accommodation be made:

I/we hereby certify that the accommodation is necessary so that I/we may use and enjoy the residence identified below and/or to ameliorate the effects of a disability. I/we acknowledge that in order to provide a "reasonable accommodation" the Association may require additional information relating to my/our disability. Upon request, I/we agree to provide such additional information as may be reasonably requested by the Board.

This form must be submitted to the Design Review Committee or Board of Directors for review. Please attach any additional information you feel may be of assistance to the Design Review Committee or Board of Directors in reviewing your request. The more information you supply initially, the more likely the Design Review Committee or Board of Directors will have enough information to make a decision regarding your request.

Resident

Date:

Resident

Date:

Address

Address

HEALTH CARE PROVIDER'S CONFIDENTIAL CERTIFICATION LETTER

To: _____
Name of Health Care Provider

Your patient, _____, ("Patient"), whose address is _____, is a resident in The Greens at Ute Creek community, and is a member of the The Greens at Ute Creek Homeowners Association, Inc. The Patient has asked the Association to be allowed to _____

Although this is usually not allowed under the Association's governing documents, the Federal and Colorado Fair Housing Act require the Association to consider the request if the Patient meets the standard outlined below and the accommodation or modification requested may allow the Patient to have the opportunity to use and enjoy the housing equal to that of a person without a disability.

The Patient has given the Association written consent (see consent at end of form) to contact you for verification that he/she is disabled and needs the accommodation or modification requested. We would appreciate it if you would fill out this form and return it to the Association.

Certification: I, _____ hereby declare that the following statements are true and correct to the best of my knowledge:

1. My business address and business telephone are as follows:

2. I am a duly licensed health care provider in the State of Colorado and my license number is: _____

3. My area of practice is: _____

4. I am certified in the following medical specialty(ies), if any:

5. If you are not a doctor, medical professional, or other health care provider, please explain your relationship to the Patient, and knowledge of the disability.

6. I hereby certify that the Patient has a physical or mental impairment which substantially limits one or more of such person's major life activities as follows:

YES _____ NO _____

COMMENTS: _____

7. Which major life activities are substantially limited by the impairment? (Check all that apply)

Caring for himself/herself _____ Walking _____ Speaking _____
Performing manual tasks _____ Learning _____ Seeing _____
Breathing _____ Working _____
Other(explain): _____

8. I am aware the Patient has made a request of the Association to be allowed to _____ . I hereby certify the Patient's request is related to his/her disability and alleviates or mitigates his/her disability, as described in No. 5 above, or otherwise assists the Patient in using and enjoying his/her home or the common facilities of the Association for the following reason(s): _____

9. I understand this information is solely for the internal use of the above-named Association, that it will be kept confidential to the extent permitted by law, and will be provided only to authorized representatives of the Association who periodically may need to verify and re-validate that this information remains correct.

10. I also understand that if a dispute arises concerning these issues, I may be called upon to testify concerning my opinions set forth in this letter.

I declare that, to the best of my professional opinion, the foregoing statements are true and correct.

Dated this _____ day of _____, 20____.

Signature: _____

Print name: _____

The Patient has given his/her permission to obtain verification of his/her disability as follows:

I hereby give consent for _____ of The Greens at Ute Creek Homeowners Association to obtain verification of my disability and need for an accommodation from my health care provider.

Applicant/Resident

Date

Return To:

The Greens at Ute Creek Homeowners Association, Inc. ("Association")

Address: c/o _____

