

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

SUBJECT: Requests for reasonable modifications 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 modifications, 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 Board of Directors shall consider requests from disabled residents, or future residents, of the Community for reasonable modifications. 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 Modification Defined.
A "reasonable modification" is a request that the Association allow the person to make a structural change or changes, at the requesting party's expense, to the existing premises, including the interior or exterior of the residence or to the common and public use areas.
- C. Requests for Reasonable Modifications.
The Association will consider requests from disabled residents (or future residents if applicable) for reasonable modifications necessary to afford an equal opportunity to use and enjoy their 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 modification should do so in writing and use the attached form entitled "Request for Reasonable Modification" ("Modification Request Form"). The request shall include a statement verifying the resident's disability and how the requested modification is necessary to afford the resident or prospective resident an equal opportunity to enjoy or use his/her home or the Community.

2. Evaluation of Requests/Guidelines. In making a decision on a request for a reasonable modification, the Design Review Committee (“DRC”) or Board of Directors (“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 modification is not, the DRC or Board may request the resident or prospective resident provide documentation from a health care provider or other person qualified to evaluate the applicant’s disability and the need for the modification stating that the resident is disabled and explaining the need for the modification, and establishing the relationship between the person’s disability and the need for the requested modification. 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. If the request is that the resident or prospective resident be allowed to make a modification to the property of an Owner or the Association, the request must be made to the DRC, if any, before any submission to the Board of Directors, and clearly express that it is a request for a reasonable modification because of a disability. In addition to the Request Form, the resident may be required to submit detailed plans and specifications. The applicant must also agree that he or she will apply for appropriate building permits for the modification, but only if a building permit is required by the city or county for the specific modification. The resident may also be required to satisfy other conditions specified by the DRC, if any, and/or Board, to ensure the work is performed in a safe and workmanlike manner and complies with the design guidelines, unless the resident or prospective resident claims that his or her disability also requires a reasonable accommodation to the customary design guidelines. If so, a request for a reasonable accommodation should be submitted, pursuant to the Association’s accommodation policy.

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

Fourth Guideline. The DRC or Board may determine whether the requested modification is reasonable.

If the requested modification 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 modification. If the DRC or Board denies the request for a modification, 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 modification that would effectively meet the person's needs.

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: Marilynn R Hajek
Signature

MARILYNN R. HAJEK, President
Printed Name

By: T. G. Matthews
Signature

T. G. Matthews, Secretary
Printed Name

REQUEST FOR REASONABLE MODIFICATION

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 a modification be made for the following reason: Please describe reason for request:

I/we, the undersigned, hereby request that I be permitted to make the structural modification described below. Please describe the modification(s) in detail, providing the location of the modification, the materials to be used, appropriate measurements, and any other information in sufficient detail so the Design Review Committee or Board of Directors may completely evaluate your request. Please note that the Design Review Committee or Board may request more information or detailed drawings, if necessary.

I understand that I, not the Association, am responsible for the expense of the modification.

I/we hereby certify that the modification 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 permit the requested modification 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 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 _____

