

Association of Unit Owners of Sylvan Heights Condominium

Resolution Re: Requests for Fair Housing Accommodations/Modifications

At a regular meeting of the Board of Directors, held on June 27, 2017, the Board unanimously made the following findings:

WHEREAS the Association Secretary, by signing below, attests that pursuant to the Association Bylaws §3.8, all Board members were provided notice of the meeting and a quorum of the Board of Directors was present in person at the meeting in accordance with the Association Bylaws §3.10;

WHEREAS from time to time, the Board receives requests from Owners for accommodations or modifications for disabilities;

WHEREAS those requests occasionally request exception to the Bylaws Article VII Section 5(d) which prohibits dogs on any part of the condominium property and prohibits other types of animals in any areas other than inside the unit;

WHEREAS the Association, as a housing provider, is required to make reasonable accommodations or allow modifications to rules, policies, practices, or services when such accommodations or modifications are necessary to afford an equal opportunity to use and enjoy a dwelling because of a disability (a physical or mental impairment which substantially limits one or more major life activities) in accordance with ORS 659A.145.

WHEREAS the Board finds it in the best interests of the Association to adopt a procedure for owners wishing to make such requests, and to adopt a procedure for the Board's consideration of those requests, and to adopt rules relating to allowing dogs on the property as an accommodation under the Fair Housing laws; and

WHEREAS the Board has authority to adopt rules and regulations governing the conduct of persons and the operation and use of the units and common elements as it may deem necessary or appropriate to assure the peaceful and orderly use and enjoyment of the condominium property in accordance with the Bylaws §7.5.13;

NOW THEREFORE, BE IT RESOLVED that the Board adopts the process set forth herein for accommodation/modification requests and responses thereto:

An Owner wishing to request an accommodation or modification because of disability must submit a request to the community manager. The request needs to include the following information:

- A statement that the request is for reasonable accommodation/modification;
- A statement regarding the disability and major life functions that are limited;
- A statement regarding the accommodation/modification that is requested; and
- A statement regarding the relationship between the disability and the requested accommodation/modification.

It is preferred that the request be in writing to promote a clear understanding of the request. A form is attached (Attachment A) that may be used to make the request, but the form is not required.

Within 14 days of submission of the request, the Board will acknowledge receipt and advise in writing whether Medical Verification is required. If the Board requests Medical Verification, the Owner will be asked to have the attached Verification Form (Attachment B) completed by a Qualified Individual (as defined on the Form). An Owner may choose to submit the Verification Form with the original request instead of waiting for a request from the Board.

Upon receipt of the Medical Verification, or if no Medical Verification is requested, the Board will consider the request at the next Board meeting, but in no event shall consideration be more than 30 days from either the initial request or receipt of the Medical Verification, whichever is later.

In reviewing the request, the Board will consider the following factors:

- Whether the requesting Owner meets the definition of a person with a disability under ORS 659A.104;
- Whether the information presented shows a connection between the disability and the accommodation/modification requested;
- Whether the accommodation/modification requested is reasonable;
- Whether the accommodation/modification will cause an undue financial or administrative burden on the Association;
- Whether the accommodation/modification would change the fundamental nature of the functioning of the Association; and
- Other information provided that relates to the factors listed above.

The Board will send written notice of its decision within 7 days of the meeting. The decision may be an approval, an approval with conditions, or a denial.

If the Board grants an accommodation that includes allowing a dog or other animal on the condominium property, the Board's conditions will include compliance with the following rules:

Animals will not be allowed to disturb other occupants of Sylvan Heights by barking excessively, whining, clawing, or running and jumping in a way that disturbs other residents;

Animals are not permitted to travel unleashed on any portion of the condominium property and must be under the control of the owner at all times;

Owners of the animals will assume full responsibility for any damage caused by the animals;

Owners must ensure that their animals are not allowed to defecate or urinate in common areas, and are responsible for immediately cleaning the animals' waste;

Violation of these rules will result in the owner being fined \$25 per occurrence in addition to any actual costs incurred by the Association in cleaning or repairing damage or mess caused by the

animal. The fines will increase and be enforced in accordance with the Association's fine and enforcement schedule.

If an Owner wishes to appeal a decision of the Board, the Owner must submit a request for a hearing within 10 days of the notice of decision.

All information relating to the request will be kept confidential, and any hearing relating to the request will be held in executive session.

This resolution shall be delivered to all owners of record.

Dated this 27th day of June, 2017.

Association of Unit Owners of Sylvan Heights Condominium

By: Mallen Keal
Its Chair

ATTEST: the above resolution was properly adopted.

By: J. de la G. Clark
Its Secretary

Attachment A
Sample Form Request for Reasonable Accommodation/Modification

Dear Board of Directors:

This is a request for reasonable accommodation/modification. I have a disability that limits the following major life functions:_____. Because of my limited ability to _____, I need _____. Therefore please make an exception to the following rule/provision/policy:_____. I need this accommodation in order to live in my Unit at Sylvan Heights.

[Include any additional relevant details regarding the specifics of the request.

Sincerely,

Name
Address
Phone Number
Email Address

Sample Medical Verification Form

If a housing provider requests verification of a tenant's disability and/or verification of the need for the reasonable accommodation, this form should be given to a qualified individual.*

Name of person requiring accommodation/modification:

Description of accommodation/modification being requested:

I understand that under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

Impairments also include such diseases and conditions as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation, mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use (224 CFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2).

I certify that _____ has a physical/mental (circle) disability which meets the definition stated above.

I have treated _____ (person with a disability's name) since _____ (date) for a physical/mental (circle) condition. I have evaluated and/or treated _____ (person with a disability's name) _____ (number of) times in the past 12 months.

Important Note: *Revealing a diagnosis puts the person with a disability at risk of additional discrimination.*

I verify that this request is directly related to his/her disability and is necessary to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only a matter of convenience or preference).

I recommend that the request for _____ be approved.

I certify that the information above is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Professional Title: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

Phone Number: _____

Fax Number: _____



**A Qualified Individual can be a doctor or other medical professional, a peer support group, a non-medical service agency, a caseworker, a vocational/rehab specialist, counselor, or a reliable third party who is in a position to know about the individual's disability. In most cases, an individual's medical records or detailed information about the nature of a person's disability is not necessary for this inquiry.*