

Reasonable Accommodation Policy

Effective Date July 25, 2023

The Federal Fair Housing Act and other state and local fair housing laws require the Lawson Hill Propertyowners' Company ("Association") to grant reasonable accommodations for applicants and residents in its rules, policies, practices, or services that a person with a disability may need in order to have equal opportunity to use and enjoy their home. The Association, including its employees, agents and designees, are committed to granting reasonable accommodations to afford persons with disabilities an equal opportunity to enjoy the community in which they live. The equal opportunity to enjoy the community will not include restrictions on the hours or locations in which persons with assistance animals may travel within the community that are different from residents or tenants who do not require assistance animals.

An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that may be necessary to afford the person an equal opportunity to use and enjoy housing ("Assistance Animal"). Reasonable accommodations may include waiving or varying rules or policies to allow each resident with a disability to keep an "Assistance Animal." The most common Assistance Animals are dogs, although other animals may qualify. Assistance Animals are not considered "pets" under our policies. We recognize the importance of Assistance Animals and are committed to ensuring that our residents and tenants with Assistance Animals may keep them in their units and travel within the community with their Assistance Animals, in compliance with The Lawson Hill Propertyowners' Company "Rules and Regulations Regarding Animals", state and federal law.

If a resident or applicant with a disability requests a reasonable accommodation for an Assistance Animal, a determination will be made as to whether the animal may be necessary to afford the resident or applicant an equal opportunity to enjoy living in our community. In some cases, both the disability and the need for the Assistance Animal are obvious because it is readily apparent that a service dog is trained to do work or perform tasks for the benefit of an individual with a disability - for example, a dog guiding an individual who is blind or has low vision, or a dog pulling the wheelchair of a person with a mobility disability. If this is the case, no further inquiry will be made and we will grant the resident or applicant the accommodation, without restrictions or limitations, unless the presence of the animal would (1) impose an undue financial and administrative burden, (2) fundamentally alter the nature of our operations including The Lawson Hill Propertyowners' Company's obligation under the PUD agreement, which, through interaction with the Colorado Division of Wildlife and the County, developed a wildlife impact mitigation program for the Lawson Hill PUD which required that "No dog shall be allowed within Lawson Hill at any time", (3) pose a direct threat to the health and safety of other people, or (4) pose a threat to the health, safety, and natural living habits of wildlife in accordance with the Lawson Hill PUD development and applicable Colorado state law or any successor statutes or regulations.

If a resident or applicant requests a reasonable accommodation for an Assistance Animal, and the disability of the resident or applicant and/or the need for the Assistance Animal is not visibly obvious, the Association may require a written verification from a health care professional¹ indicating that the resident or applicant has a disability² and the presence of the Assistance Animal may be necessary to provide the resident an equal opportunity to use and enjoy the property. If a health care professional provides this verification, we will grant the resident or applicant the accommodation, without restrictions or limitations, unless the presence of the Assistance Animal would (1) impose an undue financial and administrative burden, (2) fundamentally alter the nature of our operations, or (3) pose a direct threat to the health and safety of other people.

We will not require:

- i. That the Assistance Animal have any special training or certification;
- ii. That the Assistance Animal be subject to breed, weight, or age restrictions;
- iii. That the Assistance Animal be required to wear a vest or other insignia that identifies it as an Assistance Animal; or
- iv. That the resident or applicant pay any fee, deposit, or other charge for keeping the Assistance Animal, or obtain insurance as a condition of keeping the Assistance Animal.

If we seek verification of a tenant's or applicant's disability and the need for an Assistance Animal, we will not:

- i. Ask whether a health care professional would be willing to testify in a court proceeding regarding the request for accommodation;
- ii. Require the health care professional to provide a curriculum vitae; or
- iii. Require an interview with the health care professional.

In processing requests for Assistance Animals, we will take reasonable measures to protect the confidentiality of any information or documentation disclosed in connection with the requests. Such measures may include limiting access to such information to persons specifically designated to deal with requests for reasonable accommodations, who will disclose information only to the extent necessary to determine whether to grant the request, and keeping all written requests and accompanying documentation in a secure area to which only those designated persons have access, except as otherwise required by law.

The Lawson Hill Propertyowners' Company is responsible for safeguarding all residents and guests, as well as that of the Lawson Hill's Planned Unit Development wildlife provisions.

¹ "Health care professional" means a licensed person who provides medical care, therapy, or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, optometrists, nurse practitioner, nurse, psychiatrists, and psychologists.

² Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, is regarded as having such an impairment, or has a record of such an impairment.

All Assistance Animals permitted as Reasonable Accommodations under this policy must be maintained under the control of the animals' handlers.

A person with a disability may request a reasonable accommodation orally, but we may ask the person with the disability to complete or assist in completing a "Form to Request an Assistance Animal" (attached to this Policy). We will evaluate the requested accommodation regardless of whether the person completes the written form, but the person must cooperate in providing all information needed to complete the form.

If the resident or applicant requires assistance in completing the form, we will provide assistance or will fill out the form based on an oral request. We use the form to record reasonable accommodation requests so that we obtain only the information necessary to make a reasonable accommodation decision.

Once we receive the request for an Assistance Animal and, if applicable, additional verifying information, we will provide a response within fourteen days. If a request is denied, we will include an explanation in the written notification of denial. If a person with a disability believes that a request has been denied unlawfully or that the response is delayed unreasonably, the person may file a complaint with:

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
909 First Avenue, Room 205
Seattle, WA 98104-1000
(206) 220-5170
(800) 877-0246
TTY (206) 220-5185

ComplaintsOffice10@hud.gov

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint

and/or

United States Attorney's Office
District of Colorado
Attn; Durango Branch Office
835 E. 2nd Ave., Suite 410
Durango, CO 81301
970-247-1514

The foregoing Policy is hereby adopted by the Lawson Hill Propertyowners' Company as of the Effective Date.

By _____



Shane Jordan, President

Lawson Hill Propertyowners' Company, a Colorado nonprofit corporation

FORM TO REQUEST AN ASSISTANCE ANIMAL

The Federal Fair Housing Act and other state and local fair housing laws require The Lawson Hill Propertyowners' Company ("Association") to grant reasonable accommodations for applicants and residents in its rules, policies, practices, or services so that a person with a disability may have equal opportunity to use and enjoy their home. The Association including its employees, agents and designees, are committed to granting reasonable accommodations when necessary to afford persons with disabilities an equal opportunity to use and enjoy a dwelling in Lawson Hill and the Lawson community in which they live. For more information, please refer to the attached Reasonable Accommodation Policy of the Association

If you or someone associated with you has a disability and you believe that there is a need for an assistance animal as a reasonable accommodation at a property located in Lawson Hill PUD, you may make an oral request or simply complete this form by checking all items that apply and answering all questions. If the disability or need for an assistance animal is not visibly obvious, please also provide verification from your health care provider.

Under fair housing laws, a person is entitled to a reasonable accommodation if the person has a disability, defined as a physical or mental impairment that substantially limits one or more major life activities. The person also must show that the accommodation may be necessary because of the disability. Reasonable accommodations may include waiving or varying rules or policies to allow a resident to keep an assistance animal. An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that may be necessary to afford the person an equal opportunity to use and enjoy housing.

The Association will answer your request in writing within 14 days of receiving the request. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by law. If you need assistance in completing this form, or to make an oral request for a reasonable accommodation, please call the management office at 970-728-5893 for assistance. Forms can be returned to lawsonhill@gmail.com or by US mail to The Lawson Hill Propertyowners' Company, P.O. Box 3927, Telluride, CO 81435. Please be aware that if your request for a reasonable accommodation is based on a disability that is considered temporary in nature, you may be requested to renew your request after one year.

1. Do you require assistance filling out this form?

Yes No

If your answer is "Yes," and you do not have someone who can assist you, please ask the Association's Manager at 970-728-5893 to help you in filling out this form.

If your answer is "No," continue on to Question No. 2.

2. Today's Date: _____

3. I am (please check one):

____ **The person who has a disability and is requesting an Assistance Animal.** If so, continue to Question 4.

____ **A person making a request on behalf of or assisting the person with a disability** who needs an Assistance Animal. Please fill out the information below:

Name of person filling out form: _____

Address: _____

Telephone number: _____

Relationship to person needing Assistance Animal: _____

4. Name of person with a disability for whom a reasonable accommodation is being requested: _____

Phone number: _____

Address: _____

5. Species of animal for which you are making a reasonable accommodation request e.g., "dog," "cat": _____

6. Name and physical description (size, color, weight, any tag and/or license) of the Assistance Animal including current rabies vaccination certificate and picture of animal for which you are making a reasonable accommodation request:

** I understand that by signing this form I agree to abide by the "Rules and Regulations Regarding Assistance Animals" as adopted by the Association's Board of Directors and which are attached hereto. **

Signature of person making request

Date

Signature of person with disability

Date

TO BE COMPLETED BY THE PHYSICIAN, PSYCHIATRIST, OR OTHER HEALTH CARE PROFESSIONAL:

1. Please provide a statement verifying that the person has an impairment that substantially limits one or more of the person's major life activities.

2. Please state whether the animal is necessary for the person to have an equal opportunity to use and enjoy housing or alleviate one or more of the effects of the person's disability. If so, please explain how it helps.

Name: _____

Profession (physician, physician's assistant, etc.): _____

Business Address: _____

Business Telephone: _____

Signature

Date

TO BE COMPLETED BY THE ASSOCIATION:

Form accepted by: _____

Signature

Date