

## **ERGS Properties**

### **Reasonable Accommodation and Modification Packet**

ERGS Properties has a policy of following all federal and state fair housing laws. The law provides that applicants and current residents with verified disabilities have the right to request a reasonable accommodation and/or modification in addition to being treated equally with all others. We will grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or does not create an undue financial or administrative burden.

A resident or applicant is considered disabled if it is verified by a medical provider that he/she has a physical or mental impairment that limits a major life activity or is regarded as limiting a major life activity or has a history of an impairment that limits a major life activity. A major life activity could include but is not limited to hearing, seeing, speaking, walking, breathing, caring for self, learning or working. We are required by law to keep all information about a disability confidential. A disabled resident must still be able to meet essential obligations of tenancy- they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

#### **Reasonable Accommodation**

A reasonable accommodation is some exception, modification or change that we make to rules, policies, or regulations that will assist a resident or applicant with a verified disability in taking advantage of a community or dwelling. Reasonable accommodations can include but are not limited to:

- A change in the rules or policies or how we do things that would make it easier for you to live here.
- Permitting an assistance animal for a household in a community where pets are not allowed, and waiving associated deposits or fees for a service animal.
- A change in the way we communicate with you or give you information.

ERGS Properties shall absorb the cost of reasonable accommodations.

#### **Reasonable Modification**

A reasonable modification is a physical change to the rental premises that will assist a resident or applicant with a verified disability in taking advantage of a community or dwelling. Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live here.
- Altering your apartment so that it can be used by a person in a wheelchair.
- Increasing the font size of typed documents for a reader with a visual impairment.

ERGS Properties may request that the tenant or applicant pay part or all of the costs of the modification and, in some cases, can require that the property be returned to its original condition.

#### **Request Procedures**

To allow us to better help you, we have included in this packet the following forms:

- *A Reasonable Accommodation Request Form* and/or *Reasonable Modification Request Form*
  - For you to complete.
- *Verification of Status as a Person with a Disability Form*
  - For your health care provider, such as a doctor, nurse, therapist, or social worker, to complete.

It is the resident or applicant's responsibility to provide ERGS Properties with the completed forms related to their reasonable request for an accommodation and/or modification. ERGS Properties will respond to all written requests for reasonable accommodations and/or modifications within 10 days of receiving a resident or applicant's request.

**ERGS Properties**  
**Reasonable Modification Request Form**

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community, please complete this form and submit the form to your apartment community's leasing office. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you.

\_\_\_\_\_  
(Printed Name of Resident or Applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

1. The following member of my household has a disability as defined as a physical or mental impairment that limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

Name: \_\_\_\_\_

2. I am requesting the following modification(s) so that the person listed can live here as easily or successfully as the other residents:

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: if you asked for a change to your apartment or to the housing complex, please use the backside of this form to list any company or organization that you might help us locate or build anything special that you need.

3. The Household member needs this reasonable accommodation because the current physical design prevents equal access in the following way:

\_\_\_\_\_  
\_\_\_\_\_

4. I will provide you with verification of my/household member disability status from a medical provider and the need for the reasonable modification. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will grant my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Resident or Applicant

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent for ERGS Properties

**ERGS Properties**  
**Reasonable Accommodation Request Form**

Please complete this reasonable accommodation form if you or a member of your household has a disability, and feel that there is a need for an exception, modification, or change to the community rules, policies, or procedures. Return the completed request form to your apartment community's leasing office. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you.

\_\_\_\_\_  
(Printed Name of Resident or Applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

1. The following member of my household has a disability as defined as a physical or mental impairment that limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

Name: \_\_\_\_\_

2. I am requesting the following change(s) in a rule, policy, or procedure so that the person listed can live here as easily or successfully as the other residents:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If you know a company, organization or individual that might be able to help or advise on the changes, please provide on the other side of this form.

3. The Household member needs this reasonable accommodation because:

\_\_\_\_\_

\_\_\_\_\_

4. I will provide you with verification of my/household member disability status from a medical provider and the need for the reasonable accommodation. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will grant my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Resident or Applicant

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent for ERGS Properties

**ERGS Properties**  
**Verification of Status as a Person with a Disability Form**

To: \_\_\_\_\_  
(Name of Medical/Social Service Professional)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

RE: \_\_\_\_\_  
(Name of Resident or Applicant)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

The Resident or Applicant listed above has sought the reasonable accommodation and/or modification described in the attached Reasonable Accommodation and/or Modification Request Form. State and federal laws require housing providers to make reasonable modifications and/or accommodations to either the dwelling or other parts of the housing community and/or to rules, policies, or procedures when such changes are not unduly burdensome and are necessary because of a disability of a Resident or Applicant in order that the Resident or Applicant can have equal opportunity to use and enjoy the housing and/or facilities.

Federal regulations under the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define "disability as: 1) A physical or mental impairment that substantially limits one or more major life activities; 2) a record of such impairment; 3) being regarded as having such an impairment.

A physical or mental impairment includes: 1) any physiological disorder or condition; 2) cosmetic disfigurement; 3) anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine. 4) Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

Drug addiction (other than addiction caused by **current** illegal use of a controlled substance) and alcoholism (other than addiction caused by **current** use) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

**IMPORTANT:** The medical/social service professional certifying the disability and need for an accommodations and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.

**As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that**

\_\_\_\_\_  
(Name of Client)

**Qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.**

**Specific Accommodation/Modification:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Medical Professional) (Date)

\_\_\_\_\_  
(Printed Name and Title) (Office Tel. Number)