

REASONABLE ACCOMMODATION POLICY

Oak Bridge Condominium Association is committed to assuring equal access to Oak Bridge Condominium in accordance with state and federal law. Upon request and review, Oak Bridge Condominium Association will allow reasonable accommodation from the covenants, conditions and restrictions in the governing documents of Oak Bridge for any qualified person with a disability to enable the person to have equal access to the condominium.

Upon request, we will advise occupants at Oak Bridge of our willingness to provide reasonable accommodations by notice stating that reasonable accommodations for people with disabilities will be provided upon properly documented request.

An occupant with a disability may need either a reasonable accommodation or a reasonable modification, or both, in order to have an equal opportunity to use and enjoy the condominium, including public and common spaces.

A reasonable modification or accommodation may include, but is not limited to:

- Modifications to common areas;
- Providing information appropriate for vision impaired applicants;
- Accessible parking;
- Service animals or assistance animals, including emotional support or companion animals; and
- Other accommodations or modifications to address individual circumstances.

This policy sets forth the process for requesting accommodations or modifications.

Questions to ask when considering a request for reasonable accommodation:

A. Is the requestor a person with disabilities? The Fair Housing Act defines a person with a disability as (1) a person with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such impairment.

B. Is the requested accommodation related to the disability? Under the Fair Housing Act, certification that the requested accommodation or modification is needed due to the disability is appropriate. There will be no inquiry as to the nature of the disability.

C. If the applicant has an obvious or known disability, what kind of information may be requested? When the disability is readily apparent or otherwise known, and if the need for the requested accommodation is similarly apparent or known, there can be no request for information in support of the disability or the disability-related need for the accommodation or modification.

D. If the disability is not obvious or known, what kind of information may be requested? When the disability is not obvious or known, there can be a request for reliable disability-related information that (1) is necessary to verify that the person meets the Fair Housing Act definition of disability, (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation or modification. This additional information can be provided by the requested person (*e.g.*, proof that an individual under 65 years of age receives Supplemental Security Income or Social Security Disability Insurance Benefits or a credible statement by the individual). A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability. In most cases, medical records or detailed information about the nature of the disability is not necessary.

E. Is the requested accommodation reasonable? A “reasonable accommodation” is a change, exception or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy the property. In order to determine whether the request is reasonable, it is appropriate to consider the following: (1) will the accommodation constitute a fundamental alteration to the nature of the business; (2) will the requested accommodation create an undue financial hardship or administrative burden; and (3) is the request reasonably necessary for the resident to use and enjoy the property in accordance with state and federal laws. The determination of undue financial and administrative burden is made on a case-by-case basis involving various factors, such as the cost of the requested accommodation, the financial resources of the provider, the benefits that the accommodation would provide to the requester, and the availability of alternative accommodations that would effectively meet the requester’s disability-related needs.

F. Is there a charge, extra fee or additional deposit as a condition of granting a reasonable accommodation or modification? Generally, there will be no charge, fee, or deposit required.

G. Are the records confidential? All information obtained in analyzing a request for reasonable accommodation or modification is confidential and will not be shared beyond the membership of Oak Bridge Condominium Association unless needed to make or assess a decision to grant or deny a reasonable accommodation request or unless disclosure is required by law.

H. What should a person know about contacting HUD? There are several ways for a person to contact HUD:

Toll free: 1-800-669-9777 or TTY 1-800-927-9275

Website: www.hud.gov;

Address: Office of Fair Housing and Equal Opportunity
Department of Housing & Urban Development
451 Seventh Street, S.W., Room 5204
Washington, DC 2-410-2000

Notice of Right to Reasonable Accommodation

A reasonable accommodation provides persons with disabilities equal opportunity to access housing. Oak Bridge Condominium Association is obligated to provide reasonable accommodation in its rules and governing documents, unless doing so would result in an undue hardship or fundamental alteration in the operation of the condominium.

If you are a person with a disability, and if your request is reasonable, we will make an effort to accommodate your request. Oak Bridge Condominium Association will respond to your request within an appropriate time.

To obtain a reasonable accommodation request form, there are several ways to contact us:

Telephone: 603-880-6464

Email: BishopREM@hotmail.com

Website: OakBridgeNH.org

Address: Bishop Real Estate Management
PO Box 446
Nashua NH 03061

If you need assistance filling out our forms, or if you would like to submit a request in some other way, please contact us as set forth above. Any information you provide will be kept confidential.

If you make a request and believe that you have been the subject of a discriminatory housing practice, including the wrongful denial of a request for reasonable accommodation, you may contact the Department of Housing and Urban Development (HUD) within one year after the alleged discrimination or may file a lawsuit in the federal district court in Concord, New Hampshire within two years. There are several ways to contact HUD, including:

Toll free: 1-800-669-9777 or TTY 1-800-927-9275

Website: www.hud.gov;

Address: Office of Fair Housing and Equal Opportunity
Department of Housing & Urban Development
451 Seventh Street, S.W., Room 5204
Washington, DC 2-410-2000

Sincerely,

Oak Bridge Condominium Association

Reasonable Accommodation Request Form

Date: _____

Occupant Name: _____ Phone: _____

Address: _____ Zip: _____
 PO Box or Street City/Town

Unit Owner (if different): _____

The following member of my household claims a physical or mental impairment that limits the ability to occupy our unit: _____

Please let us know how the accommodation will help you. Please attach a separate sheet if you need more space.

- Do not give us medical information about your disability
- Do not give us the name of your disability or the nature or extent of your disability

Please provide the following reasonable accommodation:

I need this reasonable accommodation because:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used only to determine if the accommodation is needed.

CERTIFICATION - NEED FOR REASONABLE ACCOMMODATION

Date: _____

Name: _____

Address: _____

I certify that these policy changes and/or modifications will substantially improve my ability to reside at the property.

✓

Resident Signature

PHYSICIAN (THIRD PARTY) QUESTIONNAIRE

The person named above, who is a resident in federally subsidized housing, has made a request for a reasonable accommodation in accordance with state and federal law which states that a person with a physical or mental impairment that limits a major life activity is entitled to a reasonable accommodation. In this case, the individual has requested the following:

I, _____ (name of certifying physician or professional) hereby certify tot the following responses regarding the person named above:

- a. Do you believe the individual has a physical or mental impairment that limits a major life activity?
- b. Do you believe that the requested accommodation is necessary and will achieve its stated purpose?
- c. Is the need for this accommodation temporary or permanent?
- d. Is there any other information that would be helpful in making the right accommodation for this individual?

In signing this form, I certify that the above named individual requires the reasonable accommodation requested to reside at the property.

Signature

Date

Title of Physician or Professional

Address

Telephone