

## **Reasonable Accommodation/Modification Request Policy & Process**

**Bellwether Policy:** It is the policy of Bellwether Housing to provide reasonable accommodations to applicants and residents who have disabilities and to permit residents with disabilities to make reasonable modifications. The purpose of a reasonable accommodation or a reasonable modification is to give an applicant or resident with a disability an equal opportunity to use and enjoy a dwelling.

### **Definitions:**

- A *reasonable accommodation* is a change, exception or adjustment to a rule, policy, practice or service that allows a person with a disability to use and enjoy a dwelling.
- A *reasonable modification* is a structural change made to a resident's living space or to the common areas of a community, which is necessary to enable a resident with a disability to have full use of and enjoyment of the housing. Generally, the applicant or resident is responsible for paying the cost of a reasonable modification, unless the property receives federal funds.

**Reasonableness:** The reasonableness of a particular accommodation or modification depends on various factors, including undue financial and administrative burden, fundamental alteration, or direct threat to the health or safety of others.

**Interactive Process:** If the requested accommodation or modification is not reasonable, we will use an interactive process to explore other alternatives that would address the applicant/resident's need and that would be reasonable.

**Verification:** If the disability and/or the connection between the disability and the requested accommodation or modification are not obvious we may require additional information. If the disability is known, but the requested accommodation does not appear related to the disability, we will request only information necessary to evaluate the disability-related need for the accommodation. If neither the disability nor the relationships between the disability and the accommodation is clear, we will ask for proof of both. We will accept verification from a doctor or other medical professional or other qualified third-party who, in their professional capacity, has knowledge about the disability.

**Alternative Accommodations:** If the accommodation initially requested is determined not to be feasible or if more than one reasonable accommodation would fulfill the needs of the person with the disability, we will engage in a dialogue to identify alternatives that may be less costly or administratively burdensome.

**Communication:** In order to accurately document reasonable accommodation or modification requests, we ask that applicants and residents complete a Bellwether request form. Should Bellwether require additional information about the disability and/or the relationship between the disability and the requested accommodation/modification, we may ask for a written statement from your health provider/practitioner verifying the disability and the disability-related need for the accommodation.

**Timeliness:** We will evaluate each request on a case-by-case basis, in a timely and professional manner. A written response to your request will be provided within two weeks of receipt of verification.

**(to be given to resident along with Request Form)**

## Reasonable Accommodation/Modification Request Request Form

**Applicant/Resident: Please complete this form and submit to Leasing Associate or Site Manager**

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

Unit # \_\_\_\_\_ Property: \_\_\_\_\_

I am requesting, on behalf of myself or a member of my household who is a minor, the following disability-related  Reasonable Accommodation or  Reasonable Modification (read attached for definitions), which is necessary for my use and/or enjoyment of my housing: (attach separate sheet if necessary)

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If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form.

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Applicant/Resident Signature	Printed Name	Date
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**NOTE:** If assistance is required in completing this form, please advise the Leasing Associate or Resident Manager.

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**INITIAL RESPONSE: (to be completed by Site Manager or Leasing Associate. Copy to Applicant/Resident with Third-Party Verification Form, if required; and copy forwarded to Portfolio Manager)**

- The applicant/resident's disability is known or obvious to Bellwether Staff and the relationship between the disability and the requested accommodation or modification is apparent; the request will be forwarded to the Portfolio Manager for review/approval.
- The applicant/resident's disability is known or obvious to Bellwether Staff but the medical need for the accommodation is not. Before we can make a decision, we need third-party verification of the disability-related need for the accommodation or modification. Please have health care provider, social service provider, or other qualified professional complete the attached form and submit it directly to Bellwether staff.
- The applicant/resident's disability is not known to Bellwether Staff. We require third-party verification that the applicant/resident meets the definition of disabled and that there is a disability-related need for the accommodation or modification. Please have health care provider, social service provider, or other qualified professional complete the attached form and submit it directly to Bellwether staff.

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Bellwether Staff Person Signature	Printed Name	Date
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## Reasonable Accommodation/Modification Third-Party Verification

**Applicant/Resident:** Give this form and a copy of your request to your health care provider or other qualified professional; ask them to submit completed the form directly to Bellwether staff.

**Instructions to Provider:** Bellwether has received a request for a Reasonable Accommodation-Modification from \_\_\_\_\_, as described on the attached Request Form. In order to make a decision, we require additional information. Please complete A through G below, sign, and fax to: \_\_\_\_\_, at 206-623-9404 or mail to: Bellwether Housing, ATTN: Portfolio Manager, 1651 Bellevue Ave., Seattle, WA 98122. Use an additional page for comments, if necessary.

- A. I have a professional relationship with the individual named above involving the provision of health care or disability-related services.  Yes  No
- B. My client/patient  does /  does not (please check one) meet the following definition of disabled:
- An individual with a physical or mental impairment that substantially limits one or more major life activities;
  - An individual who is regarded as having such an impairment; or
  - An individual with a record of such impairment.
  - Or the broader Washington State definition, "The presence of a sensory, mental or physical disability when a condition is medically cognizable or diagnosable, exists as a record or history, or is perceived."

*No information regarding the nature or severity of the disability should be provided.*

- C. In your professional opinion, is the requested accommodation/modification **medically necessary** in order to afford the resident the same opportunity as a nondisabled individual to use and enjoy their apartment?  Yes  No
- D.  If this box is checked, the relationship between the disability and the requested accommodation/modification is not clear. Please explain the how the requested accommodation/modification satisfies the disability-related need:

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

- E. Is there any other accommodation/modification that could meet the household member's disability needs in place of what has been requested?  Yes  No

If Yes, please describe. \_\_\_\_\_

- F. If the request is for an Assistance Animal, what is the type of animal? \_\_\_\_\_. Does the animal do work, perform tasks, provide assistance, and/or provide therapeutic emotional support?  Yes  No

- G. Practitioner Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Decision (to be completed by Portfolio Manager) If request is not approved as submitted by Applicant/Resident, attach copy of letter to Applicant/Resident describing reasons for denial or outlining alternative accommodation reached through interactive process. File all documents in Resident's file**

Accommodation/Modification Request  Approved /  Denied /  Engaged in Interactive Process

Portfolio Manager Signature

Printed Name

Date