

# Siena Owners' Association

C/O C & C Property Management

## REASONABLE ACCOMMODATION POLICY *Siena Owners Association*

### 1. Statement of Purpose

The Board of Directors of the *Siena Owners Association* hereby recognizes the importance of providing reasonable accommodation in its rules, policies, practices, and procedures, where necessary to afford residents with disabilities an equal opportunity to use and enjoy their housing, and the services related to that housing.

In recognition of its duty to provide reasonable accommodation under the law of the State of California, Siena Owners Association hereby adopts the following procedure for receiving, considering, and deciding upon, a reasonable accommodation request.

### 2. Definitions

- FEHA: The California Fair Employment and Housing Act Government Code section 12900 et seq.
- Applicant: The individual making the request for reasonable accommodation pursuant to this policy
- Disability: For the purposes of this reasonable accommodation policy, "disability" shall be the same as defined by Government Code sections 12955.3 and 12926(i) and (k). In general, a person shall be considered disabled if s/he has a physical or mental condition that limits a major life activity.

### 3. Notice to Tenants of Availability of Accommodation Process

A notice (Exhibit A) shall be distributed to each resident. In addition, new tenants shall be notified of this Reasonable Accommodation Policy at the time that the new lease is executed. Forms for requesting an accommodation (Exhibit B) shall be available at all times from the manager.

### 4. Requesting Reasonable Accommodation

- A. Any resident who has a disability as defined by this policy may request a reasonable accommodation in the rules, policies, practices, and procedures governing the Siena Owners Association. Specifically, a resident may need an accommodation in the association's rules and practices, maintenance, or other rules or policies. The *Siena Owners Association* shall consider waiving or altering these rules, policies, practices, and procedures where appropriate to meet the need for accommodation.
- B. A request for reasonable accommodation may be submitted to the Board any time that the accommodation may be necessary to enable a resident to enjoy equal opportunities in his or her tenancy.

### 5. Board Consideration of Requests for Reasonable Accommodation

- A. The property manager for the Siena Owners Association shall receive the accommodation request and supporting documentation, if any, during regular business hours. The property manager shall promptly forward the request to the Board of Directors of the Siena Owners Association.
- B. If necessary to reach a decision on the request for reasonable accommodation, the Board of Directors of the Siena Owners Association may request further information from the applicant, specifying what information is required.
- C. A decision to grant or deny the request shall be made within 60 days of the initial request; provided that, in the event that further information is requested pursuant to paragraph 5.B., above, the running of this period shall be tolled (stopped) until the applicant responds to the request.
- D. Management and the applicant shall at all times engage with each other in a timely and good faith interactive process to resolve the accommodation request.

### 6. Factors for Considering Requests for Reasonable Accommodation

The Siena Owners Association shall consider the following criteria in deciding whether a requested accommodation is feasible:

- A. Is the request for accommodation necessary to provide the applicant an opportunity to use and enjoy the facilities at the Siena Owners Association that is equivalent to that of non-disabled residents?

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- B. Does the requested accommodation impose an undue financial or administrative burden on the Siena Owners Association?
- C. Does the requested accommodation require a fundamental alteration in the operation and management programs at the Siena Owners Association?

## **7. Written Decision on the Request for Reasonable Accommodation**

The Siena Owners Association's decision on the request for reasonable accommodation shall be in writing. It shall explain the basis for the decision, including its findings on the criteria set forth in paragraph 6, above. (Exhibit C).

### **Gov. Code § 12926 (i) "Mental disability" includes, but is not limited to, all of the following:**

- A. Having any mental or psychological disorder or condition, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity. For purposes of this section:
  - a. "Limits" shall be determined without regard to mitigating measures, such as medications, assistive devices, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.
  - b. A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.
  - c. "Major life activities" shall be broadly construed and shall include physical, mental, and social activities and working.
- B. Any other mental or psychological disorder or condition not described in paragraph (A) that requires special education or related services.
- C. Having a record or history of a mental or psychological disorder or condition described in paragraph (A) or (B), which is known to the employer or other entity covered by this part.
- D. Being regarded or treated by the employer or other entity covered by this part as having, or having had, any mental condition that makes achievement of a major life activity difficult.
- E. Being regarded or treated by the employer or other entity covered by this part as having, or having had, a mental or psychological disorder or condition that has no present disabling effect, but that may become a mental disability as described in paragraph (A) or (B).

"Mental disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

### **Gov. Code §12926 (k) "Physical disability" includes, but is not limited to, all of the following:**

- A. Having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that does both of the following:
  - a. Affects one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.
  - b. Limits a major life activity. For purposes of this section:
    - i. "Limits" shall be determined without regard to mitigating measures such as medications, assistive devices, prosthetics, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.
    - ii. A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity if it makes the achievement of the major life activity difficult.
    - iii. "Major life activities" shall be broadly construed and includes physical, mental, and social activities and working.

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- B. Any other health impairment not described in paragraph (1) that requires special education or related services.
- C. Having a record or history of a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.
- D. Being regarded or treated by the employer or other entity covered by this part as having, or having had, any physical condition that makes achievement of a major life activity difficult.
- E. Being regarded or treated by the employer or other entity covered by this part as having, or having had, a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment that has no present disabling effect but may become a physical disability as described in paragraph (1) or (2).
- F. "Physical disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

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## **NOTICE OF HOUSING ACCOMMODATION PROCEDURES FOR PEOPLE WITH DISABILITIES**

(Exhibit A)

**Notice:** You may request a reasonable accommodation to the rules, policies, practices, and procedures governing the Siena Owners Association. Specifically, you may request an accommodation in the association management rules and practices, maintenance, or other rules or policies, if all of the following are true:

- You have a disability as defined by state or federal fair housing law (essentially, a physical or mental condition that limits a major life activity)
- You need a reasonable accommodation in order to have equal opportunity to use and enjoy your housing, or the services in connection with that housing
- Your request for accommodation would not be an undue burden on the owners or managers of this building

*If you believe that you are entitled to a reasonable accommodation based on the above criteria, you may obtain a Fair Housing Accommodation Request Form from the Board of Directors.*

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## APPLICATION FOR A FAIR HOUSING ACCOMMODATION

(Exhibit B)

1. Name of Applicant \_\_\_\_\_

2. Telephone Number/Email address: \_\_\_\_\_

3. Address \_\_\_\_\_

4. Describe the accommodation you are requesting, and the specific rule, policy, practice, or procedure which needs to be changed to meet the needs of your disability:

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

5. Give the reason that the accommodation is necessary for you to use and enjoy the housing.

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

6. If we have questions about your request for reasonable accommodation and you would like us to contact someone who is assisting you with this request, instead of you, please give us that person's name, address, and telephone number.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please attach any documents that you think support your request for reasonable accommodation and would assist us in considering your request.*