

NOTICE TO ALL APPLICANTS AND RESIDENTS **Reasonable Accommodations / Modifications**

Atlantic Housing Management (AHM) is committed to ensuring that its policies and procedures are in compliance with the provisions of all Federal and State laws designed to prohibit discrimination in housing on the basis of all protected classifications including race, color, national origin, religion, creed, sex, age, handicap/disability, genetic information or other arbitrary characteristics. In addition, AHM adheres to applicable laws and regulations regarding accessibility for the disabled.

What is a Reasonable Accommodation or Modification? AHM will grant all reasonable requests for accommodations or modifications from disabled applicants and disabled residents as required by applicable laws. Generally speaking, 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 a dwelling, including public and common spaces.”¹; while a “reasonable modification” is generally defined as a structural change “to an existing premises occupied or to be occupied by a person with a disability if such modification may be necessary to afford such person full enjoyment of the premises.”

When is a Request Granted? For a request for accommodation or modification to be granted, it must be “reasonable.” Whether the request is “reasonable” will be evaluated on a case-by-case basis consistent with applicable laws. A request generally is not considered reasonable if it poses an undue financial and administrative burden or if granting the request would fundamentally alter the nature of AHM’s or a particular property’s operations. Requests may also be denied if the request was not made by or on behalf of a person with a disability, or if there is no disability-related need for the requested accommodation or modification. If we determine a request is not reasonable, we will engage in an interactive process with you during which we will discuss, among other things, possible alternative accommodations or modifications that would effectively meet the disability-related needs without a fundamental alteration to operations and without imposing an undue financial and administrative burden. It is very important that we all participate in such discussions in good faith so that we can ensure that all individuals have an equal opportunity to use and enjoy the premises, regardless of ability.

Will I have to Pay Anything? Possibly. In some circumstances, if a modification of the physical property is requested, the requestor/tenant may be required to pay for either / both the modification itself, and for restoring the property to its original condition after the modification is no longer needed.

How do I make a Request? First, make a specific request. Second, your care provider (e.g., your doctor, etc.) will verify the need for the reasonable accommodation. We have forms that help make the process easier for everyone.

An applicant or resident (or another person acting on behalf of the individual needing an accommodation) may request a reasonable accommodation or modification at any time--from the point of expressing interest in housing through the duration of tenancy. Although no specific form or format is required to make a request, individuals may use the attached form to make a request for an accommodation or modification. See (Request for Reasonable Accommodation). Should you require any assistance in completing this form, let an AHM staff member know and we will be happy to assist you. AHM will process your request with or without this form.

AHM may request written 3rd party verification that:

- the person making the request is disabled, as defined by applicable law (if the disability is not obvious);
 - describes the needed accommodation or modification; and
- shows the relationship between (a) the person's disability, and (b) the need for the requested accommodation (if the relationship or nexus is not obvious).

Acceptable verification must come from a reliable third-party in a position to know about the disability, such as a doctor or other medical professional, a social service agency, counselor, case manager, social worker, or similarly-situated third party. AHM may contact the party who provided the verification to obtain the necessary information to process the request including, but not limited to, verifying the information provided and/or discussing potential alternative accommodations or modifications which may also meet the need of the individual. No specific form is needed for a third-party to verify the information. However, a template has been provided with this packet for use in obtaining any required verifications. See (Reasonable Accommodation Third-Party Verification Form).

When will I hear Back? An initial response acknowledgment of a request for accommodations or modifications will be provided within 48 hours of submission. Then, you will be promptly notified in writing of a final determination of approval or denial. Please note that a longer time may be required to make such a determination, depending on the circumstances (such as if bids are required for specific modifications or if we are unable to obtain any required verifications).

What if I have Additional Questions? If our on-site staff is unable to answer any of your questions, please feel free to contact our Compliance Manager at our corporate office via phone: 469-206-8900.

1 Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodation Under the Fair Housing Act (Washington, D.C., May 17, 2004).

2 Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Modifications Under the Fair Housing Act (Washington D.C., March 5, 2008).

REQUEST FOR ACCOMMODATION/MODIFICATION

You may use this form to request that Atlantic Housing Management, LLC (AHM) provide an accommodation to you, or any member of your household who has a disability, in order to ensure equal opportunity to access and enjoy your dwelling and common areas or make a modification to your apartment or the apartment community which may be necessary to afford a disabled person full enjoyment of the premises.

For the purpose of this form, a **person with a disability** includes 1) individuals with a physical or mental impairment that **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 an impairment. The term “**physical or mental impairment**” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV/AIDS, intellectual disability, emotional illness, drug addiction and alcoholism.

Date of Request:	Tel. Number:
Name of Applicant/Resident:	E-Mail Address (if any):
Person for whom request is being made:	Relationship to Applicant/Resident:
Address:	
Step 1: I am requesting the following accommodation(s)/modification(s):	
Step 2: The requested accommodation/modification is disability-related in that:	
Step 3: You may verify the existence of a disability and the need for this request by contacting the following individual who is a medical/social service professional or other third-party professional with sufficient knowledge to provide the information necessary to process this request <i>(please include name, address, phone number and e-mail if known)</i> :	
Step 4. I give you permission to contact the above individual(s) for purposes of verifying the existence of the disability and the need for the requested accommodation/modification and to ascertain if any other accommodations or modifications that can also meet the needs of the disabled individual identified above may exist. I understand that the information you obtain will be kept confidential and used solely to process my request.	
Step 5. I certify that the information provided in this request is true and correct. and that I understand the information I have supplied above is being relied upon by Atlantic Housing Management, LLC is relying on this information to in making make its determination regarding the reasonable accommodation request. determine decisions relating to the housing of the disabled individual(s) identified herein.	

Signature of Applicant/Tenant

Date

Received By:

Signature of Management Representative

Date

ACCOMMODATION/MODIFICATION AUTHORIZATION FORM

Release of Information

Name of Third-Party Professional:	Address:
Tel. Number: Fax Number:	E-Mail:

I authorize the above agency/individual to provide information needed to verify that I am disabled as defined by applicable law, that the requested accommodation/modification may be necessary in order for me to have equal access to housing despite my disability and to discuss possible alternative accommodations or modifications which may also meet my need.

Name of person for which accommodation or modification is being requested:	Relationship to Applicant/Resident:
Description of accommodation/modification being requested:	
Signature of authorizing individual: (Parent or Guardian)	Date:

This Authorization does not authorize Atlantic Housing Management, LLC to examine medical records of the person for whom this request is made, including diagnosis or test results; nor does it authorize the release of detailed information about the nature or severity of the disability on which the request is based. Any information/documentation released in conjunction with this Authorization shall be kept confidential and not shared except as needed in the process of evaluating the validity of the request for reasonable accommodation.