

**TAMARRON ASSOCIATION of CONDOMINIUM OWNERS**

**FORM TO REQUEST A REASONABLE ACCOMMODATION**

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 accommodation for that person to have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please complete this form and return it to our Property Manager. Check all items that apply and answer all questions. We will answer this request in writing within 10 days (or sooner if the situation requires an immediate response). If you require assistance in completing this form, contact the Property Manager for assistance or to make an oral request for a reasonable accommodation.

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

Today's Date: \_\_\_\_\_

The person who has a disability requiring a reasonable accommodation is (please check one)

Me: \_\_\_\_\_ A person associated or living with me: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

I am requesting the following change in a rule, policy, practice, or service so that a person with a disability can have an equal opportunity to use and enjoy the premises:

This reasonable accommodation is needed because:

If the request is to keep and assistance animal:

- (1) Designate the species, e.g., "dog," "cat," "bird." \_\_\_\_\_
- (2) If the request is to keep an animal that is trained to perform work or do tasks for an individual with a disability is the animal required because of a disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

State at least one task or type of work that the animal has been trained to perform.

**-OR-**

If the request is to keep an animal that is not trained to perform work or do tasks for an individual with a disability, provide a statement from a health or social service professional indicating the existence of a disability and that the presence of the animal alleviates one or more identified symptoms of effects of the person's disability. A form which can be provided to a health or social service professional will be provided to you if needed.

Signature of Requester: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM TO BE COMPLETED BY PROPERTY MANAGEMENT IF REQUESTER IS UNABLE**

**TO COMPLETE WRITTEN FORM**

On \_\_\_\_\_ (date), \_\_\_\_\_ (Name) orally requested the following reasonable accommodation:

I, \_\_\_\_\_

\_\_\_ Gave the requester the application form and offered to assist in filling it out.

\_\_\_ Granted the request.

\_\_\_ Explained that the request could not be evaluated until the following additional information is provided:

Signature of Individual Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone Number: \_\_\_\_\_

**FORM FOR HEALTH OR SOCIAL SERVICE PROFESSIONAL IF REQUESTING TO KEEP AN ASSISTANCE ANIMAL**

On \_\_\_\_\_ (Date), \_\_\_\_\_ (Name) requested the reasonable accommodation of keeping the following animal in his home \_\_\_\_\_. Please complete this form to assist us in determining whether or not to grant the requested accommodation.

\_\_\_\_\_ has a disability. \_\_\_ Yes \_\_\_ No

Does the presence of the designated animal alleviate one or more identified symptoms or effects of the person's disability? \_\_\_ Yes \_\_\_ No

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

When completed, return this form to:

Property Manager  
Tamarron Association of Condominium Owners  
314 N Tamarron Dr  
Durango, CO 81301

**APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION REQUEST**

Requester: \_\_\_\_\_

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

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

On \_\_\_\_\_(Date), you requested the following reasonable accommodation described below:

We have (check all that apply)

Approved your request. The following reasonable accommodation will be permitted.

The change is effective immediately.

The reasonable accommodation is not effective immediately because reason(s) listed below.

We anticipate that the change will be made by \_\_\_\_\_(date), and we will notify you if we discover there will be a delay.

Can neither approve nor deny your request without the following additional information.

**Denied** your request. We have denied your request because:

You do not have a disability.

The requested accommodation is not related to your disability.

Granting the request would impose an undue financial and administrative burden or would fundamentally alter the nature of our operations.

We used these facts to deny your request:

If you disagree with this decision you may file a complaint with:

**U.S. Department of Housing and Urban Development  
Office of Fair Housing & Equal Opportunity  
451 7<sup>th</sup> St SW, Washington DC 20410**

**Telephone 1-800-669-9777  
Website: <http://hud.gov/complaints/>**

Sincerely,

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

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