

**RESOLUTION OF THE
MOUNTAIN RIVER MANOR CONDOMINIUM ASSOCIATION
ADOPTING POLICY AND PROCEDURE FOR
REQUESTING PERMISSION TO KEEP AN ANIMAL AS A
REASONABLE ACCOMMODATION**

SUBJECT: Requests for permission to keep an animal as a reasonable accommodation pursuant to Federal and Colorado Fair Housing laws.

PURPOSE: To provide a policy and procedure by which the Board of Directors will consider requests from disabled residents to be allowed to keep animals as a reasonable accommodation from the rule prohibiting animals, so as to allow them equal opportunity to use and enjoy their Units in the Mountain River Manor Condominium community ("Community").

AUTHORITY: The Association's Declaration Bylaws, Articles, Rules and Regulations and Federal/Colorado law.

DATE: December 18th, 2015

RESOLUTION: The Association gives notice of its adoption of the following Policy and Procedure ("Policy") pursuant to which the Board of Directors shall consider requests from disabled residents, or future disabled residents, of the Community for reasonable accommodation animals. The Policy adopted is as follows:

- A. Equal Opportunity to Use and Enjoy Homes and the Community.
To comply with applicable federal and state law, all residents shall have equal opportunity to use and enjoy the Community and their home.

- B. Accommodation for Covenant and Rule Against Animals. Section 12.6 of the Declaration provides that "no animals, rabbits, livestock, fowl or poultry of any kind shall be raised, bred or kept in any unit or in the general common elements, unless the Board of Directors by rule or regulation provides otherwise". Pursuant to federal and state law, the Association will provide a reasonable accommodation to disabled residents from the foregoing rule against animals, according to the provisions of this Policy.

- C. Written Requests for Modifications or Reasonable Accommodations.
The Association will consider written requests from disabled residents (or future residents if applicable) for reasonable accommodations from the rule against animals, as necessary to afford an equal opportunity to use and enjoy their home or the Community as follows:
 - 1. Form for Written Requests. A disabled resident, or family member or someone else acting on behalf of the disabled resident, who would like to make an accommodation request of the Association for the ability to keep an animal in the

Community should do so in writing and use the attached form entitled “Request for Accommodation” (“Request Form”). The request shall include a description of the resident’s disability and how the requested accommodation for an animal is necessary to afford the resident an equal opportunity to enjoy or use his/her home or the Community.

2. Evaluation of Requests/Guidelines. In making a decision on a request for a reasonable accommodation, the Board of Directors shall consider each request on a case-by-case basis, according to the following guidelines:

First Guideline. The Board may determine whether the individual has a disability as defined by the Fair Housing Act. The Colorado and Federal Fair Housing Acts define “disability” as:

- a physical or mental impairment which substantially limits one or more major life activities,
- a record of such impairment, or
- being regarded as having such impairment.

If the resident’s disability is not readily apparent, or if the disability is readily apparent but the need for the animal is not, the Board may request the resident provide documentation from a health care provider stating that the resident is disabled and explaining the need for the animal, and establishing the relationship between the person’s disability and the need for the animal. Attached is a Health Care Provider’s Confidential Certification Letter that may be used in such situation. Any medical information provided by a health care provider shall remain confidential.

Second Guideline. The Board of Directors may determine whether the requested accommodation is necessary to afford the resident an equal opportunity to use and enjoy his/her home or the Community.

Third Guideline. The Board of Directors may determine whether the requested accommodation is reasonable, in the sole and reasonable discretion of the Board.

D. Response to Requests.

The Board shall advise the requesting resident of its decision, in writing, within a reasonable time of receiving the complete request, but in no case more than 45 days after receipt of the complete request. A “complete request” is one which provides the Board with sufficient information to make an informed decision about the requested accommodation. If the Board denies the request for an accommodation, the reasons for such denial shall be specified in the Board’s written response to the requesting resident.

E. Additional Pet Information.

Should the Board’s decision be to allow the animal, the disabled resident must provide the following additional information within 30 days of the Board’s written decision: (i)

type of animal (breed, weight, color, etc.); (ii) photo of animal, (iii) pet registration, if required by Pitkin County, Colorado.

CERTIFICATION:

The undersigned, being the President and Secretary of Mountain River Manor Condominiums Association certify that the foregoing Resolution was adopted by the Board of Directors of the Association at a duly called and held meeting of the Board of Directors on 12/18, 2015, and in witness thereof, the undersigned have subscribed their names.

MOUNTAIN RIVER MANOR CONDOMINIUMS ASSOCIATION,
a Colorado nonprofit corporation

By: Heather Vicenzi
Signature

Heather Vicenzi, President
Printed Name

By: Peggy McCafferty Oxford
Signature

Peggy McCafferty Oxford Secretary
Printed Name

REQUEST FOR ACCOMMODATION FROM RULE AGAINST ANIMALS

I/we, the undersigned, hereby request an accommodation from the rule against animals for the following reason:

Please describe reason for request:

Pursuant to the Federal Fair Housing Act (42 U.S.C. 3601-3619), I/we are requesting the following accommodation be made:

I/we hereby certify that the accommodation from the rule against animals is necessary so that I/we may use and enjoy the residence identified below and/or to ameliorate the effects of a disability. I/we acknowledge that in order to provide a "reasonable accommodation" the Association may require additional information relating to my/our disability. Upon request, I/we agree to provide such additional information as may be reasonably requested by the Board.

This form must be submitted to the Board of Directors for review. Please attach any additional information you feel may be of assistance to the Board in reviewing your request. The more information you supply initially, the more likely the Board will have enough information to make a decision regarding your request.

Requestor

Date:

Requestor

Date:

Address

Address

HEALTH CARE PROVIDER'S CONFIDENTIAL CERTIFICATION LETTER

To: _____
Name of Health Care Provider

Your patient, _____, ("Patient"), whose address is _____, is a resident or prospective purchaser/resident of a Unit within the Mountain River Manor Condominiums Association community. The Patient has asked the Association that the Patient be allowed to keep his/her animal within the Community.

Although animals are usually not allowed under the Association's governing documents, the Federal and Colorado Fair Housing Act require the Association to consider the request if the Patient meets the standard outlined below and the accommodation requested may allow the Patient to have the opportunity to use and enjoy the housing equal to that of a person without a disability.

The Patient has given the Association written consent (see consent at end of form) to contact you for verification that he/she is disabled and needs the accommodation requested. We would appreciate it if you would fill out this form and return it to the Association.

Certification: I, _____ hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. My business address and business telephone are as follows: _____

2. I am a duly licensed health care provider in the State of _____ and my license number is: _____

3. My area of practice is: _____

4. I am certified in the following medical specialty(ies), if any: _____

5. I hereby certify that the Patient has a physical or mental impairment which substantially limits one or more of such person's major life activities as follows (describe impairment):

6. Which major life activities are substantially limited by the impairment? (Check all that apply)

Caring for himself/herself _____ Walking _____ Speaking _____
Performing manual tasks _____ Learning _____ Seeing _____
Breathing _____ Working _____
Other (explain): _____

7. If you have certified that the Patient is disabled in No. 5 above, can this condition be treated to prevent any substantial limits in any of the Patient's major life activities? _____
Explain any qualifications to your answer: _____

8. If your answer to No. 7 above indicates the condition is treatable, is the Patient's condition being treated to prevent any substantial limits in any of the Patient's major life activities? _____
Explain any qualifications to your answer: _____

9. I am aware the Patient has made a request of the Association to be allowed to keep a animal within the Community. I hereby certify the Patient's request is related to his/her disability and alleviates or mitigates his/her disability, as described in No. 5 above, or otherwise assists the Patient in using and enjoying her home or the common facilities of the Association for the following reason(s): _____

10. I understand this information is solely for the internal use of the above-named Association, that it will be kept confidential to the extent permitted by law, and will be provided only to authorized representatives of the Association who periodically may need to verify and re-validate that this information remains correct.

11. I also understand if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this letter.

I declare under penalty of perjury under the laws of the State of Colorado that the foregoing statements are true and correct.

Dated this _____ day of _____, 20__.

Signature: _____

Print name: _____

The Patient has given his/her permission to obtain verification of his/her disability as follows:

I hereby give consent for _____ of the Mountain River Manor Condominiums Association to obtain verification of my disability and need for an accommodation from my health care provider.

Applicant/Resident

Date

Return To:

Mountain River Manor Condominium Association
c/o Ute City Properties, Inc.
PO Box 12384
Aspen, CO 81612
ucphach@rof.net
(970) 925-4583