

**RESOLUTION OF
HARVEST RIDGE TOWNHOMES HOMEOWNERS ASSOCIATION
ADOPTING POLICY AND PROCEDURE FOR
REASONABLE ACCOMMODATION AND MODIFICATION REQUESTS**

SUBJECT: Requests for reasonable accommodations and modifications 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 for reasonable accommodations or modifications, so as to allow equal opportunity to use and enjoy their units in the Harvest Ridge Town Homes Homeowners Association community (“Community”).

AUTHORITY: The Declaration, Bylaws, Articles, and Federal/Colorado law.

EFFECTIVE DATE: August 18, 2025

RESOLUTION:

The Association gives notice of its adoption of the following Policy and Procedure pursuant to which the Board of Directors shall consider requests from disabled residents, or future residents, of the Community for reasonable accommodations or modifications. The Policy and Procedure 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. Requests for Modifications or Reasonable Accommodations. The Association will consider requests from disabled residents (or future residents if applicable) for reasonable accommodations or modifications necessary to afford an equal opportunity to use and enjoy their home or the Community as follows:
 1. Form for Requests. A resident, family member or someone else acting on behalf of the resident, who would like to make an accommodation or modification request of the Association may do so in writing and to help prevent any misunderstandings may use the attached form entitled “Request for Accommodation or Modification” (“Request Form”). All requests shall include reliable disability-related information necessary to verify that the individual who is seeking an accommodation or modification meets the Fair Housing Act’s definition of disability (if the disability is not known or readily apparent), describes the needed accommodation, and shows the relationship between the person’s disability and the need for the requested accommodation. If the request is for a reasonable accommodation for an Association meeting or event, the request must be received at least three weeks before the meeting or event at which any accommodation is requested, or within one week after the announcement, whichever is later.
 2. Evaluation of Requests/Guidelines. In making a decision on a request for a reasonable accommodation or modification, 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 Board of Directors will follow Colorado and the Federal Fair Housing Acts definition of disability.

If the resident's disability is not readily apparent, or if the disability is readily apparent but the need for the accommodation or modification is not, the Board may request the resident provide documentation from a doctor or other medical professional stating that the resident is disabled and explaining the need for the accommodation or modification, and establishing the relationship between the person's disability and the need for the requested accommodation or modification. 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. If the request is for a modification to the property of an Owner, or the Common Elements, the request must clearly express that it is a request for a reasonable modification because of a disability. In addition to the Request Form, the resident may be required to submit detailed plans and specifications, apply for appropriate building permits, and satisfy other conditions specified by the Board, to ensure the work is performed in a safe and workmanlike manner.

Third Guideline. The Board of Directors may determine whether the requested accommodation or modification is necessary to afford the resident an equal opportunity to use and enjoy their home or the Community.


Fourth Guideline. The Board of Directors may determine whether the requested accommodation or modification is reasonable, in the sole and reasonable discretion of the Board. If the requested accommodation or modification requires the Association to spend money, the Board may take into consideration the following factors:

- financial resources of the Association;
- cost of the request;
- benefits to the requester;
- burden of the accommodation/modification on the Association and other Owners now and in the future; and
- availability of other, less expensive alternative accommodations or modifications that would effectively meet the resident's needs.

3. 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 30 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 or modification. If the Board denies the request for accommodation or modification, the reasons for such denial shall be specified in the Board's written response to the requesting resident.

PRESIDENT'S CERTIFICATION: The undersigned, being the President of Harvest Ridge Townhomes Homeowners Association, certifies 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 July 24, 2025, and in witness thereof, the undersigned has subscribed their name.

HARVEST RIDGE TOWNHOMES HOMEOWNERS ASSOCIATION,
a Colorado nonprofit corporation

By: 
Gary R Thompson (Aug 13, 2025 08:34:08 PDT)
Treasurer

REQUEST FOR ACCOMMODATION OR MODIFICATION

I/we, the undersigned, hereby request that an accommodation or modification be made for the following reason:

Please describe the reason for the request:

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

I/we hereby certify that the accommodation or modification 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” or “reasonable modification,” 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

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 Colorado, 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 _____
_____. 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: _____

Return To:

RowCal
PO Box 421150
Minneapolis, MN 55442
719-471-1703







Reasonable Accommodation Policy 8-2025

Final Audit Report

2025-08-13

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