

COBER PROPERTIES

Apartments in Springfield & Urbana

114 ½ Scioto St. Urbana, OH 43078 ☎ 406.412.4447 🌐 www.CoberProperties.com

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION / MODIFICATION

To ask for a Reasonable Accommodation or a Reasonable Modification, residents may submit the attached Request Form and Verification Form.

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 use spaces.

A *reasonable modification* is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas.

The term *disability* according to federal law may be used to describe the condition of an individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having 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, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The term *major life activities* include but may not necessarily be limited to caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A limitation is substantial if it significantly restricts the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.

Under state and federal laws, housing providers must allow reasonable accommodations in rules, policies, practices, and services to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Likewise, housing providers must allow residents with disabilities to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

Once we have received all the required paperwork, we will respond to your request within 14 days to let you know whether your request has met the required definitions.

Sincerely,



Amber Smith
Manager, Cober Properties

COBER PROPERTIES

Apartments in Springfield & Urbana

114 ½ Scioto St. Urbana, OH 43078 ☎ 937.215.2928 🌐 www.CoberProperties.com

REQUEST FOR REASONABLE ACCOMMODATION / MODIFICATION

Please inform us if you would like assistance in filling out this form.

Name of Leaseholders: _____

Apartment Address: _____

Name of Resident requesting accommodation / modification: _____

Describe the requested accommodation / modification: _____

What is the intended purpose of requested accommodation / modification: _____

For assistant animals: What work or task has the animal been trained to do: _____

Does the individual requesting the accommodation / modification have a physical or mental impairment

that substantially limits one or more major life activities: Yes No

Is the requested accommodation / modification necessary for the individual to have an equal opportunity

to use and enjoy the dwelling: Yes No

Signature: _____ Date: _____

To submit your application, email to CoberProperties.Office@gmail.com or deliver to one of our drop box locations:

- 1) 114 ½ Scioto St. Urbana, OH 43078 inside the stairwell (checked at 8am) or
- 2) 528 W Harding Rd. Springfield, OH 45504 near the top of the exit driveway (checked at 9am)

Dropboxes are checked most weekdays except when the office is closed for holidays, illness, or working on-site.

COBER PROPERTIES

Apartments in Springfield & Urbana

114 ½ Scioto St. Urbana, OH 43078 ☎ 937.215.2928 🌐 www.CoberProperties.com

VERIFICATION FORM FOR REASONABLE ACCOMMODATION / MODIFICATION

PAGE 1 TO BE COMPLETED BY RESIDENT / APPLICANT

Resident / Applicant Authorization to request information: I, _____, authorize
Cober Properties to send this verification form to the physician / healthcare provider listed below

Physician Name: _____ Title: _____

Physician Mailing Address: _____

Physician Phone: _____ Fax: _____

Physician Email: _____

Applicant / Tenant Signature _____ Date _____

Resident / Applicant Consent to Release Information: I, _____, consent to
my physician / healthcare provider to provide the requested information to Cober Properties by mail or e-mail

Applicant / Tenant Signature _____ Date _____

Description of Requested Accommodation / Modification:

Name of Leaseholders: _____

Apartment Address: _____

Name of Resident requesting accommodation / modification: _____

Describe the requested accommodation / modification: _____

What is the intended purpose of requested accommodation / modification: _____

COBER PROPERTIES

Apartments in Springfield & Urbana

114 1/2 Scioto St. Urbana, OH 43078 ☎ 937.215.2928 🌐 www.CoberProperties.com

VERIFICATION FORM FOR REASONABLE ACCOMMODATION / MODIFICATION

PAGE 2 TO BE SENT BY COBER PROPERTIES AND COMPLETED BY PHYSICIAN / HEALTHCARE PROVIDER

Dear Physician / Healthcare Provider, Please find enclosed a form signed by _____ [tenant's name] asking you to verify his or her disability and the need for a reasonable accommodation / modification.

Please indicate below whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. This form should not be used to discuss the individual's diagnosis or any other information that is not directly relevant to the request for an accommodation.

This form must be submitted by the provider directly to Cober Properties via one of the methods listed below. If you have any questions, please feel free to call us at 937-215-2928. Thank you very much for your assistance.

The Fair Housing Act defines a person with a disability to include

- (1) individuals with a physical or mental impairment that substantially 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, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
- The term "substantially limits" means that the limitation is "significant" or "to a large degree."
- The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Does the individual meet this definition of having a physical or mental impairment that limits a major life activity?

- Yes No

Do you believe the accommodation is necessary and will achieve its stated purpose?

- Yes No Cannot Verify

Please explain the nexus (relationship) between the person's disability and the need for the requested accommodation or modification, as it relates to allowing the individual to use and enjoy their home.

If, in your professional opinion, there is no relationship, please check here

Signature: _____ Date: _____

Title of Physician or Professional _____

To submit this verification, email to CoberProperties.Office@gmail.com or mail to 114 1/2 Scioto St. Urbana, OH 43078