

AOAO of Ka' anapali s REASONABLE ACCOMMODATION  
AND MODIFTCATION POLICY & PROCEDURES

**POLICY**

The AOAO of Ka'anapali complies with the requirements of HRS Chapter 515 and the federal Fair Housing Act with respect to providing reasonable accommodations or modifications that is necessary to afford an equal opportunity to use and enjoy a housing accommodation because of a disability.

*The AOAO of Ka'anapali's Reasonable Accommodation and Modification Policy:*

- 1) Permits, at the expense of a person with a disability, reasonable modifications to existing premises occupied or to be occupied by the person if modifications may be necessary to afford the person full enjoyment of the premises; and
- 2) Makes reasonable accommodations in rules, policies, practices, or services, when the accommodations may be necessary to afford a person with a disability equal opportunity to use and enjoy a housing accommodation.

If you are a person with a physical or mental condition that substantially limits one or more of your major life activities, such as walking, seeing, hearing, breathing or caring for oneself, and you need a modification to your unit or to a common use area as an accommodation to rules, policies, practices, or services of the AOAO of Ka'anapali in order to use and enjoy your housing unit, please contact the Association for assistance in conveying your request.

Upon receiving a request for reasonable accommodation or modification the AOAO of Ka'anapali will consider: (1) whether the person who is requesting the reasonable accommodation or modification is a person with a disability, and (2) whether the requested accommodation and/or modification will alleviate one or more symptoms or effects of a disability. If the answer to either of these questions is "No", the AOAO of Ka'anapali may lawfully deny the requested accommodation and/or modification.

If you are denied a requested reasonable accommodation or the opportunity to make a requested modification, you may contact the Association for further discussion of your needs.

**REQUEST FOR REASONABLE MODIFTCATION**

A reasonable modification is a structural change made to a housing accommodation. This policy requires that the AOAO of Ka'anapali allow modifications to a unit or a common area where the modification is necessary for the equal use and enjoyment a housing accommodation and the modification will not result in undue financial or administrative burden to the AOAO of Ka'anapali.

Where it is reasonable to do so, the AOAO of Ka'anapali and/or an AOAO of Ka'anapali landlord may condition permission for a reasonable modification upon requestor agreeing to restore the

**EXHIBIT "B"**

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premises to the condition that existed before the reasonable modification, reasonable wear and tear accepted.

## **REASONABLE ACCOMMODATIONS**

The AOA of Ka'anapali's *Non-Discrimination Policy and Reasonable Accommodation Policy* allow for reasonable accommodations in rules, policies, practices, or services, when the accommodations may be necessary to afford a person with a disability equal opportunity to use and enjoy a housing accommodation.

Reasonable accommodations may include waiving or varying rules or policies to allow a resident with a disability to keep an assistance animal. Hence, the AOA of Ka'anapali's policies require an accommodation in AOA of Ka'anapali's no-pets rule to allow the presence of an assistance animal when the animal is necessary to ameliorate the effects of a disability and provide an equal opportunity to use and enjoy a housing accommodation within the AOA of Ka'anapali. Under State and Federal law an assistance animal includes a service animal, a guide dog, a signal dog, or an emotional support animal that is required so that a person with a disability can enjoy an equal opportunity to use and enjoy a housing accommodation.

If you are a person who has a physical or mental condition that substantially limits one or more of your major life activities, you may request a reasonable accommodation in the AOA of Ka'anapali's no pets rule to allow you to keep an assistance animal when the animal is necessary to ameliorate the effects of your disability. If the disability-related need for an assistance animal is not readily apparent, the AOA of Ka'anapali may ask a person with a disability to provide AOA of Ka'anapali with information verifying that the assistance animal is needed to alleviate one or more symptoms of the person's disability.

Where an assistance animal provides emotional support or other assistance that alleviates one or more symptoms or effects of a disability, the AOA of Ka'anapali will not require verification that animal has been trained to assist with symptoms or effects of a disability.

When the AOA of Ka'anapali agrees to allow an exception in its no-pets rule to allow the presence of an assistance animal to ameliorate the effects of a disability the AOA of Ka'anapali may impose reasonable restrictions on its use. The restrictions imposed will not deny a person with a disability an equal opportunity to use and enjoy their housing, including public and common use areas. AOA of Ka'anapali will uniformly impose reasonable restrictions regarding excessive noise or other problems caused by assistance animals including requiring the person receiving the exception to the rule to:

1. Observe applicable laws, including leash laws and pick-up laws;
2. Assume responsibility for damage caused by the animal;
3. Clean the housing unit upon vacating, by fumigation, deodorizing, and professional carpet cleaning, or other appropriate methods;
4. Clean the animal's waste;
5. Have the animal licensed with the county, if licensing is required by the county;
6. Have the animal vaccinated with documentation of the vaccination;

7. Have the animal under the control of the animal's owner or handler by use of harness. leash. tether, cage, carrier, or other physical control in common areas. If the nature of the person's disability makes physical control impracticable, or if physical control would interfere with the assistance that the animal provides, the owner or other person engaging in a real estate transaction may require that the animal be otherwise under the control of the animal's owner or handler by voice control, signals, or other effective means; or
8. Leaving the housing accommodation in the condition it was prior to the occupancy of the tenant with a disability, except for reasonable wear and tear.

The AOA of Ka'anapali will neither require a person with a disability requiring assistance animal to pay any fee, deposit, charge for keeping the animal or obtain insurance as a condition of AOA of Ka'anapali's approval of a reasonable accommodation request or as a condition of keeping the assistance animal.

## **NO RETALIATION**

This Policy and *AOAQ of Ka'anapali's Non-Discrimination Policy* prohibits threatening, intimidating, interfering, or otherwise obstructing or preventing a person in the enjoyment or exercise of full and equal rights to enjoy a housing accommodation as guaranteed by HRS Chapter 515. No prospective or current owner, tenant or occupant will be subject to adverse action by the AOA of Ka'anapali because they have conveyed a request for reasonable accommodation or modification needed because of disability or because a person with whom they associate has conveyed such a request.

## **PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION AND/OR MODIFICATION**

It is preferred that a reasonable accommodation and/or reasonable modification request be submitted in writing to the Resident Manager or AOA of Ka'anapali. However, such requests may also be conveyed orally to the AOA of Ka'anapali's Resident Manager.

A request for reasonable accommodation or modification may be initiated with AOA of Ka'anapali by obtaining and completing *AOA of Ka'anapali Request for Reasonable Accommodation and/or Reasonable Modification (B-1) and Verification of Disability & Need For Reasonable Accommodation and/or Modification (B-2)* (both attached to this Policy).

If you have difficulty completing the AOA of Ka'anapali's forms, AOA of Ka'anapali's Resident Manager can assist you in completing the forms. Oral requests for reasonable accommodations and/or reasonable modifications will be recorded by AOA of Ka'anapali's Resident Manager for processing in accordance with this policy (attached B-3).

The AOA of Ka'anapali's procedures for responding to a request for reasonable accommodation or modification because of disability will comply with HAR {I 1246-306 (a) (I) with respect to the information the AOA of Ka'anapali will require or seek to verify a non-apparent disability. The AOA of Ka'anapali will not seek further verification of disability when the disability is apparent. Further, this policy and the *AOAQ of Ka'anapali Non-Discrimination Policy* prohibit

AOA of Ka'anapali and any person engaging in a real estate transaction on behalf of AOA of

Ka'anapali from requesting medical records, requesting request access to health care providers, and from making inquiry about the diagnosis. nature or severity of the person's disability.

Where the disability is not apparent, the AOA of Ka'anapali will require verification that the person requesting a reasonable accommodation and/or reasonable modification has a disability and that the requested reasonable accommodation or modification will alleviate one or more symptoms of that disability. Verification can be provided by a letter or either written communication from the person's treating health care professional, mental health professional, or social worker. Verification can also be provided by the completion by the requestor and his or her treating health care professional, mental health professional, or social worker of the *Verification of Disability & Need for Reasonable Accommodation and/or Modification (B-2)*.

In processing requests for a reasonable accommodation and/or reasonable modification, the AOA of Ka'anapali will take reasonable measures to protect the confidentiality of all information and documentation disclosed in connection with the request. Such measures will include limiting access to such information to those persons specifically designated to deal with requests for reasonable accommodation and/or reasonable modification under this policy. All written requests and associated documents will be maintained in a secure area to which only designated persons will have access.

The AOA of Ka'anapali and all persons engaging in a real estate transaction on behalf of the AOA of Ka'anapali has an obligation to provide prompt responses to a reasonable accommodation and/or modification request. Any undue delay in responding to request for reasonable accommodation or modification because of disability is prohibited. The AOA of Ka'anapali will acknowledge all requests for reasonable accommodation or modification within seven (7) days of receipt of a written or oral request, and will provide the requestor with a written approval or denial of reasonable accommodation and/or modification request within thirty (30)] days of AOA of Ka'anapali's receipt other request.

Prior to denying a request, the AOA of Ka'anapali will attempt to engage in an interactive process with the person making the request to discuss possible alternative accommodation and/or modification that might effectively meets the person's disability-related needs. The AOA of Ka'anapali recognizes that a person with a disability is generally in the best position to know whether or not a particular accommodation will be effective in meeting his or her needs. If the request is denied, an explanation for the reasons for denial will be included in the written notification, and whenever a request is denied, the requesting resident may ask that the AOA of Ka'anapali's full Board of Director's review of the decision to deny the request.

If you believe a request for a reasonable accommodation or modification has been unlawfully denied by the AOA of Ka'anapali, a complaint may be filed with:

HAWAII CIVIL RIGHTS COMMISSION  
830 Punchbowl Street, Room 411  
Honolulu, Hawaii 96813  
Phone: (808) 586-8636  
TDD: (808) 586-8692

Facsimile: (808) 5E6-8655  
E-mail: [info@hi crc.org](mailto:info@hi crc.org)  
Website: <http://www.hawaii.gov/labor/hcrei>

All prospective or current owners, tenants, or occupants of the AOA of Ka'anapali may complain about discrimination or potential discrimination to the Hawai'i Civil Rights Commission without fear of retaliation.

**B-1**  
**AOAO of Ka'anapali**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**AND/OR REASONABLE MODIFICATION**

**DEFINITION OF DISABLED**

Under Hawai'i and the federal Fair Housing Act, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities including, but not limited to, walking, seeing, hearing, speaking, breathing, thinking, communicating, performing manual tasks, and caring for oneself

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 and/or reasonable modification for that person to fully enjoy the premises and/or to have equal opportunity to use and enjoy a dwelling unit or the public or common use area please complete this form and return it to the AOAO of Ka'anapali.

Please check all items that apply and explain fully.

If you cannot fill out this form yourself, please contact the Association and we will assist you in completing this form,

We will answer this request in writing within two weeks (or sooner if the situation requires an immediate response), and the AOAO of Ka'anapali will provide written approval or denial of this request within thirty (30) days of receipt of the request by the AOAO of Ka'anapali.

Name of Tenant or Applicant: \_\_\_\_\_

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

Signature of Tenant or Applicant: \_\_\_\_\_

I. The person(s) who have a disability requiring a reasonable accommodation and/or reasonable modification is:

Me  A person associated with me,

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

Name of the person completing this form (if not person above): \_\_\_\_\_

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

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

**B-2- Page 2**

2. I am requesting the following change(s) so that I and persons associated with me can live here with equal opportunity to use and enjoy the premises (check all of the changes that apply):

\_\_\_\_ A physical change in my apartment or the public or common area. I need the following change:

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\_\_\_\_ A change in a rule, policy, or practices. I need the following change:

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3. I need this reasonable accommodation and/or modification because:

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4. If your request requires a modification to the physical premises, the tenant requesting the modification will be responsible for the expense of making the modification, unless otherwise indicated. The landlord may, where it is reasonable to do so, condition permission for the reasonable modification by a renter on the renter agreeing to restore the interior of the premises to the condition that existed before the reasonable modification, reasonable wear and tear excepted.
  
5. If you are requesting an accommodation involving an assistance animal, please provide the following information:

**Information about the Animal:**

Name of Animal: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Spayed or Neutered? \_\_\_\_\_

License or I.D, Number: \_\_\_\_\_

Animal's References: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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

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



Photo of animal

\_\_\_\_\_  
REQUESTER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESIDENT MANAGER

\_\_\_\_\_  
DATE



**Attachment B-2**  
**VERIFICATION OF DISABILITY & NEED FOR REASONABLE ACCOMMODATION**  
**AND/OR MODIFICATION**

This form is to be used when a person's disability is not obvious or readily apparent or when the requester's disability is obvious or readily apparent but the need for the reasonable accommodation and/or reasonable modification is not readily apparent or known to the property management.

A disability is a physical or mental condition that substantially limits one or more of your major life activities, such as walking, seeing, hearing, breathing or caring for one. A reasonable accommodation and/or reasonable modification may be necessary to allow you equal opportunity to use and enjoy the premises.

**To be completed by Applicant/Resident making the request for a reasonable accommodation and/or reasonable modification.**

Do you meet the definition of a disabled individual as defined above? YES/NO (circle applicable answer)

If yes, what is your specific request for a reasonable accommodation and/or reasonable modification?

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**RELEASE:** Applicant/Resident: I authorize my health provider \_\_\_\_\_ to complete this form to verify that I am a person with a disability and that the requested reasonable accommodation/modification is necessary because of disability.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

Attached is a written statement from my health care provider verifying:

- (1) I have a disability as defined by Hawai'i and federal fair housing laws; and
- (2) The requested accommodation and/or modification will alleviate one or more symptoms of that disability.

**DEFINITION OF DISABLED**

Under Hawai'i and the federal Fair Housing Act, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities including, but not limited to, walking, seeing, hearing, speaking, breathing, thinking, communicating, performing manual tasks, and caring for oneself

**INFORMATION BEING REQUESTED F'ROM HEALTH CARE PROVIDER**

1. Is the individual disabled as defined above?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. In your professional opinion, does the individual require the reasonable accommodation and/or reasonable modification stated on the previous page in order to have an equal opportunity to use or enjoy the property?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

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**INFORMATION PROVIDED BY:**

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Health Care Firm /Organization / Physician

\_\_\_\_\_  
Printed Name of Health Care Provider

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

**ATTACHMENT B-3**

**Form to be completed by Resident Manager if Requester cannot or has not completed written forms (B-1 & B-2).**

On \_\_\_\_\_, the undersigned requester orally requested a reasonable accommodation and/or a reasonable modification to [describe dwelling unit]:

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The reasonable accommodation and/or reasonable modification consisted of:

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I, the undersigned, Resident Manager of \_\_\_\_\_;

\_\_\_\_ Gave the requester the applicable forms and offered to assist in filling out the forms.

\_\_\_\_ Granted the request.

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

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\_\_\_\_\_  
REQUESTER

\_\_\_\_\_  
DATE

REQUESTER'S ADDRESS: \_\_\_\_\_

REQUESTER'S TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
RESIDENT MANAGER

\_\_\_\_\_  
DATE

**Attachment B-4 - Page 2**

\_\_\_\_\_ Can neither approve nor deny your request without further information [List information needed]:

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\_\_\_\_\_ Denied your request. We have denied your request because list all reasons that apply:

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We used these facts to deny your request (list):

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To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation [list]:

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If you disagree with this decision or have information to provide to us, you may contact the Association to discuss this further. Sincerely, [two signatures required for a denial of a request]

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

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

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

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

Requestor acknowledges receipt of this completed form:

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