

NONDISCRIMINATION POLICY

It is the policy of the owner to provide all housing and services on an equal opportunity basis, and in compliance with federal, state and local nondiscrimination laws. The Federal Fair Housing Act as Amended in 1988 requires all housing-related services be provided without regard to race, color, religion, national origin, sex, familial status (children under age 18 in the household and pregnancy), and disability (handicap). In the state of Montana it is also illegal to discriminate on the basis of age, marital status and/or creed. The owner and his/her agents will consider all applications and provide all services without regard to the protected class status of the household. Tenants may not be evicted or treated differently based on any of these criteria, and the owner and agents will not make or publish discriminatory statements or advertisements.

Harassment because of race, color, religion, national origin, sex, familial status, disability, age, marital status, or creed, or exercise of protected fair housing rights, is forbidden by this policy and by the law. Illegal discrimination will not be tolerated. Any complaints of harassment or discrimination will be investigated and appropriate action taken immediately following the investigation.

A tenant, guest or applicant for tenancy can request a reasonable accommodation in any rule, practice, policy or service when the accommodation may be necessary to provide a person with a disability an equal opportunity to use and enjoy the unit, and public and common areas. Requests are not required to be in a specific format or in writing, but households are encouraged to use the attached forms. The owner and management will not impose conditions on households needing accommodations that are not required of other households. Requests for accommodations that do not create an undue financial and administrative burden, or fundamentally change the housing program will be approved. A tenant or prospective tenant with a disability may also make reasonable modifications to the premises if the modification is necessary to afford full use and enjoyment of the premises and the dwelling, and only following written approval. Cost of the modifications may be the responsibility of the tenant.

A disability is a physical or mental impairment which substantially limits one or more major life activities. Most serious medically-treated conditions are considered disabilities. The tenant, guest, prospective tenant or applicant may be asked for information about the disability that is directly relevant to providing an accommodation or permitting a modification. Information about a disability will be kept confidential.

Request For a Reasonable Accommodation

If you, a member of your household, or someone associated with you has a disability, and need a reasonable accommodation to have an equal opportunity to use and enjoy the unit, and public and common areas, please complete this form. Check all items that apply and provide explanations. Keep copies of all documents for your records.

Name of Tenant or Applicant: _____

Date: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting the following change or changes in a policy, procedure, rule, or service so that my household members, guests, and I can be provided an equal opportunity to housing:

I am requesting the following accommodation/s:

I need this reasonable accommodation because:

If you want your housing provider to speak with someone on your behalf about this request, please provide the following information:

Name: _____

Address: _____

Phone Number: _____

Please notify me within ten working days, in writing, of the Approval or Denial of this Request.

Signature of Tenant, Applicant, or Guest: _____

Request For a Reasonable Modification

If you, a member of your household, or someone associated with you has a disability, and need a reasonable modification to have an equal opportunity to use and enjoy the unit, and public and common areas, please complete this form. Check all items that apply and provide necessary explanations. Keep copies of all documents for your records.

Name of Tenant or Applicant: _____

Date: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting the following modifications to my unit so that my household members, guests, and I can have an equal opportunity to use and enjoy the unit, and public and common areas:

I am requesting the following modification/s:

I need this modification because:

***NOTE:** The individual requesting the modification may be responsible for the costs incurred. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations.

If you want your housing provider to speak with someone on your behalf about this request, please provide the following information:

Name: _____

Address: _____

Phone Number: _____

Please notify me within ten working days, in writing, of the Approval or Denial of this Request.

Signature of Tenant, Applicant, or Guest: _____

Verification of Status as a person with a Disability and Need

Housing Provider: Name: _____

Address: _____

City/State/Zip: _____

Name of Tenant/Applicant/Guest Requesting a Reasonable Accommodation or Modification:

The tenant, guest, or applicant listed above requires the reasonable accommodation or modification described in the attached request because of limitations arising from a disability. State and federal laws require housing providers to make reasonable modifications to a dwelling or other parts of the housing community and/or reasonable accommodations to rules, policies, procedures, or services when such changes are not an undue financial **and** administrative burden, or fundamental alteration to a housing program.

The Fair Housing Act as Amended in 1988, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Montana Human Rights Act define "disability" as:

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

A physical or mental impairment includes, but is not limited to:

- any physiological disorder or condition;
- cosmetic disfigurement;
- anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.
- Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.
- Drug addiction and alcoholism are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and some temporary conditions.

The term "**major life activity**" means those functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working ([24 C.F.R. § 100.201\(b\)](#)). The factors considered when determining if a person is substantially limited in a major life activity are the nature and severity of the impairment, the duration or expected duration of the impairment, and the expected permanent or long term impact of the impairment ([29 C.F.R. § 1630.2\(j\)\(2\)](#)).

IMPORTANT: The health care provider certifying the disability and need for an

accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability, **NOR** specific information about treatment. However, there must be an identifiable relationship between the request and the individual's disability.

As a health care provider with the knowledge necessary to make a determination, I am able to advise that

(name of client)

qualifies as an individual with a disability, experiencing permanent or long term impacts of an impairment substantially limiting major live activities. The following accommodation or modification is consistent with the needs associated with his/her disability and the expected duration of the disability.

Accommodation/Modification Requested:

Please describe the major life activities limited by the disability that specifically relate to the need for the request for a reasonable accommodation or modification:

Examples: sleeping, learning, eating, walking, seeing, working, talking, caring for one's self, etc.

Please describe how this request will ameliorate the limitations of the major life activities referenced above so that an equal opportunity to use and enjoy the premises is available:

Example: Dog alerts client to oncoming seizures, allowing time to take medication and reach a safe environment.

Signature of Health Care Provider

Printed Name and Title

Phone Number: _____

Date: _____