

# **Penn Estates Property Owners Association**

**POA POLICY RESOLUTION: REASONABLE ACCOMMODATION**

**NO: A-003**

**SUBJECT: Reasonable Accommodation Policy**

**DATE APPROVED: March 6, 2018**

**PAGE: 1 of 3**

**REVISED: APRIL 29, 2021**

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WHEREAS, Penn Estates Property Owner's Association, is a nonprofit corporation governed under the laws of the Commonwealth of Pennsylvania; and

WHEREAS, PEPOA regulates activity within Penn Estates Planned Community, Stroud Township, and Pocono Township Monroe County; and

WHEREAS, the community is governed by a series of Covenants, Articles of Incorporation, Bylaws, and Rules and Regulation; and

WHEREAS, the Community Documents, Pennsylvania statute, and case law uphold the Board's authority to adopt Rules and Regulation and policies to manage the common areas and the affairs of the community; and

WHEREAS, the Association is bound by the Fair Housing Act Amendments of 1988; and

WHEREAS, the Board finds it appropriate and prudent to have a policy to provide for the granting of reasonable accommodations for those with defined disabilities, in compliance with the Fair Housing Act; and

WHEREAS, it is in the best interest of the membership to have such a policy developed, implemented, and fairly applied;

NOW THEREFORE BE IT RESOLVED that the Board of Directors of Penn Estates Property Owner's Association, pursuant to its express and implied powers as defined in their community documents, statute, and case law, hereby adopts this reasonable accommodation policy to become effective upon adoption.

## **REASONABLE ACCOMODATION POLICY**

1. The goal of this Reasonable Accommodation Policy is to provide, in necessary circumstances, an equal opportunity to use and enjoy a dwelling.
2. This policy shall apply to disabled individuals as defined in the Fair Housing Act Amendments of 1988, 42 U.S.C. §§ 3601 et seq., and its resulting regulations, 24 C.F.R. §§ 100.204, et seq.



3. "Disability" shall be defined as a physical or mental impairment which substantially limits one or more of such a person's major life activities. This definition shall also include a record of having such impairment or being regarded as having such an impairment. This term shall not include current illegal use of/or addiction to a controlled substance.
4. "Dwelling Unit" means a single unit or residence for family or one or more persons.
5. "Common Area" shall mean any Association-owned parcel available for the use and enjoyment of the unit owners and their guests.
6. "Reasonable Accommodation" shall mean any deviation or variance from compliance with the Association's Covenants, Articles of Incorporation, Bylaws or Rules and Regulations, permitted by the Association to allow for use and enjoyment of the unit or common area by an individual with a defined disability.
7. This policy shall apply to dwelling units and common areas.
8. The Board shall adopt and utilize the form attached as Exhibit "A" ("the application form") to this Resolution.
9. Upon submission of a written request for a reasonable accommodation, the Board shall submit the application form to the requesting property owner for completion and submission.
10. The request must specifically identify the proposed accommodation.
11. The Board shall require completion of the application form, which includes a written verified statement from the doctor specifically explaining the nature of the disability and specifically identifying the need for the requested accommodation.
12. The application form must be completed by the physician or health care provider. A simple letter identifying an alleged disability or requested accommodation shall be insufficient.
13. The application form shall require the answering of three questions: - a) Is the member disabled? b) Is the accommodation needed? c) Can the condition be treated?
14. The association shall communicate solely with the requesting member and not the medical provider.
15. The Board, upon receipt of the fully completed application form, shall review the matter and contact necessary professionals, as needed, to reach a conclusion on the application.
16. The Board shall issue a written decision on the request within thirty (30) days of receipt of a completed application form.




17. All determinations of the reasonableness of the requested accommodation shall be made by the Board and said decisions shall be final.
18. This policy shall also apply to emotional support animals.
19. The association is not required to provide the accommodation if it is found to be unreasonable, more specifically, if the requested accommodation requires a fundamental alteration in the nature of the community or imposes undue financial and administrative burdens on the Association.
20. The Association also reserves the right to grant only that accommodation necessary to afford the disabled person equal opportunity to use and enjoy a dwelling unit or common area.
21. The Association shall maintain all these documents in a safe and secure manner.
22. This policy shall be applied uniformly to all property owners and all decisions shall be considered on a case-by-case basis.

Adopted by resolution of the Association's Directors on this 29 day of April, 2021.



Christine Morton, Secretary



Sandra Bonet, President

## **Reasonable Accommodation Procedure**

- 1) The person requesting the accommodation needs to submit a letter stating the nature of the disability, the proposed accommodation i.e. Sidewalk, fence, deck, and reason for the request.
- 2) The Reasonable Accommodation Request Verification form needs to have specific areas completed by the Home owner and returned to Administration. Other than the following information all else should be left blank for the physician to complete.
  - a. Date
  - b. To: Healthcare Providers Name and Address
  - c. Members Name and Address
  - d. Release Signature and Date
  - e. Administration will fill out the section – state nature of accommodation request on page 1.
- 3) Administration will then submit the form both Certified and First Class mail directly to the physician for completion.
  - a. Information Requested #'s 1, 2, and 3.
  - b. Name & Title of person supplying information
  - c. Firm/Organization
  - d. Health Care providers signature
  - e. Medical License #
  - f. Date
- 4) Once the request is returned from the Healthcare providers' office it will then be submitted to the Board of Directors at their next regular scheduled meeting.



**PENN ESTATES PROPERTY OWNERS ASSOCIATION**

**REASONABLE ACCOMMODATION REQUEST VERIFICATION**

DATE \_\_\_\_\_

TO \_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_  
Health Care Provider's Address

**FROM Penn Estates Property Owners Association,  
304 Cricket Drive, East Stroudsburg Pa 18301  
Attn: Community Manager**

**REQUEST FOR ACCOMMODATION**

MEMBER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

The member named above has requested that our community association accommodate his/her disability by (state nature of accommodation request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under normal circumstances, our policies would require us to deny the request. However, under federal law, if an individual with disabilities requests a reasonable accommodation to that disability, we must consider the request. To do this, we must verify that the individual qualifies as disabled under federal law and requires the accommodation in order to have an equal opportunity to use and enjoy his/her dwelling unit or the common areas.

We would appreciate your cooperation in answering the questions on this form and returning it to the address listed above. Enclosed is a stamped, self-addressed envelope for this purpose.  
The Member has consented to this release of information, as shown below.

**INFORMATION REQUESTED**

1. Is the member named above disabled as defined below? Yes \_\_\_ No \_\_\_
2. In your professional opinion, does the member above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy the living quarters or common areas? Yes \_\_\_ No \_\_\_



3. If you answered "Yes" to question number 1, can the member's condition be otherwise treated to prevent any substantial limits in any of his/her major life activities? Yes \_\_\_ No \_\_\_  
(Explain)

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**DEFINITION OF "DISABLED"**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an 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 doesn't include any individual who is a drug addict and is currently using illegal drugs, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

NAME & TITLE OF PERSON SUPPLYING INFORMATION \_\_\_\_\_

FIRM/ORGANIZATION \_\_\_\_\_

Would you be willing to testify in any court action or related proceeding as to member's need for the requested accommodation? Yes \_\_\_ No \_\_\_

HEALTH CARE PROVIDER'S SIGNATURE \_\_\_\_\_

MEDICAL LICENSE# (IF PHYSICIAN) \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE**

TO THE MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE ASSOCIATION OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require Penn Estates Property Owners Association, to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_