Notice to all Applicants: Options for Applicants with Disabilities or Handicaps

This property is managed by Dwelling Place of Grand Rapids, Inc. We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, age, marital status, public assistance recipient status, source of lawful income, weight, height, gender, national origin, familial status or handicap or because they receive Section 8 assistance. In addition, we have a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Make a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the Property’s applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by ___________________________ Date __________________________
(Property Manager signs here)

Received by ___________________________ Date __________________________
(Applicant/Resident signs here)

COMPLETE SURVEY ON REVERSE SIDE
SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant at Dwelling Place Housing Communities. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant name: _________________________________________________________________________
Applicant signature: ____________________________________________ Date: _____________________
☐ I choose not to complete this form

Do you, or does any member of your family have a condition that requires:

☐ A separate bedroom
☐ A barrier-free apartment
☐ One-level unit
☐ Physical modifications to a typical apartment
☐ Unit for vision-impaired
☐ Unit for hearing-impaired
☐ BR/bath on 1st floor

Can you and all your family members go up and down stairs unassisted? ☐ Yes ☐ No

If no, please indicate how we should accommodate your family:
____________________________________________________________________________________________________________________________________________________________________________________________

Will you or any of your family members require a life-in aide to assist you? ☐ Yes ☐ No

If yes, please explain:
____________________________________________________________________________________________________________________________________________________________________________________________

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:
____________________________________________________________________________________________________________________________________________________________________________________________

Are there any other reasonable accommodations, such as a service animal, etc. that you require?
____________________________________________________________________________________________________________________________________________________________________________________________

What is the name of the family member who needs the features identified above?
____________________________________________________________________________________________________________________________________________________________________________________________

Who should be contacted to verify your need for the features you have identified above?

Name: _____________________________________________________________________________
Address: _________________________________________________________________________
Phone: __________________________________________________________________________

(1/94) /cj/revised 7/11/11, Special Unit Requirements Questionnaire.doc