

**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.

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Applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

I choose not to complete this form

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

- |  |   |
|--|---|
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for vision-impaired         |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> Unit for hearing-impaired        |
| <input type="checkbox"/> One-level unit                                | <input type="checkbox"/> BR/bath on 1 <sup>st</sup> floor |
| <input type="checkbox"/> Physical modifications to a typical apartment |   |

**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:

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

If yes, please explain:

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

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

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

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

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

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

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