

PROPERTY OR GEOGRAPHICAL AREA OF INTEREST: _____

Applicant Information					
Applicant's Name (Last)	(First)	(Middle)			
Social Security Number (xxx-xx-xxxx)			Date of Birth (MM/DD/YEAR)		
Co-Applicant's Name (Last)	(First)	(Middle)			
Social Security Number (xxx-xx-xxxx)			Date of Birth (MM/DD/YEAR)		
Email Address:			Phone Number:		
Occupant Information					
Number of occupants who will occupy premises:			Has any household member been convicted of a felony? No Yes		
Do you expect any change in the above-listed household composition in the next 12 months? No Yes					
If yes, please describe the change.					
List the persons to occupy the unit (Last Name, First Name, Middle Initial)	Relationship to Applicant	Marital Status	Social Security Number (xxx-xx-xxxx)	Date of Birth (MM/DD/YEAR)	Full-time Student? No Yes
1.					No Yes
2.					No Yes
3.					No Yes
4.					No Yes
5.					No Yes
6.					No Yes
Handicap/Disability Status					
Depending on the property for which you are applying and under certain programs, persons who meet the definition of elderly (62 years of age or older) or disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions (see the attached addendum defining disabled or handicapped). Do you feel that you qualify and would like to request this adjustment to your income?					
DISABLED No Yes HANDICAPPED No Yes SIGNATURE:					
Do you request a special handicapped accessible unit? No Yes					
If you have indicated your desire to request this adjustment, sufficient information (documentation) will be collected to confirm your qualifications for this status.					
Previous Residence Information					
What is your current residence situation? Own Rent Other					
Please list your two most recent addresses and include all applicable information.					
1.	Street Address	Apt. No.	City	State	Zip Code
	Name of apartment owner or management	Phone number (xxx) xxx-xxxx	May we call? No Yes	Monthly Payment \$	
	Why are you moving?				
2.	Street Address	Apt. No.	City	State	Zip Code
	Name of apartment owner or management	Phone number (xxx) xxx-xxxx	May we call? No Yes	Monthly Payment \$	
	Why are you moving?				

Student Information			
Are all the occupants noted above full-time students? (Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 6 months of this certification year, other than correspondence school.)			No Yes
If yes, are the students married and filing a joint tax return?			No Yes
If yes, is the household comprised of a single parent and child(ren), none of whom are dependents of a third party?			No Yes
If yes, are the students enrolled in a job-training program under the Job Training Partnership Act or similar program?			No Yes
Income Information			
<i>Please answer each of the following questions. For each "yes" answer, provide details in the chart below.</i>			Annual Amount
Will any member of your household be employed full-time, part-time, or seasonally in the next 12 months?	No	Yes	\$
Does any member of your household work for someone who pays them in cash?	No	Yes	\$
Does any member of your household now receive or expect to receive:			
Social Security (or SSI) benefits?	No	Yes	\$
Income from pension or annuity?	No	Yes	\$
Unemployment or Worker's Comp benefits?	No	Yes	\$
Public assistance (AFDC/Welfare, etc.)?	No	Yes	\$
Regular cash contributions from individuals not living in the unit?	No	Yes	\$
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	No	Yes	
Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from a rental property?	No	Yes	
Family Member	Source of Income/Employer Name	Anticipated Annual Income	Do you have more than 1 job?
1.		\$	No Yes
2.		\$	No Yes
3.		\$	No Yes
4.		\$	No Yes
5.		\$	No Yes
6.		\$	No Yes
Assets			
List all checking and savings accounts (including IRAs, 401(k)s, Keogh accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.			
Financial Institution	Account Number	Balance	Amount of Interest Received
		\$	\$
		\$	\$
		\$	\$
		\$	\$
1.	List the value of all stocks, bonds, trusts, pension contributions, whole life insurance policies or other assets:		\$
2.	Do you own a home or other real estate?		No Yes

Applicant's Statement:

We certify that if selected to receive assistance, the unit that I/we occupy will be my/our residence. I/we authorize People Incorporated to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information that may be released to appropriate Federal, State, or local agencies. I/we understand that the above information is being collected to determine eligibility for residency. I/we certify that I/we have revealed all income received and assets currently held or previously disposed of and that I/we have no assets other than those listed on this form (other than personal property). I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and am/are aware that false statements may be cause for termination of my/our lease and may be punishable under Federal law.

Signatures of all persons 18 or over

1. Signature of Head of Household: _____ Date: _____ Time: _____
2. Signature of Other Adult: _____ Date: _____ Time: _____
3. Signature of Other Adult: _____ Date: _____ Time: _____
4. Signature of Other Adult: _____ Date: _____ Time: _____

PROPERTY MANAGER'S NOTES

Date & Time Application Received: ____/____/20____ ____:____AM / PM

If you have any questions about the rental housing application process, please call 276-619-2220.

Completed applications can be submitted:

- In person
- By email: affordablerentals@peopleinc.net
- Or by mail: People Incorporated of Virginia
Affordable Housing Management
1173 W. Main Street
Abingdon, Virginia 24210



ADDENDUM TO APPLICATION DISABLED STATUS

Individuals with Disabilities: The term “disability” is considered equivalent to the term “handicap.” A person is considered to have a disability if either of the following two situations occurs:

1. As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or his or her spouse) and is determined to have an impairment which:
 - a. Is expected to be of long-continued and indefinite duration;
 - b. Substantially impedes his or her ability to live independently; and
 - c. Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in section 102(7) of the Developmental Disability and Bill of Rights Act (42 U.S.C. 60001(7)).

2. As defined in the Fair Housing Act; the Americans with Disabilities Act; and section 504 of the Rehabilitation Act of 1973. The person has a physical or mental impairment which substantially limits one or more of such person’s major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:
 - a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; hemic and lymphatic; skin; and endocrine.
 - b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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 addition (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.
 - c. “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
 - d. “Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities;

e. "Is regarded as having an impairment" means:

- (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by the borrower or management agent as constituting such a limitation;
- (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment;
or
- (3) Has none of the impairments described in this definition but is treated by another person as having such an impairment.

TENANT LEASING CRITERIA

I. CREDIT HISTORY

We will obtain a credit check on every applicant and every adult household member.

II. PAST AND PRESENT RENTAL HISTORY

We will obtain landlord references on every applicant and every adult household member. Any application may be rejected for any one (1) of the following:

1. Any one (1) history of having “skipped” from previous housing.
2. Any one (1) eviction from previous housing.
3. Any repeated late payments of rent within twelve (12) month period from current or past housing.
4. Any landlord reference returned wherein the previous management has signed that the applicant was destructive to the apartment or surrounding public areas. This includes destruction by co-tenants or members of the household.
5. Any landlord reference not completed in full.
6. Any landlord reference indicating a history of the disturbance of the peaceful and quiet enjoyment of other tenants.

Three Personal references must be furnished if there are no references for I and II above.

III. CRIMINAL SCREENING

We will obtain a criminal background check on every applicant and every adult household member.

A. Screening of Applicants

An Applicant will be prohibited admission if the Applicant’s household includes the following:

1. A member who is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member’s illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
2. A member who is subject to a state sex offender lifetime registration requirement;
3. If there is reasonable cause to believe that a member’s behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents; the screening standards must be based on behavior, not the condition of alcoholism or alcohol;
4. If, within the past five (5) years, the Applicant has been arrested more than once for misdemeanor or felony crimes which resulted in, or might reasonable have resulted in, injury to people or property;
5. If, within the past five (5) years, the Applicant has been released from a State or Federal prison; has been convicted of a misdemeanor crime which resulted in, or might reasonably have resulted in, injury to people (such as, a simple assault, prostitution, drunk and disorderly, driving while intoxicated, etc.); was convicted of a crime which resulted in or might reasonably have resulted in, injury to property (such as, vandalism, malicious mischief, fraud, theft, two (2) or more convictions for writing bad checks, etc.); was convicted for possession of a controlled substance of any quantity;
6. If, within the past five (5) years, the Applicant has been convicted of a felony crime which resulted in or might reasonably have resulted in, injury to people (such as, murder, aggravated assault, rape, sexual assault, the sale, distribution or transportation of a controlled substance, etc.); and
7. Prior termination of assistance for fraud.
8. If information is revealed in the criminal history record that would cause a denial of housing to the household, contact information where a copy of the record may be obtained shall be provided.

9. If the person disputes the information, he/she shall be given an opportunity for an informal hearing according to the property's grievance procedure.
10. Evidence of drug-related and/or other criminal activity which would pose a threat to the health, safety or right to quiet enjoyment of the premises by other tenants or employees shall be considered grounds for denial of housing. Drug-related activity is defined as the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance.
11. Reasonable cause (e.g., information from criminal history report, information from former landlords or neighbors) to believe that a person's pattern of alcohol abuse would pose a threat to the health, safety or right to quiet enjoyment of the premises by other tenants or employees shall also be considered grounds for denial of housing.
12. In both 1 and 3 above, Landlord may waive its policy of prohibiting admission if the person demonstrates to their satisfaction that he/she is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:
 - a. has successfully completed a supervised rehabilitation program;
 - b. has otherwise been rehabilitated successfully; or
 - c. is currently participating in a supervised rehabilitation program.
13. Evidence that a person is subject to a lifetime registration requirement under a State Sex Offender Registration program shall be grounds for denial of housing.
14. In evaluating evidence of negative past behavior, the Property Manager will give fair consideration to the seriousness of the activity with respect to how it would affect other tenants, and/or the likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.

IV. MAXIMUM NUMBER OF RESIDENTS PER UNIT

One Bedroom 2 Adults
 Two Bedroom 4 Adults
 Three Bedroom 6 Adults

V. PRIORITIES

Priority on the Waiting List is given for the following:

1. Handicapped Units - Handicapped or Disabled that need accessible unit.
2. Holders of housing vouchers or those on the housing voucher waiting list for local housing authority.
3. Holders of Letters of Priority Entitlement (LOPE)
4. Extremely Low Income/Very Low Income/Low Income/Moderate Income in that order.

Applicants rejected for ineligibility of RD standards as defined in RD Regulation Handbook 3560 or leasing criteria as is outlined above will receive a written notice explaining the reasons for rejection. Applicants who are rejected will also have the RD 3560-1607CFN Grievance Procedure explained to them and given to them as is called for so that these applicants will be aware of their rights as defined by RD.

All applicants who qualify for housing will be so informed in writing as well and will be offered a unit or will be notified of being placed on the chronological first come, first serve waiting list. The waiting list will be updated at regular intervals and the Property Manager will inform each person on the application list as to their status as a unit becomes available for them to select.

The Tenant Leasing Criteria is an attachment to the Management Plan and shall be revised should the RD regulations or management policies change or the laws of the State or of this Country change. The intent of the Apartment Community is to remain in compliance with all proper practices and procedures as defined by any of the current Local, State, or Federal Policies or Laws.

ALSO PLEASE NOTE: False information given on any application or supplied after move-in for any reason will be grounds for rejection or eviction.

Applicant Signature

Date

Household Race/Ethnicity/Disability Reporting Form

The Virginia Housing Development Authority (VHDA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Although VHDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

Property Name: _____ Unit #: _____

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the [HUD website](#) or Virginia Code in Sections [36-96.1:1](#); [36-96.3:1](#) and [36-96.3:2](#).

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures:

_____ (date) _____ (date)
 _____ (date) _____ (date)
 _____ (date) _____ (date)

POLICY STATEMENT

People Incorporated of Virginia and its managed properties (hereinafter referred to as “People Inc.”) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in or benefit from a program (housing or non-housing) or activity, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of People Incorporated of Virginia and its managed properties, programs, services and activities. Therefore, if an individual with a disability is determined to require an accommodation, such as an accessible feature or modification to a People Inc. policy, People Inc. will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case and to the extent possible, People Inc. will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

People Inc. will post a copy of this Reasonable Accommodation Policy and Procedures in its Home Office located in Abingdon, Virginia (hereinafter referred to as the “Home Office”) and the management office at each property they manage. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the onsite Property Manager or People Inc.’s Section 504/ADA Coordinator.

LEGAL AUTHORITY

People Inc. is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. *See* Section 504 of the Rehabilitation Act of 1973 (Section 504); Title II of the Americans with Disabilities Act of 1990 (ADA); the Fair Housing Act of 1968, as amended (Fair Housing Act); the Architectural Barriers Act of 1968, and the respective implementing regulations of each Act.

MONITORING AND ENFORCEMENT

People Inc.’s Section 504/ADA Coordinator is responsible for monitoring People Inc.’s compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact People Inc.’s Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

**People Incorporated of Virginia
Director of Affordable Housing Management
1173 W. Main Street
Abingdon, VA 24210
(276) 477-1258
TTY: 711**



TRAINING

The Section 504/ADA Coordinator will ensure that all appropriate People Inc. staff and Property Management staff receive training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process or residency. The individual, People Inc. staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation will be made on a case-by-case basis and will take into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by People Inc.:

Participants in all programs or activities receiving Federal financial assistance that are conducted or sponsored by People Inc., its agents or contractors including all non-housing facilities and common areas owned or operated by People Inc.

PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase "physical or mental impairment" includes:

- A. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
- B. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, speaking, breathing and learning.



The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATION

Examples of reasonable accommodations may include, but are not limited to:

- A. Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- B. Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- C. Allowing a live-in aid to reside in unit;
- D. Transferring a tenant to a larger size unit to provide a separate bedroom for a person with a disability;
- E. Transferring a tenant to a unit on a lower level;
- F. Making documents available in large type, computer disc or Braille;
- G. Providing qualified sign language interpreters for applicant or tenant meetings with staff or at tenant meetings;
- H. Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- I. Permitting an outside agency or family member to assist a tenant or an applicant in meeting screening criteria or meeting essential lease obligations;
- J. Permitting requests for extensions if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- K. As a reasonable accommodation for a family member with a disability, approving a request for exception payment standards.

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

People Inc. will provide the "Request for Reasonable Accommodation," ("Request Form"), attached hereto, to all applicants, tenants or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the Property Manager will ensure



that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the Property Manager will assist the individual in completing the Request Form.

- A. The Property Manager will provide all **applicants** with the Request Form as an attachment to the application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- B. Reasonable Accommodation will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. People Inc. will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- C. The Property Manager will provide all **tenants** with the Request Form upon request. People Inc. will provide the Request Form in an alternate form, upon request.
- D. Tenants seeking accommodation(s) may contact the Property Manager, or the Home Office. In addition, tenants may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- E. In the case of applicants, Reasonable Accommodation Requests for dwelling unit changes or modifications will be processed at the time a unit is offered to the applicant.
- F. Within seven (7) business days of receipt, the Property Manager, or the Home Office will forward the tenant's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- G. Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator or the tenant's Property Manager will respond to the Tenant's Request.
- H. If additional information or documentation is required, the Section 504/ADA Coordinator's office will notify the tenant, in writing, of the need for the additional information or documentation. The written notification should provide the tenant with a reply date for submission of the outstanding information or documentation.
- I. Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, People Inc. will provide written notification to the tenant of its decision to approve or deny the tenant's request(s). Upon request, the written notification will be provided in an alternate format.
- J. If People Inc. approves the accommodation request(s), the tenant will be notified of the projected date for implementation.
- K. If the accommodation is denied, the tenant will be notified of the reasons for denial. In addition, the notification of the denial will also provide the tenant with information regarding People Inc.'s RD-approved Grievance Procedures or Informal Hearing Procedures.



- L. All recommendations that have been approved by the 504/ADA Coordinator will be forwarded to the appropriate Property Manager for implementation. All requests for reasonable accommodation that are approved by the 504/ADA Coordinator will promptly be implemented or begin the process of implementation, except in the case of dwelling unit changes or modifications which will be implemented when a unit is available to be offered to the applicant. Documentation will be provided by the Property Manager to the Home Office as soon as completed.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

People Inc. may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, People Inc. may request that the individual provide suggested reasonable accommodations.

People Inc. may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, People Inc. may not require individuals to disclose confidential medical records in order to verify a disability. In addition, People Inc. may not require specific details regarding the individual's disability. People Inc. may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). People Inc. may not require the individual to disclose the specific disability(ies); or the nature or extent of the individual's disability(ies).

The following may provide verification of a tenant's disability and the need for the requested accommodation(s):

- A. Physician;
- B. Licensed health professional;
- C. Professional representing a social service agency; or
- D. Disability agency or clinic.

Upon receipt, the tenant's Property Manager will forward the recommendation, including all supporting documentation, to People Inc.'s Section 504/ADA Coordinator within seven (7) days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations will not be approved if one of the following would occur as a result:

- A. A violation of State and/or federal law;
- B. A fundamental alteration in the nature of People Inc.'s program;
- C. An undue financial and administrative burden on the managed property or People Inc.;
- D. A structurally infeasible alteration; or
- E. An alteration requiring the removal or alteration of a load-bearing structural member.



TRANSFER AS REASONABLE ACCOMMODATION

People Inc. shall not require a tenant with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a tenant with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that tenant's project or an adjacent project,

People Inc. may offer to transfer the tenant to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that tenant rejects the proffered transfer, People Inc. shall make modifications to the tenant's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the tenant accepts the transfer, People Inc. will work with the tenant to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, the managed property shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of People Inc.'s Transfer Policy and any tenant's rights there under.



**REASONABLE
ACCOMMODATION
REQUEST**

People Incorporated of Virginia and _____ Apartments is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, services or facility when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the manager.

Applicant/Tenant's Name: _____

Address: _____

Daytime Phone: (____) _____ Cellular Phone: (____) _____

Date of Birth: _____ Date of Request: _____

Please describe the accommodation (accessible feature or modification to our usual rule or policy) that you are requesting:

1. Do you consider yourself to be disabled?
*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

YES___ NO___

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community? (If needed, you may write on the back of this form or attach additional sheets of paper.)

Signature of Applicant/Tenant: _____



Please return this request to the office with the signed Verification Form that we will send to the professional third-party verifier identified below:

Name: _____

Position: _____

Address: _____

Telephone: _____

