Our Business is You

OPTIONS FOR APPLICANTS/TENANTS WITH DISABILITIES

Kier Property Management does not discriminate against any applicants/tenants. All persons are treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, and handicap/disability, or any other state or local protected classes. In addition, there is a legal obligation to provide "accommodation/modification(s)" to applicants/tenants if they or any household members have a verified disability. Compliance actions may include accommodation/modification(s) to the policies, procedures, unit or premises.

A reasonable accommodation/ modification(s) are changes that may be made to policies or procedures that will assist an otherwise eligible applicant/tenant with a disability to take advantage of the program. Examples of reasonable accommodation/ modification(s) may include, but are not limited to:

- Making alterations to a unit so it could be used by a household member with a wheelchair.
- Installing strobe type, flashing light smoke detectors in an apartment for a household with a hearing impaired member.
- Permitting a household to have a seeing-eye dog to assist a vision impaired household member in a community where dogs are not usually permitted.
- Permitting an outside agency to assist an applicant/tenant with a disability to meet the property's applicant/tenant screening criteria.

An applicant/tenant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example they must be able to pay rent, care for their apartment, and report required information to the Site Manager, avoid disturbing their neighbors, etc. However, there is NO requirement that an applicant/tenant be able to do these things without assistance.

If you or a member of your household have a disability and think you may need or want an accommodation/modification(s), you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with management, that is your right. Kier Property Management is fully committed to Equal Housing Opportunity and will demonstrate the legal commitment to meet all reasonable accommodation/modification(s) requests to the extent it will not create an undue financial and administrative burden/hardship to the apartment community.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant/tenant at the Apartment Community. It is used to determine whether an applicant/tenant household 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 those features.

Applicant/Tenant Name (Print): ___________________________________________________
Applicant's/Tenant's signature: _______________________________________________ Date: _________________

☐ I choose not to complete the remainder of this form.

1. Do you or any minor member of your household have a condition that requires one of the following: ☐ YES ☐ NO
   (Mark all that apply) ☐ A separate bedroom ☐ Unit for Vision-Impaired ☐ One-level unit ☐ A barrier-free apartment
   ☐ Unit for Hearing-Impaired ☐ Physical modification to a typical unit ☐ Other: _____________________________

2. Can you and all your household members go up and down stairs unassisted? ☐ YES ☐ NO

3. Will you or any of your household members require a live-in aide to assist you? ☐ YES ☐ NO

4. If you checked any of the above listed categories, please explain how we may accommodate your situation:
   __________________________________________________________________________________________
   __________________________________________________________________________________________

5. What is the name of the household member who needs the features identified above?
   ____________________________________________________________________________________________

6. Who should be contacted to verify your need for the features you have identified above?
   Name __________________________________________ Phone # ______________________
   Address __________________________________________
   Street __________ City __________ State __________ Zip __________

7. In the event of an emergency evacuation, would you require assistance? ☐ YES ☐ NO. If yes, please explain:
   __________________________________________________________________________________________
   __________________________________________________________________________________________

8. Would you like to be placed on a list of at-risk individuals which will be given to emergency personnel? ☐ YES ☐ NO