

REQUEST FOR REASONABLE ACCOMMODATION UNDER THE FEDERAL FAIR HOUSING ACT

Policy:

It is the policy of Pinal County to provide reasonable accommodation for persons with disabilities seeking fair access to housing in the application of its zoning laws, policies, and processes. A person with disabilities includes someone who has a “physical or mental impairment which substantially limits one or more of such person’s major life activities.” Laws, which protect persons with disabilities against discrimination, include within their protection, persons who are recovering from addictions to alcohol or narcotics so long as they are not currently using the substances.

Grounds for Reasonable Accommodation:

In making a determination regarding the reasonableness of a requested accommodation, the following factors shall be considered:

- Special needs created by the disability
- Potential benefit that can be accomplished by the requested modification
- Potential impact on surrounding uses
- Physical attributes of the property and structures
- Alternative accommodations which may provide an equivalent level of benefit
- In the case of a determination involving a single family dwelling, whether the household would be considered a single housekeeping unit if it were not using special services that are required because of the disabilities of the residents
- Whether the requested accommodation would impose an undue financial or administrative burden on the County
- Whether the requested accommodation would require a fundamental alteration in the nature of a program

Definitions:

The following definitions may be helpful to review prior to applying for a Reasonable Accommodation Request:

Assisted living center is defined as a residential care institution that provides or contracts to provide supervisory care services, or directed care services for 11 or more residents.

Dwelling means a building or portion thereof designed or used exclusively for residential occupancy, including single-family dwellings, two-family dwellings, duplexes, townhouses, triplexes, manufactured homes, mobile homes, modular homes, and multiple-family dwellings, but not including hotels, motels, boarding, and lodging houses.

Dwelling, one family means a building containing only a single dwelling unit.

Dwelling unit means a room or suite of two or more rooms that is designed for or is occupied by a person or persons for living purposes and having its own cooking and sanitary facilities.

Family means any number of individuals related by blood or marriage or not more than five unrelated



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persons customarily living together as a single housekeeping unit, and using common cooking facilities, as distinguished from a group occupying a hotel or club. A family shall be deemed to include domestic servants.

Group home means a dwelling unit shared as their primary residence by minors, handicapped or elderly persons, living together as a single housekeeping unit, in a long term, family-like environment in which staff persons provide on-site care, training, or support for no more than 10 non-adjudicated residents. Such homes or services provided therein shall be licensed by, certified by, approved by, registered with, funded by or through, or under contract with the State. (Group homes shall not include homes for the developmentally disabled, defined as persons afflicted with autism, cerebral palsy, epilepsy or cognitive disability, as regulated by Arizona Revised Statutes, §36-582.)

Health care facility means a building or group of buildings providing services and facilities for nursing services, respite care services, supervisory care services, apothecary, dental and medical laboratories, tissue labs, x-ray facilities, inpatient care or operating rooms for major surgery. Such facilities may be a health care institution, adult day health care facility, nursing care institution, outpatient surgical center, residential care institution, nursing care institution, or recovery care center.

Single housekeeping unit is the functional equivalent of a traditional family; whose members are a non-transient interactive group of persons jointly occupying a single dwelling unit, including the joint use of common areas, and sharing household activities and responsibilities such as meals, chores, and expenses.

Zoning Districts:

A request for Reasonable Accommodation may be submitted on behalf of any disabled person(s) from any Pinal County Development Services Code provision or policies.

Any questions regarding the Reasonable Accommodation procedure should be addressed to the Pinal County, Community Development Department at 520-866-6442.

To arrange an accommodation under the Americans With Disabilities Act to participate in any public meeting, please call 520-866-6442 at least 48 hours before the meeting.



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**REQUEST FOR REASONABLE ACCOMMODATION
UNDER THE FEDERAL HOUSING ACT**

Pinal County seeks to provide reasonable accommodation for persons with disabilities seeking fair access to housing in the application of County zoning laws. The purpose of this application form is to commence the process for making a request for reasonable accommodation.*

| | | |
|---|---------------|-----------------------------------|
| FILE NUMBER (to be completed by staff) | | RECEIPT # _____ |
| NAME OF APPLICANT/Relationship to person(s) with disability (Please Print) | | AMOUNT _____ |
| DAYTIME PHONE NUMBER () | FAX NUMBER() | DATE _____ |
| BY _____ | | |
| AFFILIATION OR ORGANIZATION: (if applicable) | | |
| ADDRESS OF PROPERTY: | | ASSESSOR'S PARCEL NUMBER (APN): |
| MAILING ADDRESS: (if different from above) | | |
| PROPERTY OWNER: (if different from above) | | PROPERTY OWNER'S MAILING ADDRESS: |
| CURRENT USE OF THE PROPERTY: | | |
| <p>1. Request For Reasonable Accommodation:</p> <p>a. Identify the claimed disability(ies), the type of accommodation being requested, the particular Pinal County code, policy, or practice necessitating the accommodation and the relationship between the accommodation and the claimed disability(ies).</p> <p>b. What is the basis for the claim that the person or persons on behalf of which this application is being made is considered Disabled under the Fair Housing Act?</p> | | |

** Please feel free to answer questions on a separate page(s) and use additional pages as necessary.*

c. Why is the accommodation necessary to make specific housing available to those persons?

2. **Please provide information regarding each of the following criteria:**

a. Special needs created by the disability.

b. Potential benefit that can be accomplished by the requested modification.

c. Potential impact on surrounding uses.

d. Concise physical description of the property. Please attach floor plan and site plan (need not be to scale, but please dimension site plan and indicate parking).

e. Alternative accommodations which may provide an equivalent level of benefit.

f. In the case of a determination involving a single family dwelling, whether the household would be considered a Single Housekeeping Unit if it were not using special services that are required because of the disabilities of the residents.

g. Whether the requested accommodation would impose an undue financial or administrative burden on the County.

h. Whether the requested accommodation would require a fundamental alteration in the nature of a program.

3. **Other Information:**

a. Do you have a county, state or federal license or certification with respect to the use of property? If yes, attach a copy of applicable document(s). Yes No

b. Are any alterations planned to the property? If yes, please describe. Yes No

c. Will the property be identified by a name or sign? Yes No

d. Will the property contain a staff office? Yes No

e. Does the property have on-site parking? If yes, how many spaces? _____ Yes No

f. Please describe all services to be offered on the premises:

g. Do you provide services at the property to non-residents? Yes No

h. Proposed maximum number of residents on the property:
Adults: _____ Children: _____ Typical length of stay for residents: _____

i. Proposed number of staff members:
Total Staff: _____ Resident: _____ Non-Resident: _____

j. Have any neighbors been contacted regarding this proposal? If yes, describe how they were contacted. Yes No

k. If neighbors have immediate concerns regarding residents or the operation of the facility, who should they contact?
Name: _____ Telephone Number: _____

4. Please attach a list of the adjacent property owners. Adjacent is defined as sharing a property line or located directly across the street from the proposed location. You will also need to provide two (2) sets of stamped envelopes addressed to the adjacent property owners and occupants. A self-help area is available at the Community Development Department to assist you in locating property owner addresses. Please do not include a return address on the envelopes as Planning staff will use the envelopes to mail the required notices.

Signature of Applicant

Date

REASONABLE ACCOMMODATION REQUEST

Date: _____

Recommendation(s) of the Advisory Committee:

The recommendation of the Advisory Committee on the request for a Reasonable Accommodation Request is to:

Grant

Grant with Conditions

Deny

If the Advisory Committee recommends to the Grant with Conditions, the following terms apply:

The request for a Reasonable Accommodation is:

Granted

Granted with Conditions Noted Below

Denied

Findings:

Signature

Date