POSTDETERMINATION SETTLEMENT AGREEMENT

CP# 01-18-71518 HUD# 07-18-83260-8

PARTIES TO THE SETTLEMENT AGREEMENT

RESPONDENTS

TSB HOLDINGS, LLC 250 12TH Street, Ste. 150 Coralville, Iowa 52241-2912

BIG TEN PROPERTY MANAGEMENT LLC 250 12TH Street, Ste. 150 Coralville, Iowa 52241-2912

> TRACY BARKALOW 250 12TH Street, Ste. 150 Coralville, Iowa 52241-2912

COMPLAINANT



and

IOWA CIVIL RIGHTS COMMISSION 400 East 14th Street Des Moines, Iowa 50319

Description of the Parties: After investigation of Complainant's civil rights complaint, the Iowa Civil Rights Commission found Complainant is a person with a disability who made a request for reasonable accommodation to Respondents in the form of a request for a waiver of a "no pets" policy to allow her to keep an assistance animal in her unit. Complainant lived in a property owned and managed by Respondents. The subject property is an apartment unit located at 505 Brookland Park Drive, in Iowa City, Iowa. Complainant alleged, and the Commission found, that, on November 10, 2017, she requested paperwork to waive the "no pets" provision in her lease for her assistance animal. Respondent Barkalow made the forms available on November 16, 2017 and Complainant returned them that same day. On November 30, 2017, Complainant went to Defendant Barkalow's office to determine the status of her request. Defendant Barkalow stated he would not accept the forms because Complainant's doctor had written a separate note supporting

Complainant's request rather than signing directly on the form. Although Complainant requested another copy of the form, Defendants never provided it. The Iowa Civil Rights Commission found Respondents' unreasonable delay in processing Complainant's request for reasonable accommodation and their refusal to waive their "no pets" policy for an assistance animal constitutes a failure to make a reasonable accommodation and has resulted in different terms and conditions of rental based on disability.

Terms of Settlement: A complaint having been filed by Complainant against Respondents with the Commission under Iowa Code Chapter 216 and there having been a probable cause finding, the parties do hereby agree and settle the above-captioned matter in the following extent and manner:

Acknowledgment of Fair Housing Laws

- 1. Respondents agree there shall be no discrimination, harassment, or retaliation of any kind against Complainant or any other person for filing a charge under the "Iowa Civil Rights Act of 1965" (ICRA); or because of giving testimony or assistance, or participating in any manner in any investigation, proceeding or hearing under the ICRA; or because of lawful opposition to any practice forbidden by the ICRA. Iowa Code § 216.11(2).
- 2. Respondents acknowledge the ICRA makes it unlawful to discriminate in the terms, conditions or privileges of sale or rental of a dwelling or in the provision of services or facilities in connection with the dwelling because of race, color, creed, sex, sexual orientation, gender identity, national origin, religion, disability, or familial status. Iowa Code § 216.8(1)(b).
 - Respondents acknowledge that the Federal Fair Housing Act, as amended, makes it unlawful to discriminate in the terms, conditions or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection therewith, because of the person's race, color, religion, sex, disability, familial status, national origin, or disability. 42 U.S.C. 3604(b), 3604(f)(2) (§ 804 of the Fair Housing Act).
- 3. Respondents acknowledge the FHA and ICRA make it unlawful to refuse to make reasonable accommodations in rules, policies, practices, or services, when the accommodations are necessary to afford the person equal opportunity to use and enjoy a dwelling and to the extent that the accommodation does not cause undue financial or administrative burden or fundamentally alter the nature of the provider's operations. 42 U.S.C. 3604(f)(3)(b) (§ 804(f)(3)(b) of the Fair Housing Act); Iowa Code § 216.8A(3)(c)(2).
- 4. Respondents acknowledge the FHA and ICRA make it unlawful to discriminate against another person in the terms, conditions, or privileges of sale or rental of a dwelling or in the provision of services or facilities in connection with the dwelling because of a disability. 42 U.S.C. 3604(f)(2)(a) (§ 804(f)(2)(a) of the Fair Housing Act); Iowa Code § 216.8A(3)(b)(1).
- 5. Respondents acknowledge their obligation under the FHA and ICRA to allow assistance animals as a reasonable accommodation when necessary to permit an individual with a disability equal opportunity to use and enjoy a dwelling. See Iowa Code §§ 216.8B, .8C.

Assistance animals are also referred to as support animals or emotional support animals. Under the FHA and ICRA, "assistance animals are not pets. They are animals that do work, perform tasks, assist, and/or provide therapeutic emotional support for individuals with disabilities." Assessing a Person's Request to Have an Animal as a Reasonable Accommodation Under the Fair Housing Act, U.S. Department of Housing and Urban Development, FHEO Notice: FHEO-2020-01, January 28, 2020, at 3; Iowa Code § 216.8B.

Some examples of work, tasks, assistance or support provided by assistance animals include "[h]elping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors; [r]eminding a person with mental illnesses to take prescribed medication, [t]aking action to calm a person with post-traumatic stress disorder (PTSD) during an anxiety attack, . . . [or] [p]roviding emotional support that alleviates at least one identified symptom or effect or a physical or mental impairment." Assessing a Person's Request to Have an Animal as a Reasonable Accommodation Under the Fair Housing Act, U.S. Department of Housing and Urban Development, FHEO Notice: FHEO-2020-01, January 28, 2020, at 19.

After receiving a request, housing providers must consider the following:

- (1) Does the person seeking to use and live with the animal have a disability (a physical or mental impairment that substantially limits one or more major life activities)?
- (2) Does the person making the request have a disability-related need for an assistance animal? (afford a person with disabilities an equal opportunity to use or enjoy the dwelling).

A request for accommodation can be denied if the accommodation would impose an undue financial and administrative burden or if it would fundamentally alter the essential nature of the housing provider's services. "The determination of undue financial and administrative burden must be made on a case-by-case basis involving various factors, such as the cost of the requested accommodation, the financial resources of the provider, the benefits that the accommodation would provide to the requester, and the availability of alternative accommodations that would effectively meet the requester's disability-related needs." Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under The Fair Housing Act, May 17, 2004, at 7.

The request may also be denied if "the specific animal poses a direct threat that cannot be eliminated or reduced to an acceptable level through actions the individual takes to maintain or control the animal (e.g., keeping the animal in a secure enclosure)." Assessing a Person's Request to Have an Animal as a Reasonable Accommodation Under the Fair Honsing Act, U.S. Department of Housing and Urban Development, FHEO Notice: FHEO-2020-01, January 28, 2020, at 14.

Housing providers may not limit the breed or size of a dog used as a service animal or support animal just because of the size or breed, but can limit based on specific issues with the animal's conduct because it poses a direct threat or a fundamental alteration. *Id.*

Respondents acknowledge they will consider each occupant or prospective occupant's situation and accommodation request individually to determine if the requested accommodation is reasonable. The parties acknowledge that if the disability is not known or obvious, Respondents may make a reasonable inquiry and request documentation from a health care provider that verifies the occupant/prospective occupant's disability, without seeking or collecting information regarding the nature of the disability. In addition, Respondents may make reasonable inquiry and request documentation from a health care provider that verifies the occupant or prospective occupant's need for the accommodation, i.e., the relationship between the person's disability and the need for the requested accommodation.

Assistance animals cannot be subjected to monthly pet fees since they are not considered pets under the FHA and ICRA. Iowa Code § 216.8B(2). Housing providers cannot require special tags, equipment, certification or special identification of assistance animals.

Voluntary and Full Settlement

- 6. The parties acknowledge this Settlement Agreement is a voluntary and full settlement of the disputed complaint. The parties affirm they have read and fully understand the terms set forth herein. No party has been coerced, intimidated, threatened or in any way forced to become a party to this Agreement.
- 7. The parties enter into this Agreement in a good faith effort to amicably resolve existing disputes. By executing this Agreement, Respondents do not admit that they engaged in wrongdoing or violated any law. Nor is the execution of this Agreement an admission by Complainant that any claims asserted in her complaint are not fully meritorious.
- 8. The parties agree the execution of this Agreement may be accomplished by separate counterpart executions of this Agreement. The parties agree the original executed signature pages will be attached to the body of this Agreement to constitute one document.
- 9. Respondents agree, that for a period of two years after the date on the Commission's Closing Letter, the Commission may review compliance with this Agreement. As part of such review, Respondents agree the Commission may examine witnesses, collect documents, or require written reports, all of which will be conducted in a reasonable manner by the Commission.

Disclosure

10. Because, pursuant to Iowa Code § 216.15A(2)(d), the Commission has not determined that disclosure is not necessary to further the purposes of the ICRA relating to unfair or discriminatory practices in housing or real estate, this Agreement is a public record and subject to public disclosure in accordance with Iowa's Public Records Law, Iowa Code Chapter 22. See Iowa Code § 22.13.

Release

- 11. Complainant hereby waives, releases, and covenants not to sue Respondents with respect to any matters which were, or might have been alleged as charges filed with the Iowa Civil Rights Commission, the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, or any other anti-discrimination agency, subject to performance by Respondents of the promises and representations contained herein. Complainant agrees any complaint filed with any other anti-discrimination agency, including the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, which involves the issues in this complaint, shall be closed as Satisfactorily Adjusted.
- 12. The Iowa Civil Rights Commission agrees to dismiss with prejudice Johnson County District Court case number CVCV080396, Iowa Civil Rights Commission ex rel A.W. v. Tracy Barkalow, Big Ten Property Management, LLC, and TSB Holdings, LLC.

Relief in the Public Interest

- 13. Respondents TSB Holdings, LLC, Big Ten Property Management LLC, and Tracy Barkalow agree to include hyperlinks to their Reasonable Accommodation Request Form and Request for Assistance Animal in Housing Health Care Professional Form on the Big Ten Rentals website in the location designated in Attachment A. The linked forms are included in Attachment B. Respondents agree the hyperlinks will be posted within ten (10) days of the date on the Commission's Closing Letter.
- 14. Tracy Barkalow and any of Respondent TSB Holdings Inc.'s or Respondent Big Ten Property Management LLC's employees who are involved in the management or operation of residential properties will receive training on the recent changes to the Iowa Civil Rights Act codified as Iowa Code sections 216.8B and 216.8C, as well as their responsibilities towards tenants or prospective tenants with disabilities seeking assistance animals as a reasonable accommodation under the Iowa Civil Rights Act and Fair Housing Act. The training materials must be reviewed and approved by the Iowa Civil Rights Commission or HUD prior to the training. The training will take place within 90 days of Respondents' receipt of a Closing Letter from the Iowa Civil Rights Commission. Respondents agree to send documentation to the Commission verifying the fair housing training required by this subpart has been completed within ten (10) days of completing the training.

Respondents also agree that for a period of two years from the date this Agreement is executed, any future employees of Respondents who are involved in the management or operation of residential properties will receive training on the requirements of State and Federal Fair Housing Laws within 30 days of their date of hire. Respondents are not required to send documentation to the Commission verifying that the training of future employees has been completed.

- 15. Respondents shall retain all requests for reasonable accommodation for assistance animals for two years and shall allow the Iowa Civil Rights Commission to inspect those requests once every six months during the two-year period.
- 16. Respondents shall respond to all requests for reasonable accommodation for assistance animals within ten calendar days of receipt.

17. Respondents agree to include a statement on the Big Ten Rentals website, in the location designated in Attachment A, indicating Respondents comply with all federal, state, and local laws related to fair housing. This statement will remain posted for at least two years.

Relief for Complainant

Within seven days of the date on the Commission's Closing Letter, Respondents agree to 18. pay Complainant \$15,000.00 without any deductions. Respondents agree the Settlement Check will be made out to and sent to her at the address listed on page one of this Agreement.

Reporting and Record-Keeping

- 19. Respondents shall forward to the Commission objective evidence of the successful completion of fair housing training in the form of a Certificate or a letter from the entity conducting the training within ten (10) days of the completion of the training, as evidence of compliance with Term 14 of this Agreement.
- 20. Respondents shall send to the Commission a copy of the Settlement Check within seven (7) days after its mailing to Complainant.

All required documentation of compliance must be submitted via email or U.S. Mail to:

Dean Meester Iowa Civil Rights Commission Grimes State Office Building

| Ginica oute Office Danding | |
|--|----------|
| 400 East 14th Street | |
| Des Moines, Iowa 50319 | |
| dean.mcester(Wiowa.gov | |
| | • |
| Telephone: 515-281-3001 | |
| | 6/18/20 |
| | <u> </u> |
| TSB Holdings, ILC, RDSPONDENT | Date |
| | 6/18/20 |
| Big Fen Property Management, LLC, RESPONDENT | Date |
| | 6/18/20 |
| Tracy Barkalow, RESPONDENT | Date |
| • | |
| COMPLAINANT | Date |

| 17 | Respondents agree to include a statement on the Big Ten Rentals website, in the location designated in Attachment A, indicating Respondents comply with all federal, state, and local laws related to fair housing. This statement will remain posted for at least two years. | | | | | | |
|-----|---|------------------------|-----------------------|------------------------|--|--|--|
| R | lief for Complainant | | | | | | |
| 18 | Within seven days of the date on the Commission's Closing Letter, Respondents agree to pay Complainant \$15,000.00 without any deductions. Respondents agree the Settlement Check will be made out to and sent to her at the address listed on page one of this Agreement. | | | | | | |
| Re | porting and Record-Keeping | | | | | | |
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| 20. | O. Respondents shall send to the Commission a copy of the Settlement Check within seven (7) days after its mailing to Complainant. | | | n (7) | | | |
| | All required documentation of compliance must be submitte | ed via email or U.S. I | Mail to: | | | | |
| | Dean Meester Iowa Civil Rights Commission Grimes State Office Building 400 East 14th Street Des Moines, Iowa 50319 dean.mccster@iowa.gov Telephone: 515-281-3001 | | 2020 JUN 12 PM 12: 31 | SADO STADIB TIAID VAID | | | |
| TSI | Holdings, LLC, RESPONDENT | Date | | | | | |
| Big | Ten Property Management, LLC, RESPONDENT | Date | | | | | |
| Tra | y Barkalow, RESPONDENT' | Date | | | | | |
| | COMPLATNAN'I' | <u>6-11-20</u> Date | | | | | |

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Elizabeth Johnson, EXECUTIVE DIRECTOR IOWA CIVIL RIGHTS COMMISSION

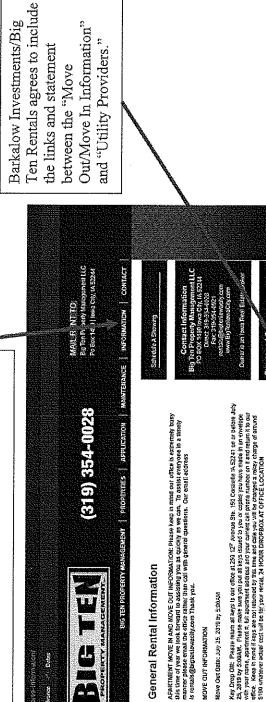
6.19.20 Date

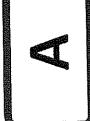
Under the "INFORMATION" tab on its website, Barkalow Investments/Big Ten Rentals agrees to include:

- Links to the request for assistance animal form and related health care professional form; and
 - all federal, state, and local laws related to fair A statement that the Company complies with housing. •

The below picture is a current screenshot of the "INFORMATION" page.

ROSS 🐔 Lean Advance 🕛 Dates bigteniowacity.com/a saling matter





find my dream some worth? clarer your hone: what is my While time or date you will need to pements for key pick up. n appreditive as of August 1, 2019 before key bick. Aften no posset of koss pouser shortly effer move in ugust 1, 2019 to ensure you have them in your For all other Nove in questions please emaigne sit rentals@bignationocity.com Again please email the office rather than calling for peneral frow Original over the questions thank you. EVILLE UN 52241 OF

Key Pickup: Keys vilk be amalable for pskrip at our office at 250 r2th Avenue Ste August 1 2019 between 1700pm ond 4/30pm if you need to get your keys at age emait our office at least 43 hours aftead of time on a business 63y to make

Move in Dahe: August 1, 2619 @ 1:00pm

MOVE IN INFORMATION

Unitibes: Tenant must have all Unithes required per your leaza. In By you do not have at required, talkinss on you maybe marin so to avoid this issue places contact all Unitiby providers being name prior to key pick to.

Dunier is an foura Real Estat

Buyers and Helps He

Utilities: Tenani musi have eli Utililes naquired per your leass on and ective until July 25, 2018 until SiddAM,

Mid-American Energy - Gas & Electric - 838-427-5632

MOVE CUT INFORMATION

City of lows City - Water - 319-356-5066

For all other Nove Out questions please email as at reatals@bigreniowacity.com

UTILITY PROVIDERS

1-677-387-5087

IONIA CITY Mediacom

APPLICATION FOR REASONABLE ACCOMMODATION

Complete this form if you have a disability and would like to request an accommodation. If you require assistance completing this form, or wish to make this request orally, please contact Big Ten Property Management LLC at (319) 354-0028.

| Name: | | | |
|--|---|---|--|
| Addı | ess: | | |
| Telep | phone: | E-mail: | |
| Perso | on requ | esting accommodation (if different from resident). Indicate relationship to resident: | |
| 1. | Plea | se describe the reasonable accommodation you are requesting: | |
| 2. | Please explain why this reasonable accommodation is needed. You need not provide detailed information about the nature or severity of the disability. | | |
| If you are requesting permission to have an assistance animal in your apartmen complete the following: | | ou are requesting permission to have an assistance animal in your apartment, please plete the following: | |
| | | Is it readily apparent that the assistance animal is a trained service animal (for nple, an animal trained to assist you with a visual impairment or similar disability)? | |
| | | YesNo | |
| | (b) | If your answer to 3(a) above was No, please complete the following: | |
| | i. | Type of animal: | |
| | ii. | Is the animal required because of a disability?YesNo | |
| | iii, | Is your need for the animal related to your disability? | |
| | | YesNo | |

PLEASE PROVIDE THE FOLLOWING:

| (I) A statement from a health or social service professional indicating: 1) that you have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities), and 2) that the need for the animal is related to that disability. You may use, but are not required to use, the Request for Assistance Animal as a Reasonable Accommodation in Housing: Health Care Professional Form, which is available on our website. |
|---|
| (II) Proof of current vaccination and/or license for the assistance animal requested |
| (III) If you are requesting a different modification or accommodation, please describe it here: |
| |
| Please note, your request will be reviewed and a response issued to you within ten days. Additional information may be requested before an approval can be issued. |
| Applicant Signature: |
| Date: |

Appendix A Form 1

Request for Assistance Animal as a Reasonable Accommodation in Housing: Health Care Professional Form

| Requester's Name: | | | | | |
|--|---|------------------|---|--|--|
| Addı | ress: | | | | |
| Tele | phone: | E-mail: | | | |
| I,, inte | | | and to request that | | |
| | | | ble accommodation in housing for my disability. In at you complete this form regarding my disability. | | |
| Requ | uester's Signature | | Date | | |
| | то ве сомр | LETED BY HE | ALTH CARE PROFESSIONAL | | |
| 1. | Does the individual identified above have a disability? | | disability? | | |
| | □Yes | □No | | | |
| 2. If yes, is the need for an assistance animal related to that disabilit an assistance animal alleviate one or more of the symptoms or ef | | | | | |
| | □Yes | □No | | | |
| the p | | telemedicine, 2) | essional/licensee certifies that he/she 1) has met with is sufficiently familiar with the patient or client and ualified to make the finding. | | |
| Heal | th Care Provider's Name (prin | ted): | | | |
| Sign | ature: | | | | |
| Date | : | | *************************************** | | |
| Refe | rences: Iowa Code sections 21 | 6 8B and 216 8C | | | |

Resources: https://icrc.iowa.gov/, 515-281-4121, 1-800-457-4416

This document may contain privileged and confidential information and/or protected health information intended solely for the use by the recipient housing provider. Please exercise care to avoid dissemination.