

PREDETERMINATION SETTLEMENT AGREEMENT

CP# 12-12-63594

HUD# 07-13-0218-8

PARTIES TO THE SETTLEMENT AGREEMENT:

RESPONDENTS

WOODLAND RESERVE, LC

4720 Mortensen Road Suite 105

Ames, IA 50014

HAVERKAMP PROPERTIES

4720 Mortensen Road Suite 105

Ames, IA 50014

CAITLIN ABBAS

Haverkamp Properties

170 NE 41st Street

Ankeny, IA 50021

COMPLAINANT

SARAH ERICSON

1012 11TH Avenue SE

Altoona, Iowa 50009

AND

IOWA CIVIL RIGHTS COMMISSION

400 East 14th Street

Des Moines, Iowa 50319

Description of the Parties:

Complainant alleged Respondents failed to provide a reasonable accommodation by refusing to waive their carpet replacement fee for damage caused by her 480-pound power wheel chair and this resulted in different terms and conditions of rental based on disability. Respondents deny having discriminated against Complainant, but agree to settle this claim in the underlying action by entering into this Predetermination Settlement Agreement. Respondents own or manage the subject property, a 205-unit apartment complex, located at 250 NE 41st Street, Apartment 106, Ankeny, Iowa 50021.

A complaint having been filed by Complainant against Respondents with the Iowa Civil Rights Commission (hereafter referred to as the Commission) under Iowa Code Chapter 216 and there having been a preliminary inquiry, the parties do hereby agree and settle the above-captioned matter in the following extent and manner:

Acknowledgment of Fair Housing Law

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 Iowa Code Chapter 216; or because of

giving testimony or assistance, or participating in any manner in any investigation, proceeding or hearing under Iowa Code Chapter 216; or because of lawful opposition to any practice forbidden under Iowa Code Chapter 216.

2. Respondents acknowledge Federal and State Fair Housing Laws 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.

42 U.S.C. 3604(f)(2)(a) and 42 U.S.C. 3604(f)(3)(b);

Iowa Code § 216.8A(3)(b)(1) and Iowa Code § 216.8A(3)(c)(2).

3. Respondents acknowledge Federal and State Fair Housing Laws make it unlawful to refuse to permit, at the expense of the person with a disability, reasonable modifications of existing premises occupied or to be occupied by the person if the modifications are necessary to afford the person full enjoyment of the premises. 42 U.S.C. 3604(f)(3)(a) and Iowa Code

§ 216.8A(3)(c)(1).

#### Voluntary and Full Settlement

4. The parties acknowledge this 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.

5. The parties enter into this Agreement in a good faith effort to amicably resolve existing disputes. The execution of this Agreement is not an admission of any wrongdoing or violation of law. Nor is the execution of this Agreement an admission by Complainant that any claims asserted in her complaint are not fully meritorious.

6. 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.

7. Respondents agree the Commission may review compliance with this Agreement. And 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

8. The parties agree the terms of this Agreement shall be subject to public disclosure unless Complainant and Respondents agree otherwise, and the Commission determines that disclosure is not necessary to further the purposes of Iowa Code Chapter 216 relating to unfair or discriminatory practices in housing or real estate.

#### Release

9. 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, and with regard to any and all other matters, subject to performance by Respondents of the promises and representations contained herein. Complainant agree 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.

#### Fair Housing Poster

10. Respondents agree to place the federal Fair Housing Poster (English and Spanish) in each of their rental or leasing offices in a conspicuous location, easily viewable to tenants and prospective tenants.

Respondents also agree to send documentation to the Commission, verifying the posters have been placed, to the attention of Don Grove, Supervisor of Investigations, within ten (10) days of receiving a Closing Letter from the Commission.

## New Reasonable Accommodation Policy and Practice

11. For all residential rental properties owned and managed, now and in the future, Respondents agree to adopt and implement specific, uniform, and objective written standards and procedures for receiving and handling requests made by people with disabilities for reasonable accommodations. These standards shall comply with the requirements of Iowa Code Chapter 216 and 42 U.S.C. §§ 3601 et seq., and include the following provisions:

Respondents shall inform all applicants and occupants, who request an accommodation, that they may request reasonable accommodations of Respondents' rules, policies, practices, and services.

Respondents shall use the following forms if applicants or tenants inquire about reasonable accommodations:

- Request for Reasonable Accommodation (Attachments 1 and 2), and
- Approval or Denial of Reasonable Accommodation Request

(Attachment 3)

Oral requests for reasonable accommodations shall be recorded by Respondents' employees or agents using the "Request" form, Attachment 2.

Upon adopting specific, uniform, and objective written standards and procedures for receiving and handling requests made by people with disabilities for reasonable accommodations, Respondents shall provide written notice of those standards and procedures to each current and future resident who has requested an accommodation, in a form substantially equivalent to Attachment 4.

## New Reasonable Modification Policy and Practice

12. For all residential rental properties owned and managed, now and in the future, Respondents agree to adopt and implement specific, uniform, and objective written standards and procedures for

receiving and handling requests made by people with disabilities for reasonable modifications. These standards shall comply with the requirements of Iowa Code Chapter 216 and 42 U.S.C. §§ 3601 et seq., and include the following provisions:

Respondents shall inform all applicants and occupants, who request a modification, that they may request a structural change to Respondents' premises. Modifications are typically paid for by the applicant/occupant.

Respondents shall use the following forms if applicants or tenants inquire about reasonable modifications:

- Request for Reasonable Modification (Attachments B and C), and
- Approval or Denial of Reasonable Modification Request

(Attachment D)

Oral requests for reasonable modifications shall be recorded by Respondents' employees or agents using the "Request" form, Attachment C.

Upon adopting specific, uniform, and objective written standards and procedures for receiving and handling requests made by people with disabilities for reasonable modifications, Respondents shall provide written notice of those standards and procedures to each current and future resident who has requested a modification, in a form substantially equivalent to Attachment A.

Relief for Complainant

13. Respondents agree to pay Complainant \$200, without any deductions. Respondents agree to issue the check to Sarah Ericson at the above address within seven (7) days of Respondents' receipt of a Closing Letter from the Commission. Respondents also agree to send a copy of the check to the attention of Don Grove, Supervisor of Investigations, within seven (7) days of receiving a Closing Letter from the Commission.



IOWA CIVIL RIGHTS COMMISSION

Attachment 1

Request for Reasonable Accommodation

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to fully enjoy the premises or have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please complete this form and return it to your Apartment Manager. Check all items that apply and explain fully. The Apartment Manager will assist you in completing this form, and will answer this request in writing within two weeks (or sooner if the situation requires an immediate response).

Name of Tenant or Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Tenant or Applicant: \_\_\_\_\_

The person who has a disability requiring a reasonable accommodation is:

Me

A person associated or living with me

Name of person with disability: \_\_\_\_\_

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

Telephone: \_\_\_\_\_



I am requesting the following change(s) in rule, policy, or practices so that I and persons associated or living with me can live here with equal opportunity to use and enjoy the premises.

I need the following change(s):

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I need this reasonable accommodation because:

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Requester \_\_\_\_\_ Date \_\_\_\_\_

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Apartment Manager \_\_\_\_\_ Date \_\_\_\_\_

Attachment 2

Request for Reasonable Accommodation

[To be completed by Apartment Manager if Requester cannot or will not complete written form.]

On \_\_\_\_\_, the undersigned Tenant or Applicant orally requested a reasonable accommodation. He/she requested the following change(s) in rule, policy or practices:

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Signature of Tenant or Applicant: \_\_\_\_\_

Name of Tenant or Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_

I, the undersigned, Apartment Manager of \_\_\_\_\_ Apartments:

Gave the Tenant or Applicant the form, "Request for Reasonable Accommodation" and offered to assist in completing the form.

Granted the request.

Explained the request could not be evaluated until the following additional information is provided.

\_\_\_\_\_

Apartment Manager

Date

Attachment 3

Approval or Denial of Reasonable Accommodation Request

Dear: \_\_\_\_\_

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

On \_\_\_\_\_, you requested the following reasonable accommodation:

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We have reviewed your request and we have decided:

To approve your request. We will make the following change(s) in rule, policy or practices:

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Date change(s) will be made: \_\_\_\_\_

To deny your request. We denied your request because:

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In making this denial decision, we relied on information provided by the following people or documents:

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whether additional information is needed before a decision can be made. If the request is denied, the Apartment Manager will include an explanation in the written notification.

If the request is denied, the affected tenant or household member may contact the Iowa Civil Rights Commission or the U.S. Department of Housing and Urban Development.

Iowa Civil Rights Commission

400 East 14th Street

Des Moines, Iowa 50319

515-281-4121 or 800-457-4416

U.S. Department of Housing and Urban Development

Office of Fair Housing & Equal Opportunity

400 State Avenue

Gateway Tower II

Kansas City, Kansas 66101

913-551-6958 or 800-743-5323

Attachment A

Reasonable Modification Policy for Persons with Disabilities

If a tenant or someone associated with a tenant has a disability, he/she may request a reasonable modification. A reasonable modification is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the

dwelling. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas, usually at the expense of the disabled person. In the case of a rental, the housing provider may where it is reasonable to do so condition permission for a modification on the renter agreeing to restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted.

To show that a requested modification may be necessary, there must be an identifiable relationship between the requested modification and the individual's disability. Further, the modification must be "reasonable." Examples of modifications that typically are reasonable include widening doorways to make rooms more accessible for persons in wheelchairs; installing grab bars in bathrooms; lowering kitchen cabinets to a height suitable for persons in wheelchairs; adding a ramp to make a primary entrance accessible for persons in wheelchairs; or altering a walkway to provide access to a public or common use area. These examples of reasonable modifications are not exhaustive.

When considering a reasonable modification request a Housing Provider will only take the following into consideration:

- a) Is the tenant/prospective tenant of the housing, qualified? (Is the individual a person with a disability as defined by state and federal fair housing laws, or is the housing designed to serve persons who are disabled as defined by law?). If the tenant/prospective tenant's disability is not obvious, housing providers can ask the tenant/prospective tenant to provide documentation from a health care provider that verifies their disability. But landlords cannot ask for descriptive details about the disability (i.e. the nature or severity of the disability in question).
- b) Is the request for a modification necessary? (This is not determined by the housing provider, but by the individual and confirmation can be requested by a health care provider.) Landlords can ask the tenant, prospective tenant and/or their health care provider to describe the needed modification and what the modification would do for the person. Landlords can also ask for documentation from tenants/prospective tenant and/or their health care provider to detail the relationship between the person's disability and the need for the requested modification.
- c) Reasonable Modifications are typically paid for by the tenant.
- d) Would the requested modification require a fundamental alteration in the nature of the program/business? Housing providers can determine if the request is 'reasonable' in terms of alteration to their housing program.

A housing provider is entitled to obtain information that is necessary to evaluate whether a requested reasonable modification may be necessary because of a disability. It is preferred that all requests for

reasonable modifications be submitted in writing to the Property Manager. Forms to request reasonable modifications are available in the rental or leasing office. If a tenant or household member has difficulty completing the form, the Property Manager will assist him/her. Oral requests for reasonable modifications will be recorded and processed in accordance with this policy.

The information collected with the forms will verify the type of modification the tenant/prospective tenant is requesting and the relationship between the requested modification and their disability. The information collected with the forms will also identify any barriers to the tenant/ prospective tenant's ability to fully enjoy their housing. Housing providers can use this information to offer an "alternative" solution" if the requested modification is not deemed "reasonable."

Within fourteen (14) days of receiving the request for reasonable modification, the Property Manager will notify the person making the request whether the request was granted or denied, or whether additional information is needed before a decision can be made. If the request is denied, the Property Manager will include an explanation in the written notification.

If the request is denied, the affected tenant or household member may contact the Iowa Civil Rights Commission or the U.S. Department of Housing and Urban Development.

Iowa Civil Rights Commission

400 East 14th Street

Des Moines, Iowa 50319

515-281-4121 or 800-457-4416

U.S. Department of Housing and Urban Development

Office of Fair Housing & Equal Opportunity

400 State Avenue

Gateway Tower II

Kansas City, Kansas 66101

913-551-6958 or 800-743-5323



For additional information, see "Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Modifications Under the Fair Housing Act," (March 5, 2008), available at [http://www.hud.gov/offices/fheo/disabilities/reasonable\\_modifications\\_mar08.pdf](http://www.hud.gov/offices/fheo/disabilities/reasonable_modifications_mar08.pdf)

Attachment B

Request for Reasonable Modification

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have full enjoyment of their dwelling unit or the public or common use areas, please complete this form and return it to your housing provider. Check all items that apply and explain fully. The Property Manager will assist you in completing this form, and will answer this request in writing within two weeks (or sooner if the situation requires an immediate response).

Name of Tenant or Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Tenant or Applicant: \_\_\_\_\_

The person who has a disability requiring a reasonable accommodation/modification is:

Me: \_\_\_\_\_

A person associated or living with me: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Reasonable Modification Request:

I am requesting the following structural change so that I and persons associated or living with me can live here with equal opportunity to enjoy the premises.

This is the architectural barrier that prevents or limits my access:

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I request that you permit me to have the following modifications made to allow me equal opportunity to full enjoyment of the premises. I need the following change(s) because:

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I plan to pay for the reasonable modification.

I am requesting the housing provider pay for the reasonable modification because:

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Requester	Date
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Apartment Manager	Date
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Attachment C

Request for Reasonable Modification

[To be completed by Property Manager if Requester cannot or will not complete written form.]

On \_\_\_\_\_, the undersigned Tenant or Applicant orally requested a reasonable modification. He/she requested the following structural changes:

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The Tenant or Applicant needs the following change(s) because:

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Tenant or Applicant orally requested that any costs associated with a reasonable modification would be paid for by:

Signature of Tenant or Applicant: \_\_\_\_\_

Name of Tenant or Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_

I, the undersigned, Property Manager of \_\_\_\_\_

:

Gave the Tenant or Applicant the form, "Request for Reasonable Modification" and offered to assist in completing the form.

☐ Granted the request:

Explained the request could not be evaluated until the following additional information is provided.

\_\_\_\_\_

Apartment Manager

Date

Attachment D

Approval or Denial of Reasonable Modification Request

Dear: \_\_\_\_\_

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

On \_\_\_\_\_, you requested the following reasonable modification:

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We have reviewed your Reasonable Modification request and we have decided:

To approve your request. We will allow you to make the following structural change(s) at your cost:

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Date change(s) can be made effective this date: \_\_\_\_\_

Your request for a reasonable modification is granted and you will not be required to restore the modification

Or

Your request for a reasonable modification is granted on the condition you restore \_\_\_\_\_ to the condition that existed before the modification, when your lease ends (reasonable wear and tear excepted.)

To seek further information from you about your request. We cannot approve or deny your request without additional information or documentation. Please provide:

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We denied your request but are recommending the following alternative 'solution'

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We denied your request because:

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In making this denial decision, we relied on information provided by the following people or documents:

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Property Manager

Date