

BAYSHORE BEACH CLUB
RESOLUTION OF THE BOARD OF DIRECTORS
Establishing Procedures for Requests for Fair Housing Accommodations/Modifications

At a regular meeting of the Board of Directors ("Board") of the Bayshore Beach Club, Inc. ("Association"), for which homeowners had notice and the opportunity to attend, held virtually via Zoom and in-person on April 15 2023, at 1512 NW Oceana Drive, at the time of 1 pm, the Board resolved as follows:

WHEREAS, a Board meeting convened at the time and date set out above;

WHEREAS, the Association Secretary, by signing below, attests that pursuant to the Association Bylaws at Article III, all Board members were provided notice of the meeting (or by their attendance waived notice) and a quorum of the Board was present; and

WHEREAS, the Association is organized and empowered to exercise all of the powers and privileges conferred to it by the Declaration of Covenants and Restrictions and all subsequently recorded supplements and amendments, the Association's Bylaws, its Articles of Incorporation, and the Oregon Planned Community Act (ORS 94.550, *et seq.*), to administer, manage and operate the Association for the benefit of its members; and

WHEREAS, Declaration Article V, ORS 94.630, and ORS 94.640 provide that the Association acting through the Board shall have all of the powers and duties necessary for the administration of the affairs of the Association; and

WHEREAS, ORS 94.630 gives the Board the authority to adopt and amend on behalf of the Association detailed rules and regulations governing the common property and use of lots as may be necessary and appropriate to assure the peaceful use and orderly enjoyment of the property; and

WHEREAS from time to time, the Board receives requests from owners and residents for accommodations or modifications for persons with disabilities as that term is defined in the Fair Housing Act; and

WHEREAS the Association is required to make reasonable accommodations or allow modifications to rules, policies, practices, or services when such accommodations or modifications are necessary to afford an equal opportunity to use and enjoy a dwelling because of a disability (a physical or mental impairment which substantially limits one or more major life activities) in accordance with ORS 659A.145 and the Fair Housing Act; and

WHEREAS the Board finds it in the best interests of the Association to adopt a procedure for owners and residents wishing to make such requests, and to adopt a procedure for the Board's consideration of those requests; and

NOW THEREFORE, BE IT RESOLVED that the Board adopts the process set forth herein for accommodation/modification requests and responses thereto:

An owner or resident wishing to request an accommodation or modification because of disability must submit a request to the Board. The request needs to include the following information:

- A statement that the request is for reasonable accommodation/modification;
- A statement regarding the disability and major life functions that are limited;
- A statement regarding the accommodation/modification that is requested; and
- A statement regarding the relationship between the disability and the requested accommodation/modification.

It is preferred that the request be in writing to promote a clear understanding of the request. A form is attached (Attachment A) that may be used to make the request, but the form is not required.

Within 14 days of submission of the request, the Board will acknowledge receipt and advise in writing whether Medical Verification is required. If the Board requests Medical Verification, the owner or resident will be asked to have the attached Verification Form (Attachment B) completed by a Qualified Individual (as defined on the Form). An owner or resident may choose to submit the Verification Form with the original request instead of waiting for a request from the Board.

Upon receipt of the Medical Verification, or if no Medical Verification is requested, the Board will consider the request at the next Board meeting, but in no event shall consideration be more than 30 days from either the initial request or receipt of the Medical Verification, whichever is later.

In reviewing the request, the Board will consider the following factors:

- Whether the requesting owner or resident meets the definition of a person with a disability under ORS 659A.104 or the Fair Housing Act;
- Whether the information presented shows a connection between the disability and the accommodation/modification requested;
- Whether the accommodation/modification requested is reasonable;
- Whether the accommodation/modification will cause an undue financial or administrative burden on the Association;
- Whether the accommodation/modification would change the fundamental nature of the functioning of the Association; and
- Other information provided that relates to the factors listed above.

The Board will send written notice of its decision within 7 days of the meeting. The decision may be an approval, an approval with conditions, or a denial.

If an owner or resident wishes to appeal a decision of the Board, the owner or resident must submit a written request for a hearing within 14 days of the notice of decision. Failure to timely submit a request for an appeal waives the right to an appeal. The Board shall consider the appeal as a request for reconsideration of its initial decision.

All information relating to the request will be kept confidential, and any hearing relating to the request will be held in executive session.

BE IT FURTHER RESOLVED that the Board directs the Secretary to notify all owners about this Resolution in accordance with the Bylaws. This Resolution will be effective from the date of notice.

BE IT RESOLVED.

Dated this 20 day of May, 2023.

BAYSHORE BEACH CLUB, INC

By: 
Kenn Apel
Its President

ATTEST: The above resolution was properly adopted.

By: 
Carolyn Gardner
Its Secretary

Attachment A
Sample Form Request for Reasonable Accommodation/Modification

Dear Bayshore Beach Club Board of Directors:

This is a request for reasonable accommodation/modification. I have a disability that limits the following major life functions:_____.

Because of my limited ability to _____.

I need _____.

Therefore, please make an exception to the following rule/provision/policy:

_____.

I need this accommodation in order to ____ live in my Lot ____ use and enjoy the Common Areas.

[Include any additional relevant details regarding the specifics of the request.

_____.]

Sincerely,

Name

Address

Phone Number

Email Address

Attachment B
Sample Verification for Reasonable Accommodations/Modification

Name of person requiring accommodation/modification

Description of accommodation/modification being requested

I understand that under federal and state law, an individual is disabled if they have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

Impairments also include such diseases and conditions as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation, mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use (224 DFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2).

I certify that _____ has a physical/mental (circle) disability that meets the definition stated above.

I verify that this request is directly related to their disability and is necessary to afford them the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only the matter of convenience or preference).

I recommend that the request for _____
_____ be approved.

I certify that the information above is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Professional Title: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____