



REQUEST FORM

REASONABLE ACCOMMODATION/ MODIFICATION

This form is required so that we can understand and obtain any required verifications.

INSTRUCTIONS: *If you require assistance in completing this form, please let us know and we will be happy to assist you. Please have the form completed and signed by the Head of Household (HOH) AND Household Member needing the accommodation, if 18 years of age or older.*

Property: _____ HOH Name: _____
Address: _____ Requestor: Same as HOH OR Name: _____
City/State/Zip: _____ Unit #: _____ Date of Birth: _____

Authorization by applicant / tenant to release information:

I hereby give the managing agent for the property listed above permission to contact any individual named herein for purposes of verification that I have, or a member of my household has a disability that is the basis for the reasonable accommodation or modification requested above.

Signature of Individual needing accommodation (18+) _____ Printed Name _____ Date _____

1. You may verify that I, or the disabled member of my household, have a disability that is the basis for this request by contacting my Physician or Health Care Provider at:

Name/Title: _____ Phone: _____
Office Name: _____ Address: _____
Email: _____ Fax: _____

Verification Statement: *A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about an individual's disability will provide verification of a disability. Any information collected will be kept confidential and not shared with other persons unless they need information to make or assess a decision to grant or deny an accommodation/modification.*

2. By checking one of boxes below, I certify that I, or the disabled member of my household named above, have a disability that is ('disability' is defined as: (1) having a physical or mental impairment that limits one or more major life activities; (2) having a record of history of having such an impairment; (3) being regarded as having such impairment; or (4) being associated with a person who has or is perceived to have such an impairment).

Disability is permanent Disability is Temporary, if so how long: _____

3. I am asking for the following change(s) so that I, or the disabled member of my household above, may live at the property to have an equal opportunity to use and enjoy the housing (check all that apply):

A change to a **Rule, Policy, Practice, or Service** - select one or more of the following:
 Companion Animal Live-In Aide Unit Transfer, specify need in other below
 Other, specify: _____
Please state why the change(s) is necessary: _____

A **Physical Change** to a unit or common area:
 Flooring, specify: _____ Grab Bars, where: _____
 Other, specify: _____
Please state why the change(s) is necessary: _____

Other, explain: _____

4. YES, you send response (approval or denial) copies to: _____

