



# REQUEST FORMS

## 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: \_\_\_\_\_

