

Request for Reasonable Accommodation or Modification

Applicant/Resident Name: _____ **Date of Request:** _____

Property Name: _____ **Unit #:** _____

Reasonable accommodation and/or modifications are available to those individuals who are disabled. The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable modification is a structural change made to existing premises, occupied by a person with a disability, in order to afford such person full enjoyment of the premises.

To show that a requested accommodation and/or modification may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

1. Do you believe you meet the definition of disabled? Yes No

2. Indicate the type of accommodation or modification you are requesting:
Check only one. If you are requesting multiple accommodations/ modifications, please complete a separate form.

- | | |
|---|---|
| <input type="checkbox"/> Change in the policies, procedures or rules | <input type="checkbox"/> Change in a common area |
| <input type="checkbox"/> Change in the apartment | <input type="checkbox"/> Other: _____ |

3. The change I request is:

4. The change requested will allow me to:

I understand that management will respond to my request within thirty (30) days and will contact me if additional information is required. I understand that I may be required to sign a release of information to be sent to a qualified professional to verify that I meet the definition of disabled and/or to evaluate if the request I have made is reasonable and needed because of my disability.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ **Date:** _____

Office Use Only:	
Date Received: _____	Notes: _____