

REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM

This property is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations to our rules, policies, practices, or services, when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing. Moreover, if modifications to the apartment are needed, we will adhere to the letter and the spirit of the Act in all respects. If you are requesting such an accommodation or modification, please complete and return this form to the on-site manager.

Applicant's/Resident's Name: _____

Current Address: _____

Date of Request: _____

Please describe the accommodation/modification that you are requesting:

1. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

YES ☐ NO ☐ I DON'T KNOW ☐

2. Please describe how the requested accommodation/modification is necessary for your use and enjoyment of your apartment or community? (If needed, you may write on the back of this form or attach additional sheets of paper.)

I certify that the information provided in this request is true and correct to the best of my knowledge, information and belief, and I authorize my health care provider or other reliable third-party to disclose and provide such information necessary to respond to the questions below.

Requestor's Signature

3. **FOR COMPLETION BY HEALTHCARE PROVIDER, OR RELIABLE THIRD-PARTY VERIFIER**

You have been authorized by the resident listed above to provide the information requested below:

- a. Is the Tenant disabled according to the following definition:

The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.**

YES ☐ NO ☐ I DON'T KNOW ☐

- b. A reasonable accommodation is an exception to the existing rules/policies of an apartment community that is necessary for the disabled resident to have equal opportunity to use and enjoy his/her apartment and/or apartment community. 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 premises. Applying these definitions to the request for accommodation/modification, please answer the following two questions:

- i. Is it your opinion that the Resident's request for the accommodation/modification is necessary because of his or her disability?

YES ☐ NO ☐ I DON'T KNOW ☐

- ii. Please describe how the requested accommodation/modification is necessary for the Resident's disability related need:

(If needed, you may write on the back of this form or attach additional sheets of paper)

I certify that the information contained in the responses to these requests are true and correct to the best of my knowledge, information and belief.

Printed Name of Verifier

Date

Signature of Verifier

License Number & State of Licensure: _____