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## REQUEST FOR REASONABLE ACCOMMODATION

RENTER(S): \_\_\_\_\_

PREMISES: \_\_\_\_\_  
                    *Address* \_\_\_\_\_ *Apt. No.* \_\_\_\_\_  
                    \_\_\_\_\_ California \_\_\_\_\_  
                    *City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

A "Reasonable Accommodation" is a special accommodation that is needed to provide a person with a disability full and equal access to rental accommodations. A person with a disability is often defined as any person who has a physical or mental impairment that limits one or more of the person's major life activities, or who has a record of having, or being perceived as having, a physical or mental impairment.

(1) PERSON(S) IN NEED OF ACCOMMODATION: \_\_\_\_\_

(2) ACCOMMODATION NEEDED (Please, Check the Applicable Accommodation):

\_\_\_\_\_ Live-in Aide / Caretaker  
\_\_\_\_\_ Emotional Support Animal (ESA) or Service Animal  
\_\_\_\_\_ Installation of Shower Grab Bar or Other Physical Aid(s)  
\_\_\_\_\_ Assigned Parking Change to Accommodate Mobility Impairment  
\_\_\_\_\_ Other (Please Describe): \_\_\_\_\_  
\_\_\_\_\_

(3) WHAT MAJOR LIFE ACTIVITIES ARE LIMITED BY THIS PERSON'S DISABILITY? (Note: Do Not Include Any Symptoms or Name of Disability)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) HOW LONG WILL THIS ACCOMMODATION BE NEEDED? \_\_\_\_\_

(5) QUALIFIED INDIVIDUAL: WHO WILL VERIFY YOUR REQUEST?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**(6) VERIFICATION:** Please provide a statement, letter or other form of verification from your health care provider or other qualified individual listed in Item (5) above addressing the following:

- **Verification that you have a disability (but not the diagnosis).**
- **Description of how your disability limitations impairs your ability to use and enjoy the dwelling.**
- **Indication of whether your limitations are temporary or permanent. If temporary, state when they are expected to end.**
- **Recommendation of specific reasonable accommodation(s).**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

I: (Please, Check One)

\_\_\_\_ **Am The Person Requiring Accommodation**

\_\_\_\_ **Am the Parent Guardian Signing for Minor Requiring Accommodation**

\_\_\_\_ **I Have Power of Attorney or Conservatorship**