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REQUEST FOR REASONABLE MODIFICATION(S)

RENTER(S): _____

PREMISES: _____
 Address _____ *Apt. No.* _____
 California _____
 City _____ *Zip Code* _____

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. Reasonable modifications can also include structural changes to interiors and exteriors of dwellings and to common and public use areas. 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. Landlord / Agent may charge Renter(s) for a reasonable modification or allow the Renter(s) to do the work at the Renter(s)' expense. Also, the Renter(s) is (are) responsible for the removal of the modification when the Renter(s) leave(s) the property.

(1) PERSON(S) IN NEED OF MODIFICATION: _____

(2) MODIFICATION NEEDED (Please, Check the Applicable Modification):

_____ Installation of ramp into building or unit. (Check one: _____ *Building* _____ *Unit* _____ *Both*)

_____ Lowering of threshold into building or unit. (Check one: _____ *Building* _____ *Unit* _____ *Both*)

_____ 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 MODIFICATION 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 Modification(s).

Date: _____
Signature

I: (Please, Check One)

____ Am The Person Requiring Modification

____ Am the Parent Guardian Signing for Minor Requiring Modification

____ I Have Power of Attorney or Conservatorship