



REQUEST FOR REASONABLE ACCOMMODATION

Any applicant or resident with a disability (physical or mental), his/her guardian, or any person authorized by an applicant or resident with the disability may fill out this form. Please know that there must be a nexus (connection) between the applicant or resident’s disability and the requested change. Please let us know if you need assistance completing the form.

Date of Request: _____ Date of Receipt of Request by Manager: _____

Name of person making the request: _____
Phone _____

Address: _____

1) I have, or a member of my household or someone I am assisting has, a disability as defined below:

A physical or mental impairment that substantially limits one or more major life activities (such as walking, climbing, talking, breathing, hearing, seeing, etc.); a record of having such an impairment; or being regarded as having such an impairment.)

Name of person with disability: _____

2) As a result of the above-named person’s disability, I request the following change(s) so the person named above has the same opportunity to apply and/or live here as successfully as other people:

[] A specific unit or change in my apartment or other part of the housing complex. For example, a unit designed with accessible features for individuals with hearing or visual impairments, a fully accessible unit designed with accessible features for individuals with hearing or visual impairments, a fully accessible unit, a unit with specific physical modifications or design features or a specific type or location of a parking space.

Please specify what is needed as a result of the person’s disability:

[] A change in how we communicate with you or provision of an auxiliary aid(s) to ensure effective communication with you (these include, tactile signs, visual doorbell, reader, interpreter, communication in large print or Braille, and recordings of information. Appropriate auxiliary aids don’t include individually prescribed devices).

The specific auxiliary aid(s) needed are described below:





[] A change in the following rule, policy, procedure or service. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must meet the terms of the lease.)

[] Other: _____

Please initial the following so that we know that you understand that we can ask you for specific information so we can process your request for an accommodation:

_____ I understand management of this site has the right to verify that I, or the person on whose behalf I made this request for, has a disability and needs the requested accommodation in order to have an equal opportunity to apply to this site or live here unless this information is obvious to management.

_____ I further acknowledge that I must either give management documentation of the connection between the disability and the accommodation from a reliable third party, such as a health care provider that verifies this information. To fulfill this requirement:

- a) _____ I have provided you written documentation from a health care provider or reliable third party that is attached to this request;
- b) _____ I give you permission to contact the individual(s) or organization(s) listed below for the purposes of verifying that I have or a family member has a disability and needs the reasonable accommodation requested above as a result of his/her disability. I understand that the information you obtain will be kept completely confidential & will be used solely to determine if you will provide an accommodation/ modification.

Health Professional/Third Party's Name: _____
Title: _____
Address: _____
Phone: _____

Signed: _____ Date: _____

Note: If you asked for a change to your apartment or to the common areas of the property, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

