



REQUEST FOR REASONABLE ACCOMMODATION

_____ (Owner), 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 statutory responsibilities and management policies, Owner will make reasonable accommodations to 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 unit.

If the Resident is requesting such an accommodation, please fill out this form completely and return it to the Property Manager.

Resident's Name: _____

Address: _____

Date of Request: _____

1. Please describe the Accommodation (exception to an existing rule or policy) that you are requesting:

2. Do you consider yourself to have a disability?

*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 generally 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



- 3. Please describe how the requested Accommodation is necessary for your use and enjoyment of your apartment community:

Reasonable Accommodation Verification Authorization

_____ (Owner), provides reasonable accommodation to our residents with disabilities who have a verifiable need for reasonable accommodation. A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service **necessary** for a person with disabilities to have an equal opportunity to use and enjoy their premises or the apartment community. The resident listed below has authorized you to provide the information requested on this form.

Resident's Name: _____

Reasonable Request: _____

X _____ Date: _____

Signature of resident requesting the Accommodation

This signature authorizes the verifier to provide answers to the questions listed below.

Reasonable Accommodation Verification Questions

- 1. Does this Resident have a disability?

*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 generally 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



2. Please describe in what manner this disability restricts the Resident in activities that are of central importance to their daily life:

3. Does this Resident need the Accommodation requested above to afford the Resident full use and enjoyment of their premises or the apartment community?

Yes

No

If yes, please describe how this Accommodation will enable the Resident to use or enjoy the premises or the apartment community.

4. If necessary, would you be willing to testify in a court of law concerning the information provided in this form?

Yes

No

Verifier Name: _____

Verifier Position: _____

Verifier Address: _____

Verifier Phone Number: _____

X

Date: _____

Signature of verifier

Do not sign below until all the information above is adequately filled out.



By signing below the resident understands and certifies all information is true and correct.

X _____ **Date:** _____

Signature of resident

By signing below, Owner authorizes this modification.

X _____ **Date:** _____

Signature of Owner/Agent