

# REASONABLE ACCOMMODATION / MODIFICATION REQUEST

Date of Request \_\_\_\_\_ Property Name/Number \_\_\_\_\_

Resident Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

1. Name of disabled person requesting the accommodation / modification  
\_\_\_\_\_

2. Please describe the accommodation / modification you are requesting  
\_\_\_\_\_  
\_\_\_\_\_

3. Please explain why the accommodation / modification described above is necessary for you to fully enjoy your dwelling and/or common areas  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSEHOLD MEMBER RELEASE

Release: I hereby authorize my health care provider, or other qualified individual, to provide to my landlord or its agents, all information reasonably requested in connection with this request for a reasonable accommodation / modification. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent.

**Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## DEFINITION OF DISABLED

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impediments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and currently using illegal drugs or an alcoholic who poses a direct threat to property of safety because of alcohol use

## HEALTH CARE PROVIDER INFORMATION

To: Qualified Individual (e.g. counselor, social worker, doctor, rehabilitation center, service agency, clinic)

The person listed above has requested that his/her landlord provide the accommodation / modification listed above. The landlord is required by law to provide reasonable accommodations / modifications to disabled persons that will provide them with **equal opportunity to use and enjoy their unit and/or common areas. The landlord does not provide an accommodation / modification when the request is a matter of convenience or preference only.**

I, \_\_\_\_\_, certify that \_\_\_\_\_

is  is not (**please check one**) disabled as that term is defined above. I further certify that the requested accommodation / modification

is  is not (**please check one**) necessary for the person requesting the accommodation / modification to fully enjoy his/her dwelling and /or common areas as any non-disabled person would.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_