

\_\_\_\_\_ Management Co. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

## **Requests for Reasonable Accommodations and/or Modifications**

A **reasonable accommodation** is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and / or dwelling. A **reasonable modification** is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his or her use of the dwelling and / or common areas. The accommodation and / or modification must be necessary for the individual with the disability to enjoy and / or fully use services offered to other residents and / or the individual dwelling unit.

### **Reasonable accommodations can include but are not limited to:**

A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling; Permitting a seeing eye dog for a household in a community where pets are not allowed; Permitting an outside agency to assist a disabled resident to meet the terms of the lease; Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance; A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment.

### **Reasonable modifications can include, but are not limited to:**

A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling; Altering your apartment so that the unit can be accessed and used by a person in a wheelchair.

### **Definition of Disability: The Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define “disability” as:**

a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; being regarded as having such an impairment. A physical or mental impairment includes, but is not limited to: any physiological disorder or condition; cosmetic disfigurement; anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine. Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

Drug addiction and alcoholism (if seeking treatment) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and some temporary disabilities (such as broken limbs or symptoms arising from pregnancy).

The term “**major life activity**” means those functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working (24 C.F.R. § 100.201(b)). The factors considered when determining if a person is substantially limited in a major life activity are the nature and severity of the impairment, the duration or expected duration of the impairment, and the expected permanent or long term impact of the impairment (29 C.F.R. § 1630.2(j)(2)).

**IMPORTANT:** The health care provider certifying the disability and need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability, **NOR** specific information about treatment.

**\*NOTE: Depending on the property, the individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The Management Company or Owner may request that a licensed contractor be obtained to make the modifications and / or restorations. If you have any questions regarding these provisions, please do not hesitate to contact our office.\***

**Request for a Reasonable Accommodation/Modification**

To be filled out by requesting tenant/applicant

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a **reasonable accommodation/modification** for that person to have equal use and access to the community, please complete this form and give the form to \_\_\_\_\_ Management. Check all items that apply and explain fully. If you cannot fill out this form yourself, you may have someone assist you. We suggest that you keep copies of all documents that you submit to your property manager.

Name of Tenant or Applicant: \_\_\_\_\_

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

Name of person with disability: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am an individual with a disability as defined by the Definition of Disabled on page 1 .  YES  NO

I am requesting the following **accommodation/modification**, change or changes in a policy, procedure, rule, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

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

I need this **reasonable accommodation/modification** because:

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

I hereby certify that the above statements are true and accurate.

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

**STOP: DO NOT FILL OUT THE REST OF THIS PACKET.** The last page is to be completed by a doctor or other knowledgeable health care professional. Our staff will verify that the last page was completed by him or her. If it is discovered that this form has been forged or altered, your application will be denied or lease terminated for providing false information.

**Verification of Status as a Person with a Disability**

To be filled out by doctor or other knowledgeable health care professional

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(name of client)

1. As a health care provider with the knowledge necessary to make a determination, I am able to advise that the person named above qualifies as an individual with a disability as defined by the Definition of Disabled on page 1 and that the following accommodation or modification is consistent with the needs associated with his/her disability.  YES  NO

2. Accommodation/Modification Requested:

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3. Expected duration of disability:  LIFETIME  
 Specify length if not lifetime: \_\_\_\_\_

4. In your professional opinion does this person need the accommodation/modification listed above in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment and community?  YES  NO

5. Please describe the major life activities limited by the disability that specifically relate to the need for the request for a reasonable accommodation or modification:

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6. Please describe how this request for a reasonable accommodation or modification will specifically help ameliorate the limitations of the major life activities referenced above:

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7. Would you be willing to testify in any court or related proceeding as to the above named individual's need for the accommodation/modification?  YES  NO

**\*\*\*FOR ANIMAL REQUESTS ONLY:** In your opinion would another animal substitute in place of the animal requested?  YES  NO

Signature of Health Care Provider: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Phone Number\*\*: \_\_\_\_\_

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

\*\*Please note: In order to prevent fraud, our staff will follow up with a phone call to the health care provider to clarify that this form was indeed completed by him/her and have not been altered in any way after completion.\*\*