



## SUMMER LAKE HOMEOWNERS' ASSOCIATION

www.SummerLakeHOA.com | info@SummerLakeHOA.com

---

### REASONABLE ACCOMMODATION REQUEST FORM

#### HOMEOWNER INFORMATION

Name	
Address	
Contact Information	

#### STATEMENT OF DISABILITY

I, a homeowner and member of the Summer Lake Homeowners' Association, am a qualified individual with a disability under the:

Fair Housing Amendments Act of 1988

Americans with Disabilities Act of 1990

Others (specify) \_\_\_\_\_

I would like to request for the following reasonable accommodations:

--

The abovementioned accommodations were prescribed by:

Name	
Title/Position	
Contact Information	

Please provide additional information to better understand the nature of your disability and the reasonable accommodations you have requested.

--

Are you available to discuss these accommodations with a member of the Summer Lake Homeowners' Association Board of Directors?

☐ YES

☐ NO

If so, please indicate your preferred schedule: \_\_\_\_\_

Please attach any important documentation relevant to your request for reasonable accommodation.

---

**\*\*For Association Use Only\*\***

**Received by:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_