



# REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT / APPLICANT NAME \_\_\_\_\_

PREMISES ADDRESS \_\_\_\_\_

CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:

PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

Form completed by (check which applies):  Resident/Applicant  Owner/Agent

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

2. What is being requested (check which applies):

I am requesting that you make the following change to a policy, practice, rule or service ("Reasonable Accommodation"):

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

I am requesting approval to make the following modification(s) to my dwelling unit or the common areas to make them more fully usable and/or accessible ("Reasonable Modification"):

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

3. If not readily apparent, please explain why the accommodation/modification described above is necessary for you to fully enjoy your dwelling and/or common areas:

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

(If you require additional space, please attach additional written information to this document.)

### 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 does not include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or safety [24 CFR 100.201].

If I am requesting a Reasonable Modification, I understand:

- Unless otherwise required by law, these modifications are to be made at my own expense and that I may be required to restore any modifications that would negatively affect the next residents to their original condition at the time of move-out, reasonable wear and tear expected.
- I may be required to pay into an interest-bearing escrow account adequate funds to assure that the modifications can be restored to their original condition.
- I am responsible for the work to be accomplished in a workmanlike manner, that if permits are required, I will obtain them prior to commencement of the modification work, and that I am responsible for any damage caused by the modification.
- Work cannot begin until a binding lease/rental agreement and a modification addendum have been fully executed.

If an email or other electronic address is filled in above, you may send communications regarding this request to such address.

RESIDENT / APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_