



Request for Reasonable Accommodation

Name: _____

Current Address: _____

Phone: _____

1. The following member of my household has a physical or mental condition, disorder or impairment that limits one (or more) major life activity and/or a record of physical or mental impairment and/or is perceived by another as an individual with a physical or mental impairment:

Name: _____

2. As a result of his/her disability, the following change or changes is/are requested so that this household member can have an equal opportunity to enjoy the premises: (Check the kind of change(s) you need.)

A change in my residence or other part of the housing complex. This change is:

A change in the way we communicate with your or give you information. This change is:

A change in Owner/Agent rules, policies, practices or services. This change is:

Other. This change is:

3. You may verify that the person listed has a disability, the need for this request and possible alternatives to the specific request listed above by contacting the following:

Name: _____

Address: _____

Phone: _____

Fax: _____

I (we) give you permission to contact the above individual for purpose of verifying that I (or a family member) has a disability and need the reasonable accommodation request above. I (we) understand that the information you obtain will be kept as confidential as reasonably possible while processing this request and used solely to respond to this request for an accommodation.

Signed: _____ Date: _____

Received by: _____ Date: _____



Your Request for Reasonable Accommodation Has Been:

Approved _____
Date Owner/Agent

Modified to: _____

Denied for the following reason(s): _____

