

REASONABLE ACCOMMODATION/MODIFICATION
REQUEST FORM

Date of Request: _____

Applicant/Resident Name & Address:

Property Name & Address:

I qualify as an individual with a disability as defined by the Federal Fair Housing Act Amendments of 1988.

I am requesting the following reasonable accommodation(s)/modification(s):

Under the Fair Housing Act Amendments Sec. 804 (42 U.S.C. 3604(f)(3)(A), (B)), it is unlawful discrimination for a housing provider to deny a person with a disability a “reasonable accommodation” or “modification” in rules, policies, practices, services, or “existing premises,” when such accommodation or modification may be necessary to afford such person an equal opportunity for full use and enjoyment of the premises.

Please respond to my Request within ten (10) days.

Signature of Resident/Applicant

REASONABLE ACCOMMODATION/MODIFICATION
RELEASE OF INFORMATION

Date: _____

Property Name & Address:

Medical Care Provider Name,
Address, & Telephone Number:

Applicant/Resident Name & Address

Attached to this Release and Verification is a Request for an Accommodation/Modification under section 804 of the Fair Housing Amendments Act of 1988, which requires a housing provider to make reasonable accommodations/modifications in rules, policies, practices, services, and existing premises when such accommodation/modification is necessary to afford an individual with disabilities equal opportunity to use and enjoy a dwelling unit and common areas.

In order to assist me with my Request for a Reasonable Accommodation/Modification, I ask your cooperation in providing the following information on the Verification. I have consented to this Release of Information as shown below.

I hereby authorize the release of the requested information.

Signature of Applicant/Resident

Date

REASONABLE ACCOMMODATION/MODIFICATION VERIFICATION

PART I: (Check the appropriate box below)

Individuals with disabilities: Defined by Section 802(h) as any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities (i.e., caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and/or working); (2) has a record of such impairment; or (3) is regarded as having such an impairment.

I CONSIDER that the individual MEETS the above definition as an individual with disabilities.

I DO NOT CONSIDER that the individual MEETS the above definition as an individual with disabilities.

PART II: (Check the appropriate box below)

Reasonable accommodation/modification: Based on a review of the attached form:

I CONSIDER the requested accommodation/modification necessary to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. **Please describe how this specific accommodation/modification would meet the specific needs of this individual with disabilities.

I DO NOT CONSIDER the requested accommodation/modification necessary to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. **If appropriate, please identify alternate reasonable accommodations/modifications that would meet the specific needs of this individual with disabilities.

Name of person supplying information

Title/Agency

Signature

Address

Date