# REASONABLE ACCOMMODATION REQUEST FORM

Date of Request: ____________________

Applicant/ResidentName:____________________________________________________

Address of request:_________________________________________________________

I certify that I qualify as an individual with a disability as defined by the Federal Fair Housing Act Amendments of 1988 Under the Fair Housing Act Amendments Sec. 804 (42 U.S.C. 3604(f)(3)(B)).

I am requesting the following reasonable accommodation(s):

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Signature of Resident/Applicant

# REASONABLE ACCOMMODATION VERIFICATION

Date: ____________________

Applicant/Resident Name:_____________________________________________________

Current Address:_____________________________________________________________

Medical Care Provider Name:__________________________________________________

Address:_____________________________________________________________________

Telephone Number:________________________________

Attached to this verification is my "**Reasonable Accommodation Request Form"** for an accommodation under section 504 of the Rehabilitation Act of 1973

In order to assist you with your request for a reasonable accommodation, we ask your cooperation in providing the following information.

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I hereby authorize the release of the requested information.

______________________________ ______________________________
Signature of Applicant/Resident Date

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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.

- o I CONSIDER that the individual MEETS the above definition as an individual with disabilities.
- o 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: Based on a review of the attached form:

- o I CONSIDER the requested accommodation 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 would meet the specific needs of this individual with disabilities.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

- o I DO NOT CONSIDER the requested accommodation 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 that would meet the specific needs of this individual with disabilities.

______________________________________________________________________

______________________________________________________________________

______________________________ ______________________________
Name of person supplying information Title/Agency

______________________________
Signature

______________________________________________________________________
Address

______________________________
Date