REASONABLE ACCOMMODATION/MODIFICATION REQUEST VERIFICATION

Date _____

To _____
Health Care Provider's Name

_____
Health Care Provider's Address

_____

From _____
Owner's Name

_____
Owner's Address

_____

RE: REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

RESIDENT'S NAME _____

ADDRESS _____

The resident named above has applied for an apartment or is living in our community. The resident has requested the following accommodation/modification: _____
_____
_____
_____
_____
_____

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The resident has consented to this release of information, as shown on the last page.

INFORMATION REQUESTED

1. Is the resident disabled as defined on this page? ❑ Yes ❑ No

2. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, is the accommodation/modification requested necessary to overcome barriers associated with the disability?
   ❑ Yes ❑ No

3. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? ❑ Yes ❑ No Explain _____

4. Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner? ❑ Yes ❑ No

   If yes, please give name and phone number of contact person: _____

5. Please answer any other questions presented about the accommodation/modification on page 1: _____

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 impairments, 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 a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3, and HUD Handbook 4350.3) Exh. 2-2)).

NAME AND TITLE NAME OF PERSON SUPPLYING INFORMATION: _____

PHONE NUMBER: _____

FIRM/ORGANIZATION _____

Would you be willing to testify in any court action or related proceeding as to resident's need for the reasonable accommodation? ❑ Yes ❑ No

If you answered no to the above question, please explain the reason for your answer. _____

_____

_____

Signature _____ Date _____

RESIDENT RELEASE

TO THE RESIDENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: The person named and signing below is an applicant or resident, or is the adult guardian of a minor child household member of an applicant/resident at the above rental housing community requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me, or about the minor child, and to answer any follow-up questions related to the requested accommodation or modification.

Print Name _____

Signature _____ Date _____

If information is requested for a minor, print minor's name below.

_____