

REASONABLE ACCOMMODATION OR REASONABLE MODIFICATION REQUEST FORM – 3

Regarding: _____ Date of Request: _____
Resident's or Applicant's Name

Resident's Address: _____
Resident's Address or Prospective Address

To: _____
Health Care Provider's – Provider's – Doctor's Name

Company: _____
Practice or Company Name for the Health Care Provider – Provider – Doctor

Provider Contact Info: _____
Address, Phone, Fax, and Email for the Provider

From: _____, _____, _____
Your Name, Title Community Name Management Company Name

Landlord Contact Info: _____
Your Email Address Your Fax Number

**FORM FOR A REASONABLE ACCOMMODATION REQUEST OR
 REASONABLE MODIFICATION REQUEST (check one)**

The resident named above has applied to or is living in our community. The resident has requested our permission to *[describe here the specific accommodation or modification requested]* _____

Our community rules/lease provide that *[Insert the community rules or lease language that apply to the resident's request (e.g. "no reserved parking is allowed" or "resident may not make alterations without the landlord's prior consent")]*

However, if an individual with disabilities requests permission for an accommodation or modification, we must consider that request. We must also verify that the individual qualifies as disabled under federal law and requires the accommodation or modification in order to have an equal opportunity to use and enjoy the apartment and community.

To evaluate the resident's request, we need you to answer the questions on this form and return it to our community either by facsimile to the attention of _____ at _____, or via e-mail to _____
Name Fax Number

Email Address

At the end of this form, the resident has authorized you in writing to release this information. You will need to read the following definitions to answer the questions below.

Fair Housing Need Defined

Under Fair Housing laws, a person requesting a reasonable accommodation or modification must demonstrate the necessity of the requested accommodation or modification. Courts have held that any accommodation or modification requested must be proximately related to the limitation faced by the disabled person. To preliminarily establish necessity, the disabled individual must demonstrate that the requested accommodation or modification, if effectuated, would ameliorate the alleged limitation the disabled individual endures in the use or enjoyment of his dwelling. In simple terms, the accommodation or modification must serve a disability-related need, i.e. lessen the impact of the disability.

REQUESTED INFORMATION

1. Based on the applicable legal requirements set forth above, in your professional opinion, does the resident need the accommodation or modification requested in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment or community?

[] Yes [] No

2. Please identify how long you have treated or provided services to this person:

Name and Title of person supplying Information: _____

Firm/Organization: _____

Signature: _____ Date: _____

Print Name: _____

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Resident's Verification of Information and Release

TO THE RESIDENT OR PROSPECTIVE RESIDENT:

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

RELEASE: By signing below, I acknowledge that I have carefully reviewed the foregoing Reasonable Accommodation or Modification Request Form, that the information contained therein is accurate, and that the request for a reasonable accommodation or modification as set forth above is the exact request that I have made of the property or landlord. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the community to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

Print Name: _____