

Request for Reasonable Accommodation/ Modification



Check one: ☐ Completed by applicant/ resident
☐ Completed by Management

Applicant/ Tenant Name _____
Address _____ Unit # _____
City/State/Zip _____
Phone _____ Cell Phone _____

Please return within five (5) business of receipt to:

Fax : _____ Address: _____
Email: _____ City, State, Zip: _____

This request is being made on behalf of the following disabled household member:

Same as above ☐ Other member: _____

Describe the accommodation/modification(s) being requested. Specifically, please identify which rule, policy, practice, procedure or physical barrier needs to be changed to meet the needs of the disabled household member:

Give the reason that the accommodation/modification is necessary for you to use and enjoy the housing.
(Please do not disclose the specific diagnosis or other confidential medical information.)

I authorize management to verify the need for this request and disabled status (not the specific disability/ diagnosis) with:

Qualified Professional's Name: _____ Phone: _____
Address: _____ Fax: _____

Date of request

Resident signature