

## Request for a Reasonable Accommodation

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

1. The following member of my household has a physical or mental condition, disorder or impairment that limits one (or more) major life activity and/or a record of physical or mental impairment and/or is perceived by another as an individual with a physical or mental impairment:

Name: \_\_\_\_\_

2. As a result of his/her disability, the following change or changes is/are requested so that this household member can have an equal opportunity to enjoy a unit, a common area and any on-going services or activities offered on site. (Check the kind of change(s) you need.)

A change in my apartment or other part of the housing complex. This change is:

\_\_\_\_\_

A change in the way we communicate with you or give you information. This change is:

\_\_\_\_\_

A change in Management's rules, policies, practices, or services. This change is:

\_\_\_\_\_

Other. This change is:

\_\_\_\_\_

3. You may verify that the person listed has a disability, the need for this request and possible alternatives to the specific request listed above by contacting the following medical/health provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

I (we) give you permission to contact the above individual for purposes of verifying that I (or a family member) has a disability and needs the reasonable accommodation request above. I (we) understand that the information you obtain will be kept as confidential as reasonably possible while processing this request and used solely to respond to this request for an accommodation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

