



**RESIDENT'S REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM**

The Fair Housing Act prohibits discrimination against persons with disabilities, among other things. In accordance with our commitment to fair housing and management practices, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities unless it would cause an undue hardship. Additionally, we will allow disabled residents to make reasonable modifications necessary to afford them an equal opportunity to use and enjoy their housing community unless it would cause an undue hardship. If you are requesting such an accommodation/modification, please fill out this form and return it to the Property Manager.

Resident's Name: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

Please describe the accommodation/modification that you are requesting:

\_\_\_\_\_  
\_\_\_\_\_

1. Are you disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities.*

YES                      NO

2. Please describe how the requested accommodation/modification is necessary for your use and enjoyment of your apartment community. (If needed, you may write on the back of this form or attach additional sheets of paper.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe how the accommodation/modification requested is connected to your disability.

\_\_\_\_\_  
\_\_\_\_\_

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

Please return this request to the leasing office. At that time we will notify you whether you need to provide a signed Verification of Need for a Reasonable Accommodation/Modification Form. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation/modification is needed.

*Note: We are not requesting a diagnosis or specific details about the disability or its severity.*



**VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION/MODIFICATION**

Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

*I have requested the accommodation/modification listed on the attached Resident's Reasonable Accommodation/Modification Request Form and ask that you fill out the following verification.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification: The individual who has signed above has requested the attached reasonable accommodation(s)/modification(s) and has requested that you provide verification:

Please indicate here:

a. Do you have a professional relationship involving the provision of health care or disability related services with the individual listed above?

Yes                      No

b. Does the individual listed above have a physical or mental impairment?

Yes                      No                      Cannot Verify

c. Does the individual's impairment substantially limit one or more major life activities?

Yes                      No                      Cannot Verify

d. Do you believe the requested accommodation/modification is necessary because of the individual's disability and will achieve its stated purpose?

Yes                      No                      Cannot Verify

e. If the accommodation is for an emotional support or service animal, please describe the type of animal.

\_\_\_\_\_

f. Is there any other information that would be helpful in making the right accommodation/modification for this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title of Physician or Professional: \_\_\_\_\_

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

*Note: We are not requesting a diagnosis or specific details about the disability or its severity.*



**VERIFICATION OF NEED FOR A UNIQUE ANIMAL AS  
AN EMOTIONAL SUPORT ANIMAL**

Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

*I have requested the accommodation of a unique emotional support animal and ask that you fill out the following verification.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification:** The individual who has signed above has requested a unique animal as an emotional support animal. A unique animal is one which is not a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small domesticated animal that is traditionally kept in the home for pleasure rather than for commercial purposes.

Specifically, the individual has requested a \_\_\_\_\_

Please indicate here:

a. The date of the last consultation with the patient. \_\_\_\_\_

b. Are there any unique circumstances justifying the individual's need for the particular animal or particular type of animal?

Yes                      No

If yes, please describe the unique circumstances.

\_\_\_\_\_  
\_\_\_\_\_

c. Do you have reliable information about this specific animal?

Yes                      No

d. Do you specifically recommend this type of animal?

Yes                      No

e. Is there any other information that would be helpful in making the right accommodation/modification for this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Physician or Professional: \_\_\_\_\_

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

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

*Note: We are not requesting a diagnosis or specific details about the disability or its severity.*