

# Reasonable Accommodation/Modification Request Packet

A reasonable **accommodation** is an exception or change that we make to rules, policies, services, or regulations that will assist a resident or applicant with a disability to take advantage of this housing program. A reasonable **modification** is a change to a physical or material aspect of the property or unit that will assist a resident to fully use and enjoy the premises. The accommodation or modification must be necessary for the individual with the disability to enjoy and/or fully use all services offered to other residents and/or the dwelling unit.

Reasonable accommodations and/or modifications can include, but are not limited to:

- A change in the rules or policies or how we do things that would make it easier for you to live here;
- Permitting a seeing-eye dog for a household in a community where pets are not allowed;
- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in aide to live with a disabled resident who might need 24 hour assistance;
- A change in the way we communicate with you or give you information;
- A change or repair in your apartment or in a common area of the building that would make it easier for you to live here;
- Altering an apartment so that it can be used by a person in a wheelchair;
- Providing large print documents or reader for a person with a visual impairment

Note: The individual requesting a modification may be responsible for the costs incurred in providing a reasonable modification, if the cost will cause an undue financial burden on the project. The individual may also be responsible for costs incurred to restore the property back to original condition once the modification is no longer needed. **<NAME OF PROJECT>** may require a licensed contractor to make the modification and/or restoration.

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability. We will grant all requests that are needed due to a disability if the request is not unduly burdensome or a fundamental alteration of our housing program. If we deny a request, we will give you the reasons in writing and provide an opportunity for you to appeal our decision, or to discuss alternative accommodations.

There must be a verifiable disability involved in order for a household to qualify for a reasonable accommodation and/or modification. We are required by law to keep all information about the disability confidential.

**A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities (walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself), has a record of such impairment, or is regarded as having such impairment.**

We will respond to all oral and written requests for reasonable accommodations, but using the attached forms will help us to better serve you:

For **APPLICANT/TENANT** to complete:

- Request for Reasonable Accommodation and/or Modification Form
- Sign the Release Statement on the Verification of Disability and Need for Accommodation

For the **HEALTH CARE PROVIDER** (such as a doctor, nurse, therapist, counselor or social worker):

- Verification of Disability and Need for an Accommodation and/or Modification

For the **APARTMENT MANAGER**:

- Approval or Denial of Request for Reasonable Accommodation and/or Modification

**Request for Reasonable Accommodation and/or Modification**  
*(to be completed by the resident or applicant)*

If you, or a member of your household, has a disability and feel that there is a need for a reasonable accommodation or modification for you or your household member to have equal use and access to this community, please complete this form and return it to your Apartment Manager. Please provide detailed explanation of what you are requesting. Use the other side of this form if you need more space. If you cannot complete this form yourself, you may have someone assist you, or you may make a verbal request to your Apartment Manager. We will answer your request within **10 business days**. Please keep copies of all documents you submit to your Manager.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT INFORMATION ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1) Name of the Individual who has a disability requiring the reasonable accommodation and/or modification:

\_\_\_\_\_

2) I am requesting the following accommodation/modification: \_\_\_\_\_

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

3) The health care provider (such as a doctor, nurse, therapist, counselor or social worker) who can verify the disability and the need for this reasonable accommodation and/or modification is:

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

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

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

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

<b>FOR APARTMENT MANAGER'S USE ONLY – DO NOT WRITE IN THIS BOX</b>	
DATE REQUEST RECEIVED: _____	INITIAL: _____
DATE VERIFICATION SUBMITTED: _____	INITIAL: _____
DATE VERIFICATION RETURNED: _____	INITIAL: _____

# Approval or Denial of Request for Reasonable Accommodation and/or Modification

<< DATE >>

<<TENANT/APPLICANT NAME >>

RE: Reasonable Accommodation/Modification Request

<<MAILING ADDRESS>>

<<MAILING ADDRESS>>

On << DATE >>, you requested the following reasonable accommodation and/or modification:

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- We have approved your request.
- This change is effective immediately.
  - This change will be effective on << DATE >>.
  - We must arrange for bids/installation. We anticipate completion by << DATE >>.

- We have denied your request because:
- You, or your household member, does not have a disability as defined by federal law and we are not required to provide the accommodation/modification you have requested.
  - The accommodation/modification has been determined to be an undue financial burden to our operations. Under Section 504, you may still be able to receive the accommodation or modification, but you may have to pay for it yourself. Please contact us to discuss this option.
  - The accommodation/modification would fundamentally change the nature of this housing program.

Our denial of this request is based on the following facts: \_\_\_\_\_

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If you disagree with this decision, or if you have more information to provide to us, you may contact me at the address and/or phone number listed below.

Sincerely,

<<MANAGEMENT SIGNATURE>>

<<MANAGEMENT AGENT>>

<<OFFICE ADDRESS>>

<<OFFICE PHONE>>

<<OFFICE HOURS>>

# Verification of Disability and Need for Reasonable Accommodation and/or Modification

SENT TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SENT VIA: USPS FAX EMAIL OTHER \_\_\_\_\_

DATE: \_\_\_\_\_

## Applicant/Tenant Consent To Release Information

You are not required to sign this consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

**<<TENANT/APPLICANT NAME >>** has requested our company to make the following accommodation/modification. We are asking you to verify whether or not this individual has a disability as defined below, and also to provide the nexus (if any) between the disability and the accommodation/modification that has been requested. Please do not provide details regarding the disability, we only need to know how the accommodation/modification will allow this individual an equal opportunity to fully use and enjoy their housing.

Accommodation/Modification being requested: \_\_\_\_\_

**The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of 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 (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

\* The term "substantially limits" means that the limitation is "significant" or "to a large degree."

\* The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Does the individual meet this definition?

YES

NO

Please explain the nexus (relationship) between the person's disability and the need for the requested accommodation or modification, as it relates to allowing the individual to use and enjoy their home. If, in your professional opinion, there is no relationship, please check here:

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

Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

