

## REQUEST FOR REASONABLE ACCOMMODATION

**Note:** This form may be submitted at any time. If you need Assistance with this form or have any additional questions, please contact \_\_\_\_\_.

\_\_\_\_\_  
*Date of Request*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Name of Applicant/Resident/Participant*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City / State / Zip*

1. Reasonable accommodation requested: \_\_\_\_\_  
*What*

2. Reasonable accommodation requested for: \_\_\_\_\_  
*Household Member Name*

3. Reason for requesting this accommodation: \_\_\_\_\_  
*Why*

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability.

5. Case manager's name is \_\_\_\_\_ @ \_\_\_\_\_  
Contact him/her regarding any concern re: this request. *Phone*

6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give \_\_\_\_\_ permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

\_\_\_\_\_  
*Signature of Applicant/Resident/Participant*

**Important:** This side of the form may only be completed by a Doctor or licensed professional.  
This side may not be completed by Applicant, Resident or Participant.

### **REASONABLE ACCOMMODATION VERIFICATION**

Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

**Explanation:** We are required by law to provide reasonable accommodations to disabled applicants, residents, and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability," with respect to the individual, as: (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; (3) being regarded as having such an impairment; but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

\_\_\_\_\_ due to disability, has the following functional limitations:  
Name

and requests that the following reasonable accommodations be provided to give equal access to housing. An explanation of why each accommodation is needed is included: (Use additional sheet, if necessary)

**Accommodation**  
Specific Request

**Relationship** – Why Accommodation is Necessary to Assure Equal Housing Access. (This section must be completed. Use additional pages, if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature	Date
Printed Name	Phone #
Professional Title	Fax #
Address	City/State/Zip