

Requests for Reasonable Accommodations and/or Modifications

Page 1 of 2

A reasonable accommodation is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. A reasonable modification is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his/her use of the dwelling and/or common areas. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or fully use services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include but are not limited to:

- A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling;

Permitting an assistance animal to reside in a community where pets are not allowed, or not charging a deposit for an assistance animal though the housing provider charges deposits for pets. Assistance animals may include both (1) service animals, and (2) other trained or untrained animals that do work, perform tasks, provide assistance, and/or provide therapeutic emotional support for individuals with disabilities.

- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance;
- A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment.

Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
- Altering your apartment so that the unit can be accessed and used by a person in a wheelchair.

NOTE: -The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to the original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact the Community Manager.

Requests for Reasonable Accommodations and/or Modifications

Page 2 of 2

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability of the resident, applicant, and/or a person associated with a resident or applicant, such as a guest. Housing providers must grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, you have the right to know the reasons in writing.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider is 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 limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. Most serious medically treated conditions are considered to be a disability. A disabled resident must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

While not required to use the forms, using the attached forms is encouraged to help you and your housing provider better formulate the request and implement any follow up necessary. If requested, the housing provider may fill out the forms on behalf of the requesting party. The attached forms include:

- A Request for a Reasonable Accommodation and a Release that the housing provider can send to your medical provider. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)
- A Request for a Reasonable Modification and a Release that the housing provider can send to your medical provider. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)
- Verification of the need for an Accommodation and/or Modification (For your health care provider, such as a doctor, nurse, therapist, or social worker, to complete)
- Approval or Denial of a Request for a Reasonable Accommodation and/or Modification. (For your housing provider to complete)

A housing provider is not entitled to request third party verification of disability and need for an accommodation/modification unless the disability and/or the need for the accommodation/modification are not readily apparent. The housing provider will then need to seek third-party verification if the disability and/or need for accommodation are not readily apparent or known to the housing provider.

Request for a Reasonable Accommodation

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____ Date: _____

1. The person(s) who has a disability requiring a reasonable accommodation is:

_____ Myself

_____ A person associated with me (such as a household member or guest).

_____ Address: _____

2. I am requesting the following change or changes in a policy, procedure, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide:

Name: _____

Address: _____

Phone Number: _____

Request for a Reasonable Accommodation

Page 2 of 2

3. I need this reasonable accommodation because:

Please notify me within ten (10) working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: _____

Address: _____

Request for a Reasonable Modification

Page 1 of 2

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____ Date: _____

1. The person(s) who has a disability requiring a reasonable modification is:

_____ Myself

_____ A person associated with me (such as a household member or guest).

Name of person with disability: _____

Phone#: _____

Address: _____

2. I am requesting the following modifications so that my household members, guests, and can live here as easily as others and enjoy and participate equally in housing:

NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to the original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact the Community Manager.

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide.

Request for a Reasonable Modification

Page 2 of 2

Name: _____

Address: _____

Phone Number: _____

3. I need this reasonable modification because:

Please notify me within ten (10) working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: _____

Address: _____

Verification of Status as a Person with a Disability

Page 1 of 2

TO: _____

Name of resident, applicant or guest: _____

Address: _____

The tenant, guest, or applicant for tenancy listed above has sought the reasonable accommodation and/or modification described in the attached Request for a Reasonable Accommodation and/or Modification Request form.

State and federal laws require housing providers to make reasonable modifications to either the dwelling or other parts of the housing community, and to make reasonable accommodations to policies, procedures services or regulations when such changes are not unduly burdensome and are necessary for the tenant, applicant, household member or guest with a disability to have equal opportunity to use and enjoy the housing and/or facilities.

If determining whether the person requesting the change is disabled for the purpose of a reasonable accommodation or modification, the California Fair Employment and Housing Act provides that a person is disabled if they have a physical or mental impairment that limits one or more of the person's major life activities. Some examples of major life activities are caring for oneself, walking, breathing, seeing, hearing, learning, sleeping, speaking, and working.

Drug addiction (other than drug addiction caused by current illegal use of a controlled substance) and alcoholism, are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

The verification of the disability does not need to come directly from a medical provider. You may submit a note on letterhead and signed by a third-party verifier which could be from a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about your disability.

Verification of Status as a Person with a Disability

Page 2 of 2

IMPORTANT: The medical/social service professional certifying the disability and need for an accommodation and/or modifications IS NOT required to reveal the specific nature and/or severity of the individual's disability.

As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that

Name of Client: _____

Qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.

Accommodation/Modification:

Expected duration of disability: _____

List major life activities that are limited by the disability: _____

Signature of Professional

Printed Name and Title

Date

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

Page 1 of 2

To: _____

On _____ (date) you requested the following reasonable accommodation and/or modification:

We have:

_____ approved your request. We will provide the following accommodation and/or modification:

_____ The change is effective immediately.

_____ We will provide the accommodation by: _____

_____ To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by: _____ (date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

_____ Denied your request. We have denied your request because (check all that apply):

_____ You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

_____ The accommodation and/or modification you requested is not reasonable because:

_____ you do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.

**Approval or Denial of Reasonable Accommodation and/or Reasonable
Modification Request**

Page 2 of 2

_____ it will cost \$ _____ and/or _____ hours of staff time to make the change you requested and this is an undue burden on our operations.

_____ it will fundamentally change the nature of our housing.

We used these facts to deny your request as follows: _____

To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

If you disagree with this decision or have more information to provide to us, you may contact me at the following address and/or phone number. We are also available to discuss other alternatives that will meet your needs.

Sincerely,

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____