

Request for Reasonable Accommodation



All requests for accommodations are treated as a high priority.

Check one: Completed by Resident/Applicant
 Completed by Management

Name _____

Address _____ Unit # _____

City/State/Zip _____

Home Phone _____ Work Phone _____

The following member of my household has a disability:

I/we request the following reasonable accommodation(s) so we are/I am able to live here as successfully as the other residents.

A change in a policy/practice/rule or service:

I need this reasonable accommodation to:

(Date)

(Resident/Applicant's signature)

(print name)

(Date)

(Owner/Agent's signature)

(print name)

FOR OFFICE USE ONLY

Request received by _____ Date _____

Management's actions, including dates:

Follow-up, if necessary, including dates:

Date _____ Approval Form provided to Applicant/Resident _____ *(initials)*

Date _____ Denial Form provided to Applicant/Resident _____ *(initials)*

(Owner/Agent's signature)

(Date)

(Supervisor's signature, if necessary)

(Date)