

REQUEST FOR A REASONABLE ACCOMMODATION

Name_____ Phone_____

Address_____

1. The following member of my household has a disability:
2. Please provide the following change or changes so that the person listed above can live here as easily or successfully as the other Resident/Tenant. Check the kind of change(s) you need.

- ☐ A change in my apartment or other part of the housing complex. Please tell what you need. Use other side, if necessary.
- ☐ A change in the following rule or the way you do things. (I understand that I may ask for changes in how I meet the terms of the lease, but that everyone must continue to meet the terms of the lease.) Please tell what you need. Use other side, if necessary.

3. I need this reasonable accommodation because:

4. You may verify the need for this request by contacting:

Name _____

Address _____

Phone Number _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.) I give you permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested above.

Signed_____ Date_____