240(10/14)

REASONABLE ACCOMMODATION REQUEST/VERIFICATION

DATE: ___ ___ ___

TENANT NAME(S): _____

RENTAL ADDRESS: _____ UNIT# _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

Name of disabled person requesting accommodation: _____

Description of accommodation being requested: _____

_____

Explanation why the above requested accommodation is necessary for you to fully enjoy your dwelling unit and/or common areas:

_____

_____

(***you may add additional written information on a separate sheet***)

RELEASE

RELEASE

I hereby authorize my health care provider, or other Qualified Individual, to provide to my landlord or its agents, all information reasonably requested in connection with this request for a reasonable accommodation. Information obtained under this consent is limited to information that is no older than 12 months. If there are circumstances which would require Landlord or its agents to verify information that is up to five years old, then a consent to release such information is attached to this consent and incorporated herein by reference.

X_____

Signed Date

VERIFICATION

VERIFICATION

_____ has requested that his/her Landlord change rules, regulations, practices or procedures. Pursuant to Federal Fair Housing Laws, we are required to make reasonable accommodations when they will give a disabled person an equal opportunity to use and enjoy the housing. We are not required, on the other hand, to approve accommodations that are a matter of convenience or preference only, and we are not in the practice of doing so.

Under Federal law, a person is defined as handicapped or disabled if they suffer from "a physical or mental impairment which substantially limits one or more major life activities," or if they have a "record of such an impairment," or are "regarded as having such an impairment." This definition does not include current illegal use of controlled substances.

A physical or mental impairment means "(1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito/urinary; hernic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." Such an 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 "major life activities" means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

In order to determine if the tenant and the accommodation fit within the terms of the law, would you kindly verify the following:

I, _____, do hereby state that it is my professional opinion that the person listed above, who is requesting an accommodation, meets all of the following criteria: (1.) The person listed above is disabled as that term has been defined above; (2.) The requested accommodation relates to the disability; and (3.) The requested accommodation is necessary for the person requesting the accommodation to fully enjoy his/her dwelling and/or common areas as any non-disabled person would.

X_____ _____

Signed Date Professional Title

_____

Organization

EQUAL HOUSING OPPORTUNITY

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PREVIEW ONLY