

## Request For a Reasonable Accommodation

If you, a member of your household, or someone associated with you has a disability, and need a reasonable accommodation to have an equal opportunity to use and enjoy the unit, and public and common areas, please complete this form. Check all items that apply and provide explanations. Keep copies of all documents for your records.

Name of Tenant or Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I am requesting the following change or changes in a policy, procedure, rule, or service so that my household members, guests, and I can be provided an equal opportunity to housing:

I am requesting the following accommodation/s:

\_\_\_\_\_  
\_\_\_\_\_

I need this reasonable accommodation because:

\_\_\_\_\_  
\_\_\_\_\_

If you want your housing provider to speak with someone on your behalf about this request, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please notify me within ten working days, in writing, of the Approval or Denial of this Request.

Signature of Tenant, Applicant, or Guest: \_\_\_\_\_