

Request for Reasonable Accommodation Form:

Tenants Name: _____

Property Name: _____

Property Address: _____ Unit # _____

This is a request for changes in either the property, rules, practices, regulations or procedures.

Landlord is required to make reasonable accommodations in order to give a disabled person an equal opportunity to enjoy and use housing pursuant to the Federal Fair Housing Laws. This is not a requirement for accommodations that are a matter of preference or convenience and is not the Landlords responsibility for such request.

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

A physical or mental impairment means 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; genitor/urinary; hernic and lymphatic; skin; and endocrine; or any mental or physiological 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, emotional illness, drug addiction (other than current illegal use of 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 resident and the accommodation fit within the boundaries of the law, please read and endorse the following acknowledgment:

Acknowledgment:

I do herby state that it is my professional opinion that the person listed above , who is requesting accommodation, meets all of the following criteria:

The person listed above is disabled as that term has been defined above.

The request accommodation relates to the disability of this individual.

The requested accommodation is necessary for the person requesting the accommodation to fully utilize their dwelling and/or common areas as any non- disabled person would.

If called upon to do so, I would swear under penalty of perjury in a court of law that my signature below signifies that I agree with all above statements contained in this section.

Name:(print): _____ Title: _____

Signature: _____ Date: _____