

**Reasonable Accommodation Request Form**  
**and**  
**Third-Party Verification Form**

The community is committed to the letter and spirit of the Fair Housing Act which, among other things, prohibits discrimination against persons with disabilities.

Accordingly, the community will make reasonable accommodations and/or modifications to its rules, policies, practices, or services when such accommodations or modifications are necessary to afford persons with disabilities the opportunity to use and enjoy the goods, services, activities, or facilities that are offered or provided by the community.

If you would like to request a reasonable accommodation, please complete the following “Reasonable Accommodation Request Form.”

Depending on the information provided to us in the “Reasonable Accommodation Request Form” and information which may otherwise be obvious, readily apparent, or known to the community, we may need a “Third-Party Verification Form” completed by you and a reliable third-party in order for the community to evaluate the disability and/or the appropriate disability-related accommodation(s) or modification(s). A “reliable third-party” is any individual who is in a position to know about the individual’s disability.

Please notify the community’s Executive Director if you need assistance with this Reasonable Accommodation Request Form or, if applicable, the Third-Party Verification Form.



## Reasonable Accommodation Request Form

Requestor's Last Name	Requestor's First Name
Requestor's Telephone Number	Date of Request
Location	Requestor's Email Address

**1. Do you consider yourself to be disabled?**

*Federal non-discrimination laws generally define a person with a disability to include any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.\**

- Yes  
 No

**2. Please describe the type of reasonable accommodation(s) or modification(s) that you are seeking (check all that apply).**

- Auxiliary aids or services for effective communication (please specify)

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- A change, exception, adjustment or adjustment to one (or more) of the community's rules, policies, practices, or services (please specify)

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- A physical or structural change or modification to the community's (or an apartment's) exterior or interior (please specify)

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- Other (please specify)

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\* See: [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/disability\\_overview](https://www.hud.gov/program_offices/fair_housing_equal_opp/disability_overview)





**3. Please describe how the accommodation(s) or modification(s) is/are necessary for your use or enjoyment of your apartment or the enjoy the goods, services, activities, or facilities that are offered or provided by the community.**

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Name of individual seeking the accommodation(s) or modification(s): \_\_\_\_\_

Signature of individual seeking the accommodation(s) or modification(s): \_\_\_\_\_

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

**Please provide this completed Reasonable Accommodation Request Form to the community's Executive Director. The Executive Director will contact you about the request and whether the Third-Party Verification Form is necessary after we have an opportunity to review the foregoing information and request.**

