

**REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM**

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

Type(s) of Accommodation/Modification Requested: \_\_\_\_\_

\_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**To Be Completed by Property Management Staff:**

Is the requester disabled as defined by Section 504, the Fair Housing Act, or the ADA?

Yes  No

If so, has this person's equal use and enjoyment of the home been diminished in direct connection with this disability? Yes  No

Has the requestor provided verification that the accommodation will correct the diminished housing use and/or enjoyment caused by the disability? Yes  No

Explain below: \_\_\_\_\_

\_\_\_\_\_

Management Staff's Recommendation(s): \_\_\_\_\_

\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**To Be Completed by Central Office Staff:**

Date Request Received: \_\_\_\_\_ Date of Approval or Denial: \_\_\_\_\_

Type(s) of Accommodations Provided: \_\_\_\_\_

\_\_\_\_\_

Work Order Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_