



REQUEST FOR REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____

The person(s) who has a disability requiring a reasonable accommodation is:

Myself A person associated with me (such as a household member or guest).

Name of person with disability: _____

Phone#: _____ Email: _____

Address: _____

2. I am requesting the following change or changes in the policy, procedure, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

An exception to the No Pets policy so I can have my medically prescribed assistance animals with me.

I need this reasonable accommodation because:

The animals assist me in living with my disability. (See attached Physician Statement)

Please notify me within ten working days of the approval or denial of my Reasonable Accommodation request.

Signature of tenant, applicant, or guest

Date

For further information about the Accommodation Rights of Tenants with Disabilities, please contact: