Request for Reasonable Accommodation or Modification

Date: ________________________________

<table>
<thead>
<tr>
<th>Name (Resident or Applicant):</th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone Number (if applicable):</td>
<td></td>
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<tr>
<td>Preferred Contact Method:</td>
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<tr>
<td>□ Phone □ Face to face meeting</td>
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<tr>
<td>□ Writing □ E-mail</td>
<td></td>
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<tr>
<td>□ Other _____________________</td>
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(household member name) has a disability as defined below.

An individual is considered disabled if he/she meets the following criteria:

1. Has a physical or mental condition that severely affects a major life activity
2. Has record of having a physical or mental condition that severely affects a major life activity
3. Is regarded as having a physical or mental condition that severely affects a major life activity

As a result of his/her disability, the following is requested:

□ A structural change. Please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

□ A change in the following rule, policy or procedure. Please describe:
(Note: you may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

________________________________________________________________________
________________________________________________________________________

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Other. Please describe:

The following person/company is able to assist by providing information about the change (It is not required that the resident complete this item. The owner/agent will try to obtain this information if necessary).

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).
By signing this request, I certify that the above information is true and correct.

Print Name ___________________________________________________________________  

Signature ___________________________________________________________________ Date ___________________________________________________________________

The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS CONSENT:
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. USDA, Rural Development and any owner (or any employee of USDA, Rural Development or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this authorization form is restricted to the purposed cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of USDA, Rural Development or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) AND (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8). **
Provider:

Name:  
Address:  
City, State, Zip  

**HOUSEHOLD MEMBER RELEASE**

Resident/Applicant:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature ___________________________ Date __________

The owner/agent provides reasonable modifications/accommodations for applicants/residents with disabilities who have a verifiable need for the reasonable modification/accommodation.

A reasonable accommodation is a change to a rule that allows a disabled resident to use the community.

A reasonable modification is a modification made to an apartment or common area that allows a disabled resident/applicant the ability to use and enjoy our apartment community.

In order to qualify for a reasonable accommodation/modification the need **must be related to a disability** and there must be a nexus between the disability and the request. (For example, a resident, whose arthritis impairs the use of her hands and causes her substantial difficulty in using the doorknobs in her apartment, wishes to replace the doorknobs with levers. There is a relationship between the resident’s disability and the requested modification.)
Because this property is governed by HUD regulations, we are required to verify the need for a reasonable accommodation and/or modification when the need is not obvious or previously known. This means we must to provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the modification or accommodation alleviates at least one of the identified symptoms or effects of the existing disability.

We are required to complete our verification process in a short time period. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office.

Thank you, in advance, for your cooperation and prompt response.

__________________________
Property Manager
Cc: Applicant/Resident File
The following to be completed by information provider

I [ ] can [ ] cannot verify that the enclosed request is necessary for changes to the apartment or common area or to policies and procedures for the above named person, as a result of his/her disability, to have equal housing opportunity.

Note: If you can verify the necessity for the accommodation, please answer the questions below.
If you cannot verify the necessity for the accommodation, please sign the form and return to the owner/agent.

1. Please verify that the described changes requested by the applicant/resident are necessary for equal enjoyment of the housing opportunity as a result of his/her disability.

[ ] Do not know

[ ] In my opinion, the applicant/resident’s disability does not require that the requested accommodation/modification be made in order for the applicant/resident to have equal opportunity to live successfully in this housing. There is not a nexus between the disability and the request.

[ ] In my opinion, the applicant/resident’s disability requires that the requested accommodation/modification be made in order for the applicant/resident to have equal opportunity to live successfully in this housing. There is a nexus between the disability and the request.

2. Please describe how the accommodation/modification addresses the symptom of the disability.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Is the need permanent or temporary?

[ ] Permanent

[ ] Temporary
PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this document, I certify that the information provided is true and correct.

Name and position of verifier:

(Please print) ____________________________________________

Signature of Verifier: ___________________________ Date: ________________

Address: __________________________________________

Telephone: ________________________________________

email: ____________________________________________

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