

General Information Regarding a Request for a Reasonable Accommodation and/or Modification

Instructions: Provide this General Information Sheet (2 pages), Request Form (2 pages) and Verification Form (2 pages) to any person that you believe is making a request for an accommodation or modification for a person with a disability.

A *reasonable accommodation* is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. A *reasonable modification* is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his/her use of the dwelling and/or common areas. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or fully use services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include, but are not limited to:

- ✚ A change in the rules or policies or how a housing provider does things that would make it easier for the person to live in the dwelling;
- ✚ Permitting a seeing eye dog for a household in a community where pets are not allowed, or not charging a deposit for a service animal though the housing provider charges deposits for pets;
- ✚ Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- ✚ Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance;
- ✚ A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment.

Reasonable modifications can include, but are not limited to:

- ✚ A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
- ✚ Altering your apartment so that the unit can be accessed and used by a person in a wheelchair.

NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations.

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability of the resident, applicant, and/or a person associated with a resident or applicant, such as a guest. Housing providers must grant all requests for **reasonable** accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, the resident or applicant has the right to know the reasons in writing.

There must be a **verifiable** disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider is required by law to keep all information about the disability confidential. A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Most serious medically treated conditions are considered to be a disability. A disabled resident must still be able to meet essential obligations of tenancy, i.e. they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you wish to request a Reasonable Accommodation or Reasonable Modification, please use the attached forms to do so. Using the attached forms will help you to request and will help us to understand your request. Having complete information, as outlined on the attached forms, will assist us in responding to your request in a timely manner. If you cannot fill out these forms yourself, you may have someone assist you.

Please complete ONE of these attached Request forms:

- ✚ *Request for a Reasonable **Accommodation** and Release.* This form verifies your request and authorizes a medical/social service professional to certify the status as a person with a disability and your need for the accommodation.
- ✚ *Request for a Reasonable **Modification** and Release.* This form verifies your request and authorizes a medical/social service professional to certify the status as a person with a disability and your need for the accommodation.

Please also complete:

- ✚ *Verification of Status as a Person with a Disability the need for an Accommodation and/or Modification.* Please enter the name and address of your medical/social service professional who will certify the status as a person with a disability and your need for the accommodation. If available, please provide a telephone and fax number so that we can expedite your request.

Please note: If your disability is apparent or obvious to a non-medical/social service professional, such as blindness, missing limb, etc., this Verification form will not be required and your medical/social service provider will not be contacted.

Please keep copies of the documents that you submit to us. Our goal is to review and verify the information you provide and respond to you in writing within 10 business days.

Request For A Reasonable Accommodation and/or Modification Procedure

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Request for a 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. (This form is NOT for modifications to your dwelling or the common area). 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.

Name of Tenant or Applicant: _____ Date: _____

1. 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: _____

Address: _____ Phone: _____

2. I am requesting the following change or changes in a 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:

3. This reasonable accommodation is necessary because:

I/we authorize the medical/social services professional listed on the attached Verification of Status as a Person with a Disability form to release the necessary information to confirm that the person listed above is a person with a disability in need of the accommodation requested above.

Signature of Tenant or Applicant: _____

Signature of disabled person (if not the Tenant or Applicant): _____

Request for a Reasonable Modification

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 modification* for that person to have equal use and access to the community, please complete this form. 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 submitted.

Name of Tenant or Applicant: _____ Date: _____

1. The person(s) who has a disability requiring a reasonable modification is:

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

Name of person with disability: _____

Address: _____ Phone#: _____

2. I am requesting the following modifications so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

3. This reasonable modification is needed because:

NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/ or restorations.

I/we authorize the medical/social services professional listed on the attached Verification of Status as a Person with a Disability form to release the necessary information to confirm that the person listed above is a person with a disability in need of the modification requested above.

Signature of Tenant or Applicant: _____

Signature of disabled person (if not the Tenant or Applicant): _____

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Resident, Applicant, or guest with disability: Please complete all blanks on this form. The housing provider will send this form to the Medical/Social Services Provider named in the address block below.

Verification of Status as a Person with a Disability by Medical/Social Services Provider

Enter Medical/Social Services Provider name and address here:

TO: _____

Phone: _____

Fax: _____

Email: _____

RE: Name of resident, applicant, or guest with disability: _____

Address: _____

Dear Medical/Social Services Provider:

The resident, guest, or applicant for tenancy (your patient or client) listed above has sought the reasonable accommodation and/or modification described in the attached Request for a Reasonable Accommodation/Modification form.

State and federal laws require housing providers to make reasonable modifications to either the dwelling or other parts of the housing community, and to make reasonable accommodations to policies, procedures, services or regulations when such changes are not unduly burdensome and are necessary for the tenant, applicant, household, member or guest with a disability to have equal opportunity to use and enjoy the housing and/or facilities.

In determining whether the person requesting the change is disabled for the purpose of a reasonable accommodation or modification, the California Fair Employment and Housing Act provides that a person is disabled if they have a physical or mental impairment that limits one or more of the person's major life activities. Some examples of major life activities are caring for oneself, walking, breathing, seeing, hearing, learning, sleeping, speaking, and working.

Drug addiction (other than addiction caused by current illegal use of a controlled substance) and alcoholism (other than addiction caused by current use) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

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Verification of Status as a Person with a Disability by Medical/Social
Services Provider

(continued)

Your patient or client is requesting that you certify the disability and need for an accommodation and/or modification by completing this page. (The attached Request for a Reasonable Accommodation/Modification contains this request and a release just above your patient or client's signature.)

IMPORTANT: The medical/social service professional certifying the disability and need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.

As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that:

(Name of patient/client)

qualifies as an individual with a disability as defined above (having a physical or mental impairment that limits one or more of the person's major life activities) and that the following accommodation and/or modification are consistent with the needs associated with his/her disability.

Accommodation/ Modification Needed:

Expected duration of disability:

List major life activities that are limited by the disability:

Signature of Professional

Printed Name and Title

Date Signed