



REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

Community: _____

Resident: _____

Resident's Address: _____

(To be completed by the Resident)

To Property Manager:

I hereby request the following reasonable accommodation:

The Federal Fair Housing Act (FFHA) requires an accommodation for persons with handicaps if the accommodations are; (1) Reasonable; (2) Necessary; and (3) to afford handicapped persons equal opportunity to use and enjoy housing.

The above accommodation, if accepted, will enable the undersigned to comply with lease terms relating to:

RELEASE: The undersigned hereby authorizes the release of the requested information.

Resident Signature

Date





**DEFINITION OF “DISABLED”
(TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL)**

Under the penalties of perjury, and based upon your professional opinion, after reviewing the proposed accommodation and its goal described above, please answer the following questions, sign and return this form at your earliest convenience.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter in its jurisdiction

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits on or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immune Deficiency Virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. [24 C.F.R. Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2)].

1. Is the Resident or household member disabled as defined above? _
___yes ___No
2. Is the requested accommodation necessary to achieve lease compliance or is it necessary to provide the Resident or household member the same opportunity that a non-disabled Resident has to use and enjoy housing.
___yes ___No
3. Could lease compliance be more effectively achieved by some other accommodation or is there another accommodation that could meet the Resident or household member's needs in place of what has been requested
___yes ___No

If yes, briefly describe your suggested accommodations:





I acknowledge the answers to these questions to be my professional opinion under the penalties of perjury, and would be willing to testify to such opinion in a Court of Law.

Name and Title of Person Supplying Information

Firm/Organization

Address

Signature

Date

**Please return the original accommodation form to:

