

REQUEST FOR REASONABLE ACCOMMODATION

I, _____, do hereby make a request for a reasonable accommodation for my handicap or disability at the premises at _____, to wit (*state the accommodation you request*):

Affirmation

By signing this form, I hereby affirmatively state that I:

1. meet the requirements of tenancy as published by the Landlord,
2. am not a current illegal abuser or addict of a controlled substance, and
3. have not been convicted of the illegal manufacture or distribution of a controlled substance.

Service or Support Animal

If you are requesting reasonable accommodation by having a service or support animal on the premises, complete our screening process to assist us in processing your accommodation request. Once you complete the screening process, we will review the results, in addition to your application for an assistance animal and request for accommodation and will determine whether your accommodation request will be accepted or declined.

Acknowledgment

I, the below-signed person, acknowledge and agree that if my handicap or disability, for which I am requesting accommodation, hereby authorize you to request verification of my handicap or disability and the necessity for the requested accommodation from the person I identify below when my disability is not readily apparent. I acknowledge and agree that such person must be qualified to render the requested verification and have sufficient knowledge of my handicap or disability to verify that my request for accommodation is consistent with my handicap or disability and necessary to afford me equal access to and full enjoyment of the premises.

If my request for accommodation is approved, I agree, subject to limitations imposed by law, (1) to pay for the costs required and/or incurred as a result of the landlord accommodating my request; (2) to repair or restore the premises to its original condition in good workmanlike manner, except for those accommodations that do not interfere with the landlord's or future tenant's use and enjoyment of the premises; (3) to obtain any required permitting to make any repairs or restorations; and (4) that the landlord may require a reasonable security deposit, not to exceed the anticipated cost of repair or restoration where it is necessary to ensure, with reasonable certainty, that funds will be available to pay for such repair, replacement, or restoration at the end of my tenancy.

[NOTE: IF YOUR DISABILITY IS READILY APPARENT (e.g. blindness, handicap), WE WILL NOT NEED THE FOLLOWING INFORMATION, BUT IF YOUR DISABILITY IS NOT READILY APPARENT, WE NEED THE INFORMATION BELOW FOR YOUR MEDICAL PROFESSIONAL, SO THAT WE CAN SEND A VERIFICATION LETTER TO THEM REGARDING YOUR NEED FOR THE ACCOMMODATION.]

The following government entity or medical provider or qualified professional is my contact for purposes of you, the landlord, reviewing my accommodation request. I hereby permit and authorize you to contact said person(s) for purposes of requesting and receiving information about my accommodation request:

Name of Government Office / Medical Provider / Professional

Title

Address

City

State

Zip

Phone #

Signature of Requestor

Date