

Request for Reasonable
 Accommodation **Modification**

TO: _____

ADDRESS: _____

PHONE: _____

FROM: _____

ADDRESS: _____

PHONE: _____

ADDRESS of _____

PROPERTY: _____

The following member of my household has a disability: _____

I am requesting the following change or changes be made and/or allowed so that the aforementioned person may have equal opportunity to use and enjoy this dwelling and common areas available to all tenants, as afforded by the Federal Fair Housing Act, Title 42 §3604, Subsections 3a and/or 3b.

I understand that a change in rules or policies does not exempt me from meeting the terms of the rental agreement, lease, and/or contract. A written medical/therapeutic verification of the need for this request is attached. Please respond to my request, in writing, within ten working days.

Signature

Date

Printed Name

P050