

**Approval or Denial of Reasonable Accommodation
and/or Reasonable Modification Request**

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To: _____

On _____ (date) you requested the following reasonable accommodation and/or modification:

We have:

approved your request. We will provide the following accommodation and/or modification:

The change is effective immediately.

We will provide the accommodation by:

To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by: _____ (date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

denied your request. We have denied your request because (check all that apply):

You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

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The accommodation and/or modification you requested is not reasonable because:

you do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.

it will cost (fill in amount) \$_____ and/or _____ hours of staff time to make the change you requested and this is an undue burden on our operations.

it will fundamentally change the nature of our housing.

We used these facts to deny your request (list): _____

To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

If you disagree with this decision or have more information to provide to us, you may contact me at the following address and/or phone number.

Sincerely,

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____

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