

Request for a Reasonable Accommodation or Modification (Form)

The following resident claims a physical or mental impairment that limits his or her ability to occupy our housing.

Name: _____ Unit #: _____

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify.)

_____ Assistance or Service Animal

_____ Other (please explain):

- A physical change in the housing unit: (Please check needed accommodation(s).)

_____ Addition of grab bars for bath/shower

_____ Fire alarm system to accommodate visual impairment.

_____ Fire alarm system to accommodate hearing impairment

_____ Other (please explain):

Sign: _____ Date: _____

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation:

We strive to provide a response to requests within 24hrs. If you do not agree with the response, you may appeal the decision to our corporate office at: (317) 815-9360.

