

MODEL FORM

Ask Resident to Fill Out, Sign Forms for Accommodation Request and Verification

You can give the forms below, based on ones created by the Fair Housing Institute, to residents who request reasonable accommodations. The first form asks the resident to indicate whether she is disabled, to describe the accommodation she is requesting, and to describe how the accommodation is necessary for her to use and enjoy her unit. It also asks the resident to provide the name and contact information of a third-party professional who can verify her need for the accommodation. Note that

you cannot *require* a resident seeking an accommodation to fill out the form. Explain that the form will help you process the request as quickly as possible.

The second form, once signed by the resident, authorizes the third-party professional to verify the resident's need for the accommodation. Send this form to the third-party verifier and ask him to return it directly to you.

Show these forms to your attorney before using them at your site.

REASONABLE ACCOMMODATION REQUEST

[Insert name of site] is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their rental housing sites. If you are requesting such an accommodation, please fill out this form and return it to the manager.

RESIDENT'S NAME: _____

ADDRESS: _____

DATE OF REQUEST: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

1. Do you consider yourself to be disabled? Yes No

*The Fair Housing Act defines "disability" as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most individuals' daily lives.***

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your unit and housing site. (If needed, you may write on the back of this form or attach additional sheets of paper.)

Please return this request to the office with the signed Verification Form that we will send to the professional third-party verifier (such as a health care provider) identified below:

VERIFIER'S NAME: _____

POSITION: _____ TEL. #: _____

ADDRESS: _____

NEED FOR REASONABLE ACCOMMODATION VERIFICATION

[Insert name of site] provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies **made necessary because of a disability** for the resident to use and enjoy a rental housing site. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

RESIDENT'S NAME (PRINT): _____

REQUEST FOR REASONABLE ACCOMMODATION: _____

RESIDENT'S SIGNATURE: _____ DATE: _____

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

1. Is this resident disabled? Yes No I don't know

*The Fair Housing Act defines "disability" as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most individuals' daily lives.***

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live at his or her housing site? Yes No

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this rental housing site.

5. If necessary, will you be willing to testify in a court of law concerning the information provided in this form? Yes No

VERIFIER'S NAME: _____

POSITION: _____ TEL. #: _____

ADDRESS: _____

VERIFIER'S SIGNATURE: _____ DATE: _____

Please return this form to [insert site manager's name and address].