

Request for Reasonable Accommodation or Modification Form

Please respond to this request in writing within 10 business days or sooner

Individual or Tenant Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Landlord or Housing Provider Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ has a disability that substantially limits one or more
(Name of Individual)

major life activities as defined in the Fair Housing Act. _____'s
(Name of Individual)

disability requires the following reasonable modification and/or accommodation to use and enjoy the housing unit:

****Remember to keep copies of all documents submitted!***