

REASONABLE ACCOMMODATION or MODIFICATION REQUEST and VERIFICATION

Date of request _____

Tenant Name _____

Street Address _____ Unit # _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

1. Name of disabled person _____

2. Please describe the accommodation or modification requested: _____

3. If not readily apparent, please explain why the accommodation/modification described above is necessary for you to fully enjoy your dwelling and/or common areas: _____

(If you require additional space, please attach additional written information to this document)

HOUSEHOLD MEMBER REQUEST AND RELEASE

Request: I hereby request the reasonable accommodation described in the section above

Release: In the event, my landlord or its agents need additional information to process this request, I hereby authorize my health care provider, or other Qualified Individual, to provide to my landlord or its agents, information directly related to this request for a reasonable accommodation/modification.

Signature _____ Date _____

DEFINITION OF DISABLED

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct to property or safety (24 CFR 100.201).

HEALTH CARE PROVIDER INFORMATION

To: Qualified Individual (e.g., counselor, social worker, doctor rehabilitation center, service agency, self-help group, clinics)

The person listed above has requested that his/her landlord provide the accommodation/modification listed above. The landlord is required by law to provide reasonable accommodations/modifications to disabled persons that will provide them with equal opportunity to use and enjoy their unit and/or common areas.

The landlord does not provide accommodation/modification when the request is a matter of convenience or preference only.

Please complete the following:

I, _____, certify that _____
NAME OF QUALIFIED INDIVIDUAL (PLEASE PRINT) NAME OF PERSON REQUESTING ACCOMMODATION

(___ is ___ is not) disabled as the term is defined above and that the requested accommodation(s)/modification(s) (___ is/are ___ is/are not) necessary for the person requesting the accommodation(s)/modification(s) to fully enjoy his/her dwelling and/or common areas as any non-disabled person would.

Signature _____ Date _____

Please Print Name _____

Professional Title _____ Daytime Phone _____

Professional Affiliation _____

Address _____

Submit request to Innovative Property Management at: Maintenance@IPMdowntown.com