

COVID-19 Request for Reasonable Accommodation

Resident Name: _____

Address: _____

City/State/Zip: _____

Day Time Phone: _____

Name of Landlord: _____

During the current health crisis, Landlord will attempt to make reasonable accommodations for persons, check one of the following and describe below:

1. _____ Who have suffered substantial loss of income resulting from COVID-19 or the related state of emergency, such loss may include job loss, reduction in compensated hours of work or closure of a place of employment; OR
2. _____ Who have missed work to care for a relative or a child due to notice from a school or a childcare facility that the child may not attend due to closure or attendance limitation related to COVID-19.

Please set forth in detail the accommodation you are requesting: (ie. Forbearance of payment)

Please set forth in detail why the accommodation requested is necessary: (ie. having to home school)

Please identify your employer, medical provider or other caregiver who can confirm your disability and the necessity of the accommodation you are requesting.

Name: _____

Address: _____

City/State/Zip: _____

Day Time Phone: _____

I hereby verify the truth and accuracy of all information contained in this request. In addition, I hereby authorize the above named individual to release to Landlord any information necessary in order to verify the existence of my circumstances related to COVID-19. A photocopy of this authorization should be as valid as an original.

Date: _____

Tenant Signature

Please do not write below this line, for office use:

Letter sent to provider (date): _____

Response from provider (date): _____

Reasonable accommodation (date): _____ (circle one) GRANTED DENIED