



# REASONABLE ACCOMMODATION/ MODIFICATION REQUEST / VERIFICATION

DATE OF REQUEST \_\_\_\_\_ PROPERTY NAME / NUMBER Albany Property Management

RESIDENT NAME \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

1. Name of disabled person requesting the accommodation/modification \_\_\_\_\_

2. Please describe the accommodation/modification you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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 RELEASE

Release: 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 impediments, 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 doesn't include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat 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 an accommodation/modification when the request is a matter of convenience or preference only.**

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

is  is not **(please check one)** disabled as that term is defined above. I further certify that the requested accommodation/modification  is  is not **(please check one)** necessary for the person requesting the accommodation/modification to fully enjoy his/her dwelling and/or common areas as any non-disabled person would.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_