



Sample Reasonable Accommodation Request Notices and Forms

Property owners and employers are required by law to respond to requests for reasonable accommodations in all aspects of their operations to assist persons with disabilities in accessing and retaining housing. Property owners should encourage tenants to fill out standard forms when requesting a reasonable accommodation.

This document contains sample notices and accompanying sample forms that could be made available to any tenant requesting a reasonable accommodation, which could include a modification to the physical plant or to the building's policies and procedures. Staff should assist the tenant in completing a request form if s/he is unable to do so independently. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Sample Notice of Right to Reasonable Accommodation

Note: This document is a sample of a notice that could be made available to all tenants as part of the leasing package, and posted in any common areas.

Notice of Right to Reasonable Accommodation

If you have a physical or mental health problem or disability, and you need...

- A change in or policies that would give you an equal chance to access our housing,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit,

You may ask for this kind of change, which is called a **Reasonable Accommodation**.

Your Request

If you can show that you have a disability or health problem that interferes with your use of housing, and if your request is reasonable, we will try to make the changes you request. You can ask for this change by contacting the Property Manager. Staff can assist you in filling out a Reasonable Accommodation Request Form.

Our Response

We will give you an answer in 14 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

Confidentiality

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy the housing. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.



Sample Request for a Reasonable Accommodation Form

Note: This document is a sample form that could be made available to any tenant requesting a reasonable accommodation, which could include a modification to the physical plant or to the building’s policies and procedures. Staff should assist the tenant in completing a request form if s/he is unable to do so independently. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Tenant Request for a Reasonable Accommodation

The following tenant claims a physical or mental impairment that limits his or her ability to occupy our housing.

Name: _____ Date: _____

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify.)
- A physical change in the housing unit: (Please check needed accommodation(s).)
 - _____ Addition of grab bars for bath/shower
 - _____ Modification of the fire alarm system to accommodate visual impairment.
 - _____ Modification of the fire alarm system to accommodate hearing impairment
 - _____ Other (please explain):

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation:

If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days. If you do not agree with the response, you may appeal the decision to:

[Insert name of executive staff or appeals committee as appropriate. In some housing, there may be a governmental office that oversees appeals.]

Sample Verification of Need for a Reasonable Accommodation Form

Note: A verification of the need for a reasonable accommodation form should be used when a housing provider needs independent verification of a tenant’s need for a modification to his or her unit, or an accommodation regarding the building’s policies and procedures. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

*Verification of Need for a **Reasonable Accommodation Request** [Page 1]*

Dear _____,

On the back of this page is a form signed by _____ *[tenant’s name]* asking you to verify his or her disability and the need for a reasonable accommodation.

State and federal laws require entities, such as ourselves, to make reasonable changes to policies, practices, procedures and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person’s disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions that would be helpful in making the right accommodation for this person. **This form should not be used to discuss the person’s diagnosis or any other information that is not directly relevant to the request for an accommodation.**

Please return the form to:
[Property Manager name and address]

If you have any questions, please feel free to call the Property Manager at _____.

Thank you very much for your assistance.

Sincerely,

Verification of Need for a Reasonable Accommodation Request [Page 2]

Tenant Name: _____

Address: _____

Phone: _____

I have requested the accommodation below and ask that you fill out the following certification.

Signed: _____ Date: _____

Certification:

The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you provide verification:

Please indicate here:

a. Do you believe the individual has a physical or mental impairment that limits a major life activity?

Yes No

b. Do you believe the accommodation is necessary and will achieve its stated purpose?

Yes No Cannot Verify

c. Is there any other information that would be helpful in making the right accommodation for this person?

Signature

Date

Title of Physician or Professional

Address

Phone

Sample Response to a Request for Reasonable Accommodation Form

Note: A form such as this sample should be used to inform a tenant whether his or her accommodation request has been granted. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Response to a Request for Reasonable Accommodation Form

Dear _____ [*fill in tenant name*]:

You requested the following change or reasonable accommodation(s): [*describe request*]

We have granted your request and we expect to complete the modification by this date:

We have denied your request because:

You have not established that you meet the definition of a person with a disability and we are not required to provide a reasonable accommodation.

We think the accommodation you requested is not reasonable because:

You do not need this accommodation in order to have equal access to or full enjoyment of our housing.

It will cost too much money and/or is more work than our staff can do (an undue financial and/or administrative burden).

Based on the documentation you provided, we do not believe the accommodation you requested is likely to enable you to have equal access to, and enjoyment of, the housing.

Reasons for Denial

We decided this because [*give reason in clear, simple language*].

We used these facts to deny your request [*give facts in clear, simple language*].

To make this decision we *[list documents or records reviewed, people spoken with, and other aspects of investigative process]*.

If you have questions, please feel free to contact the Operations Manager/Property Supervisor at *[insert phone #]*.

Next Steps

If you disagree with this decision, you may appeal to:

[Insert name of executive staff or appeals committee as appropriate. In some housing, there may be a governmental office that oversees appeals.]

If you are still unhappy with the results, you may appeal to:

[Insert name of executive staff or appeals committee as appropriate. In some housing, there may be a governmental office that oversees appeals.]

[Signature of Building Manager or Operations Manager/Property Supervisor]

[Date]