



Reasonable Modification *and* Reasonable Accommodation Request

Note to property management: Please respond to this request in writing within 10 business days

Individual or Tenant Information

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Referral Agent Information (if applicable)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____



Landlord or Housing Provider Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Tenant Request

_____ has a disability that substantially limits one or more major life activities
(Name of Individual)
as defined in the Fair Housing Act. _____'s disability requires the following
(Name of Individual)
reasonable modification and/or accommodation to use and enjoy the housing unit:
