



## Reasonable Modification *and* Reasonable Accommodation Request

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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: