

Request For a Reasonable Modification

If you, a member of your household, or someone associated with you has a disability, and need a reasonable modification to have an equal opportunity to use and enjoy the unit, and public and common areas, please complete this form. Check all items that apply and provide necessary explanations. Keep copies of all documents for your records.

Name of Tenant or Applicant: _____

Date: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting the following modifications to my unit so that my household members, guests, and I can have an equal opportunity to use and enjoy the unit, and public and common areas:

I am requesting the following modification/s:

I need this modification because:

***NOTE:** The individual requesting the modification may be responsible for the costs incurred. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations.

If you want your housing provider to speak with someone on your behalf about this request, please provide the following information:

Name: _____

Address: _____

Phone Number: _____

Please notify me within ten working days, in writing, of the Approval or Denial of this Request.

Signature of Tenant, Applicant, or Guest: _____