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**REASONABLE ACCOMMODATION/MODIFICATION REQUEST VERIFICATION**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_  
Health Care Provider's Address

From: Real Property Management Deluxe  
7153 Forthun Rd #140  
Baxter, MN 56425

RE: Request for Reasonable Accommodation/Modification

Resident's Name:  
Address:

The resident named above has applied for an apartment or is living in our community. The resident has requested the following accommodation/modification: \_\_\_\_\_

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

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

We must verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The resident has consented to this release of information, as shown on the last page.

**DEFINITION OF "DISABLED"**

Under federal law, an individual if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such 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 impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, hear disease, diabetes, Human Immunodeficiency Virus Infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3, and HUD handbook 4350.3) Exh. 2-2)

**INFORMATION REQUESTED**

- 1. Is the resident disabled as defined on this page? Yes No
  
- 2. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, is the accommodation/modification requested necessary to overcome barriers associated with the disability?  
  
Yes No

3. Is there any other accommodation that may be easier than the requested accommodation which you can suggest? Yes No Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you or someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner? Yes No  
  
 If yes, please give name and phone number of contact person: \_\_\_\_\_  
 \_\_\_\_\_  
  
 If no, do you know of any other support person/agency who could help with this planning: \_\_\_\_\_

Name and Title of person supplying information: \_\_\_\_\_  
 Firm/Organization: \_\_\_\_\_

5. Would you be willing to testify in any court action or related proceeding as to the resident's need for the reasonable accommodation? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Professional's Stamp \_\_\_\_\_ **MUST HAVE STAMP TO BE VALID**

**RESIDENT RELEASE**

TO THE RESIDENT:  
 YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: The person named and signing below is an applicant or resident, or is the adult guardian of a minor child household member of an applicant/resident at the above rental housing community requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me, or about the minor child.

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 If information is requested for a minor, print the minor's name  
 below. \_\_\_\_\_