

## RESIDENT'S REASONABLE ACCOMMODATION REQUEST FORM

Martin Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the office.

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please describe the accommodation (exception to our usual rule or policy) or modification (installation of device or structure) that you are requesting:

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1. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.*

YES                  NO

2. Please describe how the requested accommodation or modification is necessary for your use and enjoyment of your apartment community? (If needed, you may write on the back of this form or attach additional sheets of paper.) Please do not include the name or diagnosis of your condition.

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Who may we contact to verify your disability and need for the requested accommodation or modification?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this request to the office with the signed Verification Form that we will send to the professional third party verifier identified above. If you have any questions please do not hesitate to contact the office.

**REASONABLE ACCOMMODATIONS VERIFICATION FORM**

Martin Housing Authority provides reasonable accommodations and modifications to our residents with disabilities who have a verifiable need. A reasonable accommodation is an exception made to the usual rules or policies *made necessary because of a disability* for the resident to use and enjoy an apartment community. A reasonable modification is provision of a structure modification *made necessary because of a disability* for the resident to use and enjoy an apartment community. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

Name of Resident (print): \_\_\_\_\_

Request for Reasonable Accommodation: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

*This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.*

1. Is this resident disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.*

YES                      NO                      I DON'T KNOW

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life: (Please do not identify the name or diagnosis for the person's disability)

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

3. Does this resident need the accommodation requested above to be able to live in his/her apartment community?

YES

NO

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

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5. If necessary will you be willing to testify in a court of law concerning the information provided in this form?

YES

NO

Name and position of verifier:

(Please print) \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## REASONABLE ACCOMMODATION POLICY

Martin Housing Authority is an equal housing opportunity provider and does not discriminate against our applicants /residents with disabilities. It is our policy to provide reasonable accommodations which includes structural modifications to our applicants/residents who are disabled and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy this community. If the need for the accommodation or modification is not obvious, it will be necessary to obtain documentation of the need for the requested accommodation/modification. The applicant/resident will need to provide the following information and forms:

- Fill out and return to the leasing office the Reasonable Accommodations Request Form.
- If requested, sign the Verification Form and return it to the leasing office with the Request Form.
- Upon receipt of the Verification Form management will mail the form to the verifier.
- When it is returned management will notify the applicant/resident in writing of the determination concerning the request.
- If the request is for an assist or service animal, the applicant/resident will need to sign the lease addendum form that describes the animal owner's responsibilities concerning the animal.
- Please contact the manager if assistance is needed with this process.

