

Request For A Reasonable Accommodation

This form may be used if you or a member of your household, has a disability and as a result, needs:

- a) a change in our rules, policies, practices or procedures;
- b) a change in the dwelling unit;
- c) a change in some other part of the property; or
- d) a change in the way we communicate with you.

This form is to be used to request any such change, which change is called "Reasonable Accommodation." In accordance with the procedures and guidelines set out in our "Procedures And Guidelines For Responding To Requests For Reasonable Accommodation" form (No. 047-A2), we will try to make the change you request.

A decision regarding your request will be made in a timely manner, within at least thirty (30) days, unless an agreement is reached as to an extension of time, or if clarification or additional information is needed, or if verification of the need is necessary, or if a conference is scheduled, or an investigation and/or an interactive dialogue is being undertaken relevant to possible alternative accommodations which may meet the needs of the disabled applicant/resident .

Please do not inform management of the name of the disability or the nature or extent of the disability. Medical information concerning the disability is not required.

Head of Household Name: _____

Member of the household with a disability: _____

The Reasonable Accommodation requested is: _____

This Reasonable Accommodation is needed because: _____

This Reasonable Accommodation will enable the above-named member of the household with a disability to have an equal opportunity to access, use and enjoy our housing program and services in the following manner: _____

I understand that my request will be considered in accordance with the procedures and guidelines set out in the "Procedures And Guidelines For Responding To Requests For Reasonable Accommodation" form (No. 047-A2), which has been provided to me.

I understand that if I require any assistance in using this form, that management will assist me.

This request is being submitted by: _____

Date: _____