



## APPENDIX 4



### ADDITIONAL INFORMATION FOR REQUEST FOR REASONABLE ACCOMMODATIONS

#### ONLY TO BE USED WHEN A DISABILITY-RELATED NEED FOR A REQUESTED ACCOMMODATION IS NOT OBVIOUS OR ALREADY KNOWN

Please complete all sections that apply to you and once completed return the form as instructed in Part 4:

- |         |   |        |
|---------|---|--------|
| Part 1: | To be completed by Owner/Property Manager   | page 2 |
| Part 2: | To be completed by Individual with a Disability or Requestor  | page 4 |
| Part 3: | To be completed by both Individual with a Disability or Requestor and by Individual providing reasonable accommodation verification | page 6 |
| Part 4: | To be completed by Owner/Property Manager   | page 9 |

**See Tenant Handbook Section 3.15 for More Information**



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### Part 1. To Be Completed by Owner/Property Manager

Date:

Name of Individual with a Disability who needs reasonable accommodations:

Name of Requestor (if applicable):

Relationship to Individual with a Disability (if applicable):

The Individual named above has applied for housing or is living at \_\_\_\_\_ .

\_\_\_\_\_ has informed us that they have a disability, and has asked for a reasonable accommodation to our policies or a physical alteration to the property so that it meets their accessibility needs.

This applicant or tenant is requesting the following reasonable accommodations:

This applicant or tenant has informed us that you have information regarding their disability and their need for the Reasonable Accommodations. The applicant or tenant is requesting for you to please provide the information below so that we can respond to their request.

Appendix 4: Additional Information for Request for Reasonable Accommodations – ONLY TO BE USED WHEN DISABILITY IS NOT OBVIOUS OR ALREADY KNOWN (REV. 2021.06.15)



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**Part 2. To Be Completed by Individual with a Disability or Requestor**

**RELEASE FROM INDIVIDUAL SEEKING REASONABLE ACCOMMODATION:**

I, \_\_\_\_\_,  
authorize the release of the specific information requested on this  
Additional Information Form about \_\_\_\_\_.  
The requested information can be provided to me and \_\_\_\_\_  
\_\_\_\_\_ for the sole  
purpose of completing my request for reasonable accommodations.

I authorize only the release of information needed to confirm I have a  
disability and that the reasonable accommodations will help me have full  
and equal use of the property or services in light of my disability. I  
understand I have a right to change my mind about this release in writing  
at any time.

This release allows you to give information to the person above only to  
confirm I have a disability and that the reasonable accommodation may  
help me to equally use the property or services. This release expires six  
(6) months from the date I signed it.

Name of Individual or Requestor Seeking Reasonable Accommodations:

Date:

Signature:



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### **Part 3: To Be Completed by both Individual with a Disability or Requestor and Individual Providing Reasonable Accommodation Verification**

You can choose how to get the additional information:

1. You can sign Part 2 of this form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign Part 2 of this form and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete.

#### **Explanation:**

Owner/Property Manager of  
has received a Request for reasonable accommodations  
described in Part 1 above.

My name is

and my disability is not obvious or already known to above-named Owner/Property Manager, and I have identified you in Part 2 above as having knowledge of my disability.

I am

and I have authorized the release of information needed to confirm that I have a disability and that the reasonable accommodation may help me to equally use the property or services.



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Under federal and state law, an individual has a disability if they have a physical or mental impairment that limits a major life activity. Major life activities include, for example, caring for oneself, performing manual tasks, participating in social activities, walking, seeing, hearing, speaking, breathing, learning and working, or thinking and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Impairments also include, but are not limited to, conditions such as spinal cord injuries, cerebral palsy, autism, seizure disorder, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, human immunodeficiency virus infection, development disability, intellectual disability, traumatic brain injury, mental and emotional illnesses, drug addiction (except for current use of controlled substances), and alcoholism. One example of the type of request we might need to verify is if a tenant or applicant requests a specific parking space (one that is closer to the front entrance of a development), but does not have an obvious mobility impairment. The need for the closer parking space may be because the individual has a mobility (or other type of) impairment that is not obvious, such as arthritis or multiple sclerosis.

**Please note:** The information you give should answer the general questions below. DO NOT include any confidential information about the nature of the disability or the medical history of the Individual with a Disability.

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1. Does  
have a disability? Please answer.

Yes  or No

2. Is there a nexus (relationship or connection) between the  
requested accommodation and the individual’s disability?  
Please answer.

Yes  or No

**For Individual Providing Reasonable Accommodation**

**Verification** Name of individual providing reasonable accommodation  
verification:

Title or position of individual providing reasonable accommodation  
verification or relationship to Individual:

Firm/Organization (if applicable):

Phone Number:

TTY/TDD or VP Number:

Email Address:

Fax:

Date:

Signature:

Thank you for completing this form. See Part 4 for instructions on  
returning the form.

Continue to Part 4 on the Next Page



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### Part 4. To Be Completed by Owner/Manager

#### PLEASE RETURN THIS FORM TO:

Name:

Address and/or Email:

Or, return it in the enclosed self-addressed, stamped envelope.