



## APPENDIX 4



### ADDITIONAL INFORMATION FOR REQUEST FOR REASONABLE ACCOMMODATIONS

**[Insert property name in fillable area]**

#### **ONLY TO BE USED WHEN 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 person providing information page 6
- Part 4: To be completed by Owner/Property Manager page 9

**See Tenant Handbook Section 3.14 for More Information**

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

Date:

Name of Individual with a Disability who needs Reasonable Accommodations:

Name of Requester if someone is acting on behalf of Individual with a Disability needing the Reasonable Accommodations(optional):

Relationship of Requestor to Individual with a Disability (if there is a requestor):

REASON FOR REQUESTED INFORMATION The Individual named above has applied for housing or is living at [Insert property name]:

This applicant or tenant told us they have a disability, and asked for a Reasonable Accommodation in our policies or a physical change to the property so it meets the Individual with a Disability's accessibility needs .  
(Name of Individual with a Disability):

This applicant or tenant is requesting the following Reasonable Accommodations (Describe requested Reasonable Accommodations):

This applicant or tenant says that you know about their disability and the need for the Reasonable Accommodations. The applicant or tenant is requesting you to please provide the information below so we can respond to their request.



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

**RELEASE FROM INDIVIDUAL SEEKING REASONABLE  
ACCOMMODATION:**

I \_\_\_\_\_ (Name of Individual with a Disability or Requestor) authorize the release of the specific information requested on this Additional Information Form about \_\_\_\_\_ (Name of Individual with a Disability). The requested information can be provided to me and \_\_\_\_\_ (Property Manager or Designated Person) 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 months from the date I signed it.

Signature of Individual or Requestor Seeking Reasonable Accommodations:

Date:

Signature:



### **Part 3: To Be Completed by both Individual with a Disability or Requestor and Person Providing Additional Information**

You can choose how to get the additional information:

1. You can sign Part 2 of the Additional Information 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 the Additional Information 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 \_\_\_\_\_ (Property Name) has received a Request for Reasonable Accommodations described in Part 1 above.

My name is \_\_\_\_\_ (Name of Individual with a Disability who requested Reasonable Accommodations 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 \_\_\_\_\_ (Name of Individual with a Disability, and I have requested the above-described Reasonable Accommodations), 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.



Under federal and state law, an individual has a disability if he/she has 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, 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 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.

1. Does [*Name of Individual with Disability*] 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 Person Providing Additional Information**

Name of person supplying information:

Title or position of person supplying the information or relationship to Individual:

Firm/Organization (if applicable):

Phone Number/TTY:

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



**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.

