

GreenspoonMarder

**Reasonable Accommodation -  
Through Multifamily NW Forms**

Leah Sykes  
leah.sykes@gmlaw.com

## Forms for Guidance

- General Reasonable Accommodation form
- Internal Tracking form
- Request for Reasonable Accommodation/Modification form
- Acknowledgement of Request for form
- Verification of Request form
- Request for Additional Information form
- Approval of Request for Accommodation form
- Pre-Approval of Request for Modification form
- Reasonable Modification Addendum
- Offer of Interactive Process form
- Denial of Request for Reasonable Accommodation/Modification form

## Additional Reminders

- Do not require use of forms if residents/applicants already provide a verification from a third party health care provider
- With each form or letter to residents/applicants, be sure to set deadlines for return of forms (2 days-one week range)



**MULTIFAMILY NW**  
The Northwest's Premier Multifamily Real Estate Firm

**REASONABLE ACCOMMODATION /  
MODIFICATION REQUEST/VERIFICATION**



---

DATE OF REQUEST \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

---

- Name of disabled person requesting the accommodation/modification: \_\_\_\_\_
- Please describe the accommodation/modification you are requesting: \_\_\_\_\_  
\_\_\_\_\_
- If not readily apparent, please explain why the accommodation/modification described above is necessary for you to fully enjoy your dwelling and/or common areas: \_\_\_\_\_  
\_\_\_\_\_

(If you require additional space, please attach additional written information to this document.)

**HOUSEHOLD MEMBER REQUEST AND RELEASE**  
Request: I hereby request the reasonable accommodation described in section 2 above.  
Release: In the event my landlord or its agents need additional information to process this request, I hereby authorize my health care provider, or other Qualified Individual, to provide to my landlord or its agents, information directly related to this request for a reasonable accommodation/modification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**DEFINITION OF DISABLED**  
Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an 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, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or safety (24 CFR 100.201).

**HEALTH CARE PROVIDER INFORMATION**  
To: Qualified Individual (e.g., counselor, social worker, doctor, rehabilitation center, service agency, self-help group, clinics)  
The person listed above has requested that his/her landlord provide the accommodation/modification listed above. The landlord is required by law to provide reasonable accommodations/modifications to disabled persons that will provide them with **equal opportunity to use and enjoy their unit and/or common areas. The landlord does not provide an accommodation/modification when the request is a matter of convenience or preference only.**

I, \_\_\_\_\_, NAME OF QUALIFIED INDIVIDUAL (PLEASE PRINT), certify that \_\_\_\_\_, NAME OF PERSON REQUESTING ACCOMMODATION

**Please check one:**  is  is not disabled as that term is defined above and that the requested accommodation/modification

**Please check one:**  is  is not necessary for the person requesting the accommodation/modification to fully enjoy his/her dwelling and/or common areas as any non-disabled person would.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Professional Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Address \_\_\_\_\_

ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)

## General Reasonable Accommodation Form

**Best for use when Landlord has an experienced, established process**

- **Pros:** one stop, more information contained on one form
- **Cons:** easy to misstep and not follow through correctly if there is a denial, request for additional information, need for clarification

## Internal Tracking Form

- Helps guide what is needed in a step by step process
- Forces documentation of each step with timelines
- Good indicator of a system and tracks follow up in case of litigation

**MULTIFAMILY NW**  
The Northwest Council of Multiple Dwelling Owners

**INTERNAL TRACKING OF REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION FOR INTERNAL USE ONLY**

PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

The purpose of this form is to create an INTERNAL record of all interactions and resolutions related to the above referenced Resident/Applicant's request for Reasonable Accommodation/Modification. Owner/Agent must complete each step below and attach all supporting documentation to the INTERNAL file. The person completing each step must initial the completion prior to proceeding to the next step. Reasonable Accommodation is a change to an existing policy, practice, rule or service to accommodate a disability. Reasonable Modification is a physical change to the unit or common area to accommodate a disability.

**Step 1. Request for Reasonable Accommodation/Modification Received**

Date Request Received: \_\_\_\_\_ Check which applies: \_\_\_\_\_  
 Verbally to \_\_\_\_\_ (name of person who received request)  
 Complete description of what was requested: \_\_\_\_\_  
 In writing (attach document received)  
 Initial: \_\_\_\_\_

**Step 2. Acknowledge Receipt of Request for Reasonable Accommodation/Modification**

Form #MFH006 (Acknowledgment of Receipt of Request for Reasonable Accommodation/Modification) sent to Resident/Applicant  
 Date Sent: \_\_\_\_\_ Initial: \_\_\_\_\_

**Step 3. Review Request for Completeness**

Is the request adequately described? Check which applies:  
 The document received from Resident/Applicant adequately describes the accommodation requested. Proceed to Step 4.  
 The request was verbal or the document received from Resident/Applicant was not sufficient to adequately describe the accommodation requested.  
 Resident/Applicant given form #MFH004 (Request for Reasonable Accommodation/Modification) on \_\_\_\_\_ DATE \_\_\_\_\_  
 Initial: \_\_\_\_\_

**Step 4. Assessment**

A. Is the disability obvious (i.e. vision, mobility or hearing impairment)?  
 Yes. Move to Step 6.  
 No. Move to Step 5. Initial: \_\_\_\_\_  
 Date: \_\_\_\_\_

B. Is the need for the requested accommodation/modification obvious?  
 Yes. Move to Step 6.  
 No. Move to Step 5. Initial: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Step 5. Verification by Qualified Individual**

Has a verification been provided by a Qualified Individual (other than the Resident/Applicant)? Check which applies:  
 Not applicable because of "yes" answers to both questions in Step 4.  
 Yes. Copy attached.  
 No. Form #MFH006 (Verification for a Reasonable Accommodation/Modification by Qualified Individual) provided to Resident/Applicant.  
 Date provided to Resident/Applicant: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Date form returned by Resident/Applicant to Owner/Agent: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Date sent to Qualified Individual: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Date completed form returned by Qualified Individual: \_\_\_\_\_ Initial: \_\_\_\_\_

ON SITE  MAIN OFFICE (IF REQUIRED) PAGE 1 OF 2

## Request for Reasonable Accommodation/Modification

### Use

- When resident/applicant wants accommodation but hasn't provided verification of request yet
- Disability is obvious and additional verification not needed (i.e. person in wheelchair needing ramp)

### Explains

- Requirements of reasonable modification to residents/applicants

**MULTIFAMILY NW**  
The Northwest Area's Multi-Family Housing Authority

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION**

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS: \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

Form completed by (check which applies):  Resident/Applicant  Owner/Agent

1. Name of disabled person requesting the accommodation/modification: \_\_\_\_\_

2. What is being requested (check which applies):

I am requesting that you make the following change to a policy, practice, rule or service ("Reasonable Accommodation"); \_\_\_\_\_

I am requesting approval to make the following modification(s) to my dwelling unit or the common areas to make them more fully usable and/or accessible ("Reasonable Modification"); \_\_\_\_\_

3. If not ready to agree, please explain why the accommodation/modification described above is necessary for you to fully enjoy your dwelling and/or common areas: \_\_\_\_\_

(If you require additional space, please attach additional written information to this document.)

**DEFINITION OF DISABLED**  
 Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an 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, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or safety (CFR 105.201).

If I am requesting a Reasonable Modification, I understand:

- Unless otherwise required by law, these modifications are to be made at my own expense and that I may be required to restore any modifications that would negatively affect the next residents to their original condition at the time of move-out, reasonable wear and tear excepted.
- I may be required to pay into an interest-bearing escrow account adequate funds to assure that the modifications can be restored to their original condition.
- I am responsible for the work to be accomplished in a workmanlike manner, that if permits are required, I will obtain them prior to commencement of the modification work, and that I am responsible for any damage caused by the modification.
- Work cannot begin until a binding lease/rental agreement and a modification addendum have been fully executed.

If an email or other electronic address is filed in above, you may send communications regarding this request to such address.

RESIDENT / APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ON SITE  RESIDENT  MAN OFFICE (IF REQUIRED)

PHOTO COURTESY OF COLUMBIA UNIVERSITY

## Acknowledgement of Request for Accomodation Form

- Helps track when requests were received and explain the process to residents/applicants
- Because there is a record...  
crucial to follow through with residents/applicants

**MULTIFAMILY NW**  
THE MULTIFAMILY HOUSING ASSOCIATION OF WASHINGTON

**ACKNOWLEDGMENT OF RECEIPT  
OF REQUEST FOR REASONABLE  
ACCOMMODATION/MODIFICATION**

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT / APPLICANT NAME \_\_\_\_\_

PREMISES ADDRESS \_\_\_\_\_

CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:

PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

Owner/Agent acknowledges receipt of a request for reasonable accommodation/modification from: \_\_\_\_\_ as the disabled person. This request is very important to us and we are in the process of reviewing the request. We will respond to you as soon as practicable. If there is additional information needed to process the request, we will let you know. If you have any questions, please let us know.

OWNER/AGENT  \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

FOR MULTIFAMILY HOUSING ASSOCIATION OF WASHINGTON USE ONLY: RETURN TO: 1000 15TH AVE NW, SUITE 1000, SEASIDE, WA 98134

CDM SITE ( ) RESIDENT ( ) MAIN OFFICE (IF REQUIRED)

## Verification of Request for Reasonable Accommodation/Modification Form

- Skip if already provided
- Provide if no verification provide with or after Request for Reasonable Accommodation/Modification
- Decide how your company wants to send (give to resident or direct to verifier)

**VERIFICATION FOR A REASONABLE ACCOMMODATION/MODIFICATION BY QUALIFIED INDIVIDUAL**

**MULTIFAMILY NW**  
The Alliance: Promoting Quality Rental Housing

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREVIOUS ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS: \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

Name of person requesting the accommodation/modification:  
 Owner/Agent: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am a health care provider in practice pursuant to the laws of \_\_\_\_\_ or other reliable, qualified person in a position to be able to verify the existence of a disability and disability-related needs.  
 My address, phone number and email are: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

I have examined/treated \_\_\_\_\_ or am otherwise familiar with and can credibly attest to the above person's conditions and have determined that, in my opinion, he or she (check which applies):  
 Qualifies as a person with a disability as defined by Federal/State law.  
 Does not qualify as a person with a disability as defined by Federal/State law.

**DEFINITION OF DISABLED:**  
 Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an 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, cerebral palsy, multiple sclerosis, mental illness, diabetes, hearing loss, and blindness.  
 Work history, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or safety (24 CFR 100.201).

I understand the person listed above has requested the following accommodation/modification:  
 \_\_\_\_\_  
 \_\_\_\_\_

Further, I hereby verify, in my opinion, that the person's request for the accommodation/modification (check which applies):  
 Is related to his/her disability and is necessary in order to provide him or her with full and equal use and enjoyment of the rental unit.  
 Is NOT related to his/her disability and/or is NOT necessary in order to provide him or her with full and equal use and enjoyment of the rental unit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO VERIFICATION**  
 If this letter has been sent by Owner/Agent directly to the health care provider or other reliable, qualified individual, the applicant/resident has voluntarily given his/her permission to obtain this written verification as follows:  
 I hereby voluntarily give my permission for \_\_\_\_\_ (Owner/Agent) to obtain written verification from the following health care provider or other reliable, qualified individual party: \_\_\_\_\_ regarding my request for a reasonable accommodation/modification based on a disability.  
 I understand that I am not required to give permission for Owner/Agent to obtain the above verification and that I have the right to obtain the verification myself and present it to Owner/Agent. I consent that any individual connected to Owner/Agent obtaining such verification on my behalf and that Owner/Agent did not force or in any way coerce me to sign this consent.

RESIDENT / APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 RESIDENT / APPLICANT SIGNATURE \_\_\_\_\_


ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)

## Request for Additional Information Form

### Use when request is:


- Incomplete or needing clarification
- Requiring a link between the disability and the request
- Requiring more specifics on modification requests or verification of request

\*\* Gives a deadline to response



**MULTIFAMILY NW**  
THE MULTIFAMILY ASSOCIATION OF NORTHWESTERN STATES

**REQUEST FOR ADDITIONAL  
INFORMATION RELATED TO REASONABLE  
ACCOMMODATION/MODIFICATION**



---

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT / APPLICANT NAME \_\_\_\_\_

PREMISES ADDRESS \_\_\_\_\_

CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

---

Owner/Agent is processing the request for reasonable accommodation/modification from: \_\_\_\_\_ as the disabled person. This request is very important to us but we are unable to complete our review until we receive the following information. Please provide all checked items:

Verification from a Qualified Individual. We have provided the enclosed form which can be used to verify the existence of the disability and/or whether your request relates to the disability. You can choose to sign and return this form with the name and address of your "qualified individual" filled in so we may mail it to them, or you may deliver it and have the form filled out by each person and returned to us.

Explanation how your request is necessary because of your disability (we are not asking for any medical diagnosis, but simply how the accommodation/modification is necessary for you to fully enjoy your dwelling unit and/or common areas).

The following additional information on the requested modifications: \_\_\_\_\_

Clarification of your request on the following items: \_\_\_\_\_

Other: \_\_\_\_\_

We need to receive this information by \_\_\_\_\_ (date) in order to complete our review of your request. If we do not receive the requested information by that date, or you contact us before then requesting additional time, we will assume you do not want us to proceed and the request will be deemed withdrawn.

If you have any questions about any of the information requested or our review process, please let us know.

---

OWNER/AGENT  \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

---

ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)

## Approval of Request for Accommodation

- Opportunity to clarify what will actually be granted and memorialize the granting of the request



**MULTIFAMILY NW**  
The Northwest's Most Affordable Housing

**APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION**

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

We are pleased to inform you that the following reasonable accommodation has been approved:

\_\_\_\_\_

\_\_\_\_\_

We will be taking the following action related to this reasonable accommodation:

\_\_\_\_\_

\_\_\_\_\_

If the accommodation(s) described above is not what you requested, please let us know immediately.  
 If you have any questions, please contact us at the address/phone below.


OWNER/AGENT  \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

FORM MWA012 (2/2016) - REQUEST FOR REASONABLE ACCOMMODATION - MULTIFAMILY NORTHWEST


ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)

## Pre-Approval of Request for Modification

- Conditional approval of requests and explains what is needed before work can begin
- Gives option for resident/applicant to be required to pay to return the unit to original state

 **MULTIFAMILY NW**  
The Northwest Council of Multiple Dwelling Owners

**PRE-APPROVAL OF REQUEST FOR REASONABLE MODIFICATION**



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

We are pleased to inform you that your request to make the following modifications to the unit and/or the common areas are approved subject to satisfaction of the conditions checked below:

\_\_\_\_\_

\_\_\_\_\_

If these modifications are not what you requested, please let us know immediately.  
 Before any work can begin on the modifications, you must satisfy the following checked items:

Our review and approval of written plans and/or specifications for the modification(s).  
 Receipt of evidence that the person(s) performing the work is/are qualified (including all licenses and liability insurance with at least the minimum limit required by law, or if no such minimum limit, at least \$200,000) to do the work and written assurances from the person(s) performing the work that the work will be in a workmanlike manner.  
 One or more permits will be required to make the requested modification. Please provide us with copies of all required permits along with proof of full payment of the permit fees.  
 All modifications which would negatively affect the next resident or use of the common areas must be restored to their original condition if it is reasonable to do so when you vacate the premises. The modification(s) which must be removed are: \_\_\_\_\_

Since you will be required to restore the premises, we will establish an interest-bearing escrow account to provide funds to pay for the restoration of the unit and/or common areas on move-out. You will be required to pay \$ \_\_\_\_\_ each month into such account until the final amount of \$ \_\_\_\_\_ is attained. The first payment is due \_\_\_\_\_.

The attached modification addendum must be signed and returned to Owner/Agent.  
 Owner/Agent offers to do the following with regard to the requested modification(s): \_\_\_\_\_

If you have any questions, please contact us at the address/email/phone below.


OWNER/AGENT  \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

ON SITE  RESIDENT  MAIN OFFICE (IF REQUIRED)

FORM 10/2013 (10/2013) MULTIFAMILY NW, INC. IS NOT INTENDED TO BE USED IN CONNECTION WITH ANY OTHER DOCUMENTS.


## Reasonable Modification Addendum

- Once modification is approved, parties agree to what the resident's responsibilities are for installation of the modification
- Does not apply to federally subsidized tenancies



**MULTIFAMILY NW**  
The Association Promoting Quality Rental Housing

**REASONABLE MODIFICATION ADDENDUM**



---

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT NAME(S) \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Resident(s) has requested approval to make one or more Modifications (the "Modifications") to the dwelling unit and/or common areas (the "Premises") based on a disability. Owner/Agent has issued a Pre-Approval of Request for Reasonable Modifications (the "Pre-Approval"), a copy of which is attached to this Addendum as Exhibit A. Owner/Agent and Resident(s) agree that this Addendum is incorporated into and made a part of the Rental Agreement for the unit identified above. If any of the terms of the Rental Agreement conflict with this Addendum, this Addendum shall control, except that any provision of the Rental Agreement that is manually typed or handwritten shall prevail over any printed provision in this Addendum.

This Addendum is intended to address the procedure for Resident to make the approved Modifications to the Premises.

- The parties hereby acknowledge that Resident has received approval to make only those Modifications listed on the Pre-Approval and that such Modifications are an exception to the prohibitions on making changes to the Premises imposed on residents who are not disabled.
- Owner/Agent's approval is conditioned upon Resident(s) satisfying all of the conditions (the "Conditions") listed on the Pre-Approval.
- Resident(s) agree:
  - No work will commence on the Modifications until all Conditions are satisfied.
  - No changes will be made to the approved plans/specifications without Owner/Agent's prior written consent.
  - All Modifications must be performed in a workmanlike manner and pursuant to all required permits. Resident is solely responsible for obtaining such permits. All applicable building and other codes must be adhered to and proof of said adherence may be required.
  - Resident is responsible for any damage to the Premises or Owner/Agent's property that may occur during the Modifications. Resident shall hold harmless and indemnify Owner/Agent from any liability for injury to other residents, guests, invitees, contractors, any other persons or any property damage, or as a result of said Modifications.
  - Resident is solely responsible for the cost of all Modifications. Should Resident fail to fully pay all persons who supplied labor and/or materials for the Modifications for the complete cost of the Modifications Resident will hold harmless and indemnify Owner/Agent and defend them from any claims made by persons who supplied labor and/or materials for the Modifications. The name(s), address(es), telephone number(s), email(s) and currently used license numbers of any contractors listed by Resident to perform any work of improvement to the Premises are as follows:
 

NAME _____	ADDRESS _____	PHONE _____	LICENSE NUMBER _____
NAME _____	ADDRESS _____	PHONE _____	LICENSE NUMBER _____
NAME _____	ADDRESS _____	PHONE _____	LICENSE NUMBER _____
- To notify Owner/Agent in writing at least three days prior to any work commencing on the Modifications. Resident grants Owner/Agent the authority to post a "Notice of Non-Responsibility" in a conspicuous place on the Premises (e.g., outside the front door of the dwelling unit). Resident will obtain and provide Owner/Agent within 10 days after completion of the Modifications, with copies of mechanic's lien releases from all persons who supplied labor and/or materials to the construction of the Modifications.
- To remove all Modifications which are listed on the Pre-Approval to be removed at move-out, at no cost to Owner/Agent, and restore the Premises, at all or cost to Owner/Agent. All requirements stated above as to construction of the Modifications shall apply to the restoration.
- If an escrow fund is required under the Pre-Approval, Resident will timely pay all amounts required into the escrow account, with all interest accrued thereon for the benefit of Resident. Resident authorizes Owner/Agent to use the funds in the escrow account to restore the Premises on move-out if Resident fails to timely do so. Nothing contained in this section limits Resident's obligation to restore the Premises and pay all costs associated therewith.
- If a Modification is made to the dwelling unit, Resident is responsible for any necessary maintenance.
- If a Modification is made in the common area, maintenance responsibility will be as follows:
  - If the Modification is used by residents of other units on the property, Owner/Agent will do any necessary maintenance of the Modification.
  - If the Modification is used only by residents and guests of the unit in which the disabled person resides, Resident is responsible for any necessary maintenance.

4. Violation of this Addendum will be considered a material noncompliance with the Rental Agreement.

<input checked="" type="checkbox"/> RESIDENT	DATE _____	<input checked="" type="checkbox"/> RESIDENT	DATE _____
<input checked="" type="checkbox"/> RESIDENT	DATE _____	<input checked="" type="checkbox"/> RESIDENT	DATE _____
		<input checked="" type="checkbox"/> OWNER/AGENT	DATE _____

ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)

# Offer of Interactive Process Form

- Before denial of request, always offer to engage in interactive process
- Offer alternatives, reasonable options for resolution
- Form documents those efforts in event of future litigation

**MULTIFAMILY NW**  
The Association of Public & Quality Housing Providers

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION OFFER OF INTERACTIVE PROCESS**

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

You have made a request for the following change to one or more of our policies, practices, rules or services as an accommodation, or to make the following modifications to your dwelling unit and/or common areas:  
 \_\_\_\_\_  
 \_\_\_\_\_

We have been processing your request and have serious concerns whether we will be able to grant the request. To be sure all possibilities are considered, we would like to meet (either in person or by phone) to discuss your request, our concerns and any alternatives that might satisfy both of our requirements. This is called an interactive process and is designed to try and come to an agreement related to your request. We have found that this process is very helpful and hope you will participate.

Our concerns fall within the following categories (check all that apply):

You have not provided sufficient information for us to verify the existence of a disability and/or that the accommodation is necessary because of your disability  
 The accommodation will create an undue administrative and/or financial burden on Owner/Agent  
 The accommodation poses a direct threat to the health and safety of other residents, Owner/Agent or the property  
 The accommodation involves a fundamental change in the nature of our program

Please contact us at the address/mail/phone below to set up a convenient time to meet. **If we have not heard from you within \_\_\_\_\_ days, we will assume you are not willing to meet and we will finish processing your request based on the information we currently possess.**

We look forward to hearing from you.

OWNER/AGENT  \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

ON SITE  RESIDENT  MAIN OFFICE (IF REQUIRED)

## Denial of Request for Reasonable Accommodation/Modification Form

- Last resort, after failed attempts to resolve through interactive process or failure of resident to complete process
- May only deny for set reasons and must explain reasons for denial

**MULTIFAMILY NW** **DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION**

The Association Promoting Quality Multi-Family Housing

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
 RESIDENT / APPLICANT NAME \_\_\_\_\_  
 PREMISES ADDRESS \_\_\_\_\_  
 CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL OR OTHER ELECTRONIC ADDRESS \_\_\_\_\_

Your request for a change to our policies, practices, rules or services as an accommodation, or to make the following modifications to your dwelling or common areas, has been denied:

\_\_\_\_\_

\_\_\_\_\_

If the accommodation/modification(s) as described is/are not what you requested, please let us know immediately. Your request has been denied because (check all that apply):

You have not provided sufficient information for us to verify the existence of a disability and/or that the accommodation is necessary because of and/or related to your disability

The accommodation will create an undue administrative and/or financial burden on Owner/Agent

The accommodation poses a direct threat to the health and safety of other residents, Owner/Agent or the property

The accommodation will change the fundamental nature of our program

Other: \_\_\_\_\_

The reason(s) we have made this decision is/are:

\_\_\_\_\_

\_\_\_\_\_

(Facts we relied upon, people we talked to, documents we reviewed, or other aspects of the investigative process.)

**We remain open to discussing our concerns or considering alternative proposals. If you have additional information or alternatives you would like us to consider, please let us know and we will reconsider this denial.**

OWNER/AGENT:  \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

( ) ON SITE ( ) RESIDENT ( ) MAIN OFFICE (PREFERRED)

Q & A

**Leah Sykes**  
 Attorney, Partner  
 leah.sykes@gmlaw.com  
 www.gmlaw.com