

#### **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)

BECHIEC	TAMILY NW MODIFICATION REQUEST/VERIFICATION
DATE	OF REQUEST PROPERTY NAME / NUMBER
RESI	DENT NAME
	NUMBER STREET ADDRESS
CITY	
	IME PHONE EVENING PHONE
DAYI	INE PHONEEVENING PHONE
L I	Name of disabled person requesting the accommodation/modification:
2.	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:
	u require additional space, please attach additional written information to this document.)
Require	SEHOLD MEMBER REQUEST AND RELEASE back. I hereby request the reasonable accommodation described in section 2 above. ase: In the work my landsdor of as agarchine need additional information to process this request. I hereby authorize my health provider, or other Qualified individual, to provide to my landord or its agents, information directly related to this request for a majula accommodification.
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### 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

	FOR INTERNAL USE ONLY
PROPERTY NAME / NUMBER_	
RESIDENT / APPLICANT NAME	
PREMISES ADDRESS	
CHECK IF SUBMITTED BY	IN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS
Applicant's request for Reaso documentation to the INTER! Reasonable Accommodation	create an INTERNAL record of all interactions and resolutions related to the above referenced Resident maths Accommodation/Modification. Owner/Agent match complete each aby below and attach all supporting table. The presence completing each attage must take the completion prior to proceeding to the next step is a change to an existing policy, practice, rule or service to accommodate a disability.
Step 1. Request for Reaso	nable Accommodation/Modification Received
Date Request Received:	Check which applies:
Verbally to	(name of person who received request)
	n of what was requested:
<ul> <li>In writing (attach doe</li> </ul>	:ument received)
Initial:	
Step 2. Acknowledge Reco	sipt of Request for Reasonable Accommodation/Modification
Form #MFH006 (Acknow Date Sent:	viedgment of Receipt of Request for Reasonable Accommodation/Modification) sent to Resident/Applican Initial:
Step 3. Review Request fo	r Completeness
is the request adequately de	ascribed? Check which applies:
	ved from Resident/Applicant adequately describes the accommodation requested. Proceed to Step 4
	bal or the document received from Resident/Applicant was not sufficient to adequately describe the
Resident/Ap Initial:	plicant given form #MFH004 (Request for Reasonable Accommodation/Modification) on
Step 4. Assessment	
	(i.e. ujejen mehištu se konden imminumti)?
A to the dischilles above	
A. Is the disability obvious Ves. Move to St	
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### Request for Reasonable Accomodation/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

	PROPERTY NAME / NUMBER
RESIDENT /	APPLICANT NAME
PREMISES A	
	SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS
Form comp	leted by (check which applies): Besident/Applicant Owner/Agent
1. Name o	f disabled person requesting the accommodation/modification:
	being requested (check which applies):
	am requesting that you make the following change to a policy, practice, rule or service ("Reasonable Accommodation"):
	am requesting approval to make the following modification(s) to my dwelling unit or the common areas to make them one fully usable and/or accessible ("Reasonable Modification"):
your dw	adly apparent, please explain why the accommodation/modification described above is necessary for you to fully enjoy elling and/or common areas:
(If you r	equire additional space, please attach additional written information to this document.)
DEFI	NITION OF DISABLED
Unde	r federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one re major life activities; has a record of such an impairment; or is regarded as having such an impairment.
visual heart and a	arm physical or mental impartment includes, but is not limited to such diseases and conditions as orthopodic, speech and hearing impediments, central palsy, autism, oplepsy, muscular dystrophy, multiple advorses, carcer disease, diabete, Human immunodisticiency Vinus intection, mental retardation, emotional lineas, drog addiction, licoholism. This definition does not include any individual who is currently using liegal drugs or is a current user holi who posses a drute thme to property or salably 24C-FR 100201).
If I am requ	esting a Reasonable Modification, I understand:
restor	s otherwise required by law, these modifications are to be made at my own expense and that I may be required to a my modifications that would negatively affect the next residents to their original condition at the time of move-out, nable wear and tear expected.
• I may	have weak inclusion an interest-bearing escrow account adequate funds to assure that the modifications can be do to their original condition.
prior t	esponsible for the work to be accomplished in a workmanike manner, that if permits are required, I will obtain them o commencement of the modification work, and that I am responsible for any damage caused by the modification.
	cannot begin until a binding lease/rental agreement and a modification addendum have been fully executed. or other electronic address is filled in above, you may send communications regarding this request to such address.

# 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

DATEPROPERTY NA	ME / NUMBER
RESIDENT / APPLICANT NAME	
PREMISES ADDRESS	
CHECK IF SUBMITTED BY AN APPLICA	NT AND LIST APPLICANT'S CURRENT ADDRESS:
PHONE I	EMAIL OR OTHER ELECTRONIC ADDRESS
	of a request for reasonable accommodation/modification from: as the disabled person. This request is very important reviewing the request. We will respond to you as soon as practicable. If there
	process the request, we will let you know.
If you have any questions, please	let us know.
	OWNERIAGENT X
	ADDRESS
	PADREAJ
	TELEPHONE
	EMAIL

## 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)

1

CHECK IF SUBMITTED BY AN APPLICANT AND LET APPLICANTS CURRENT ADDRESS. PHONE EMAIL OR OTHER ELECTRONIC ADDRESS	
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PHONE EMAIL OR OTHER ELECTRONIC ADDRESS	
Name of person requesting the accommodation/modification:	
Owner/Agent: Name	
Address	
Phone Email	
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to the laws of	r existence of a
My address, phone number and email are:	
Address City State Zip	
Phone Email	
I have examined/treated (vane) on	itani or an
Ves rector, neret releastance, montonal lineau, doug addition, and accordance. This defension does not include any individual whe using fligad darge or is a current current of adobed who pages and work there is provide a set of the 100 to 201). I understand the person listed above has requested the following accommodation/modification:	o is currently
Further, I hereby verify, in my opinion, that the person's request for the accommodation/modification (check which	
Is <u>selated</u> to hisher disability and is <u>secasary</u> in order to provide him or her with full and equal use and enjoyment is NOT <u>related</u> to hisher disability and/or is NOT <u>necessary</u> in order to provide him or her with full and equal use a 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 a has voluntarily given his/her permission to obtain this written verification as follows:	
I hereby voluntarily give my permission for	rs rame) to obtai
based on a disability.	I have the riot
Lunderstand that Lam not required to give exemision for Owner/Agent to obtain the above verification and that to obtain the verification myself and protected in to Owner/Agent. Lostify that Lam voluntarity consenting to Owner such verification on my behalf and that Owner/Agent did not force or in any way coerce me to sign the consent.	
to obtain the verification myself and present it to Owner/Agent. I certify that I am voluntarily consenting to Owner	

## **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

DATE	PROPERTY NAME / NUMBER
RESIDENT / APPLIC	
PREMISES ADDRES	8
CHECK IF SUBM	TTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS
Owner/Agent is p	processing the request for reasonable accommodation/modification from:
us but we are ur	as the disabled person. This request is very important to able to complete our review until we receive the following information. Please provide all checked
Verification existence return this	from a Qualified Individual. We have provided the enclosed form which can be used to verify the of the disability and/or whether your request relates to the disability. You can choose to sign and form with the name and address of your 'qualified individual' filled in so we may mail it to them, or eliver it and have the form filled out by such person and returned to us.
diagnosis,	n how your request is necessary because of your disability (we are not asking for any medical but simply how the accommodation/modification is necessary for you to fully enjoy your dwelling common areas).
The follow	ing additional information on the requested modifications:
Clarificatio	n of your request on the following items:
Other:	
If we do not rece we will assume y	Ive this information by (date) in order to complete our review of your request. we the requested information by that due, or you contact us before then requesting additional line, ou do not ward us to proceed and the request will be deemed withdrawn. usedions about any of the information revocated or our review crosses, clease It us know.
ii you nave any t	questions about any or the information requested of our review process, prease recus know.
	OWNER(AGENT X
	ADDRESS
	TELEPHONE
	EMAIL

# Approval of Request for Accommodation

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

	REASONABLE ACCOMMODATION	101.73
DATE	PROPERTY NAME / NUMBER	
RESIDENT / APPLICANT NA	ME	
PREMISES ADDRESS		
CHECK IF SUBMITTED E	BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:	
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS	
We are pleased to info	rm you that the following reasonable accommodation has been appr	oved:
We will be taking the f	ollowing action related to this reasonable accommodation:	
	s) described above is not what you requested, please let us know in	mediately.
	s) described above is not what you requested, please let us know in one, please contact us at the address/phone below. contactus at the address/phone below.	
	ons, please contact us at the address/phone below.	
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## **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

DATE	PROPERTY NAME / NUMBER	
RESIDENT / APPLIC	ANT NAME	
PREMISES ADDRES		
CHECK IF SUBM	ITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:	
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS	
	to inform you that your request to make the following modification ved subject to satisfaction of the conditions checked below:	is to the unit and/or the common
If these modifica	tions are not what you requested, please let us know immediately	
Before any work	can begin on the modifications, you must satisfy the following che	ecked items:
Our review	v and approval of written plans and/or specifications for the modifi	cation(s).
insurance the work a manner.	evidence that the person(s) performing the work is/are qualified () with at least the minimum limit required by law, or if no such minim nd written assurances from the person(s) performing the work that are permits will be required to make the requested modification. Piermits along with proof of full payment of the permit seen.	um limit, at least \$200,000) to d the work will be in a workmanlik
to their ori	ations which would negatively affect the next resident or use of the ginal condition if it is reasonable to do so when you vacate the pre smoved are:	common areas must be restore mises. The modification(s) which
provide fu pay \$ payment i	will be required to restore the premises, we will establish an inti dis to pay for the restoration of the unit and/or common areas on on- each month into such account until the final amount of \$ s due modification addendum must be signed and returned to Owne ent offers to do the following with regard to the requested modificat	move-out. You will be required to is attained. The first r/Agent.
If you have any	questions, please contact us at the address/email/phone below.	
	OWNER/AGENT X	
	ADDRESS	
	TELEPHONE	

## **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

	mating Quality Rental Housing	REASONABL		CATION ADDEN	DUM
DATE	PI	OPERTY NAME / NUMBER			
RESIDEN	IT NAME(S)				
UNIT NU	MBER	STREET ADDRESS			
CITY				STATE	ZIP
"Premise a copy of made a p this Add any print	es") based on a disal f which is attached to part of the Rental Ag endum shall control, ted provision in this	bility. Owner/Agent has iss this Addendum as Exhibit reement for the unit identit except that any provision Addendum.	ued a Pre-Ap A. Owner/Ag lied above. If a n of the Renta	roval of Request for Rea nt and Resident(s) agree ny of the terms of the Rer Agreement that is manu	the dwelling unit and/or common areas (the sonable Modifications (the "Pre-Approval") that this Addendum is incorporated into an tal Agreement conflict with this Addendum ally typed or handwritten shall prevail over
1. The p	arties hereby acknow	viedce that Resident has re	ceived approv	al to make only those Mod	difications to the Premises. ifications listed on the Pre-Approval and tha imposed on residents who are not disabled
2. Owne	ar/Agent's approval				e "Conditions") listed on the Pre-Approval
	ient(s) agrees: No work will com	mence on the Modification	is until all Cor	ditions are satisfied.	
		e made to the approved			
3.3	<ul> <li>All Modifications n for obtaining such</li> </ul>	ust be performed in a wor permits. All applicable build	kmanlike man ing and other o	er and pursuant to all requested to a solution of the second s	uired permits. Resident is solely responsible ind proof of said adherence may be required
3.5	Resident is solely and/or materials to Owner/Agent and The name(s), add Resident to perform	or the Modifications for the	If all Modificat the complete of aims made by ber(s), email( ent to the Pre	ons. Should Resident fail out of the Modifications R persons who supplied la and currently valid lice	Ications. to fully pay all persons who supplied labo socident will hold harmless and indemnity bor and/or materials for the Modifications inse numbers of any contractors hired by
	1000		AZCRESS THE		TPROPOSITION AND A
	NET		72CPUS		Listing Robins
		cent in writing at least thre	<b>Responsibility</b>	any work commencing or	the Modifications. Resident grants Owner on the Premises (e.g. outside the front doo
3.7	Agent the authorit of the dwelling uni of mechanics' lier ' To remove all Mo restore the Premis apply to the resto I f an escrow fund	y to post a 'Notice of Non t). Resident will obtain and n releases from all person difications which are listed aes, all at no cost to Owne ration. is required under the Pre-	provide Owne s who supplie i on the Pre-A r/Agent. All re -Approval. Re	Agent within 10 days after 1 labor and/or materials to pproval to be removed at uirements stated above a sident will timely pay all a	completion of the Modifications, with copies o the construction of the Modifications. move-out, at no cost to Owner/Agent, an as to construction of the Modifications shal amounts required into the escrow account wner/Agent to use the funds in the escrow
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## **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

DATE	PROPERTY NAME / NUMBER
RESIDENT / APPLI	CANT NAME
PREMISES ADDRE	
CHECK IF SUB	NITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS
	a request for the following change to one or more of our policies, practices, rules or services as an , or to make the following modifications to your dwelling unit and/or common areas:
To be sure all p request, our co process and is process is very Our concerns fa	processing your request and have terious concerns whether we will be ablo by grant the respects buildings are considered, we would be more (johner in practice) and the sequence concerns and any alternatives that implify tasks both of our requirements. This is called an interactive designed to by and come to an agreement related to your request. We have found that this height and hope you will purifycapate.
	e not provided sufficient information for us to verify the existence of a disability and/or that the odation is necessary because of your disability
The account	ommodation will create an undue administrative and/or financial burden on Owner/Agent
The accord property	mmodation poses a direct threat to the health and safety of other residents, Owner/Agent or the
The acco	mmodation involves a fundamental change in the nature of our program
from you within	us at the address/email/phone below to set up a convenient time to meet. If we have not heard in days, we will assume you are not willing to meet and we will finish processing your ion the information we currently possess.
We look forwar	d to hearing from you.
	OWNER/ADENT X
	ADDRESS
	ADUREDO
	TELEPHONE
	EMAIL

## **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

DATE	PROPERTY NAME / NUMBER
RESIDENT / APPLIC	
PREMISES ADDRES	55
CHECK IF SUBM	NTTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS.
PHONE	EMAIL OR OTHER ELECTRONIC ADDRESS
	a change to our policies, practices, rules or services as an accommodation, or to make the following your dwelling or common areas, has been denied:
If the accommo	dation/modification(s) as described is/are not what you requested, please let us know immediately.
Your request ha	is been denied because (check all that apply):
	not provided sufficient information for us to verify the existence of a disability and/or that the dation is necessary because of and/or related to your disability
The accor	mmodation will create an undue administrative and/or financial burden on Owner/Agent
property	mmodation poses a direct threat to the health and safety of other residents, Owner/Agent or the mmodation will change the fundamental nature of our program
Other:	ninodabor will change the londamental nature of our program
	ve have made this decision is/are:
(Eacte wa ralied	upon, people we talked to, documents we reviewed, or other aspects of the investigative process.)
We remain ope	upon popule to latect to occurring the tentence, to one support of the transgence process) in to discussing our concerns or considering alternative proposals. If you have additional alternatives you would like us to consider, please let us know and we will reconsider this
	OWNER/AGENT X
	ADDRESS
	TELEPHONE
	EMAIL
	Land

## **Q** & A

#### Leah Sykes

Attorney, Partner leah.sykes@gmlaw.com www.gmlaw.com