



**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.

Date: _____ Initial: _____

B. Is the need for the requested accommodation/modification obvious?

Yes. Move to Step 6.

No. Move to Step 5.

Date: _____ Initial: _____

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 #MFH008 (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: _____

Step 6. Determination if Request is Reasonable

Is the request reasonable? Check which applies:

- Yes. Move to Step 8.
- No. Additional information required.
 - Form #MFH010 (Request for Additional Information Related to Reasonable Accommodation/Modification) provided to Resident/Applicant:
 Date provided to Resident/Applicant: _____ Initial: _____
 Date form/information returned by Resident/Applicant: _____ Initial: _____
 Check which applies:
 - Information was sufficient to make determination that request was reasonable. Move to Step 8.
 - Information was not sufficient to make determination that request was reasonable. Move to Step 7.
- No. Request is not reasonable. Move to Step 7.

Step 7. Offer of Interactive Process

Is Interactive Process offered? Check which applies:

- Yes. Use when Resident/Applicant has not provided sufficient information after returning the Request for Information form, or the request is not reasonable and there may be alternatives to discuss.
 Form #MFH018 (Request for Reasonable Accommodation/Modification Offer of Interactive Process) provided to Resident/Applicant
 Date provided to Resident/Applicant: _____ Initial: _____
 Date Resident/Applicant responded to offer: _____ Initial: _____
 Date of Interactive Process Meeting: _____ Initial: _____
 Offers made/results of Interactive Process: _____

 Go to Step 8.
- No. Determination made that Interactive Process would not be productive. Date: _____ Initial: _____
 Go to Step 8.

Step 8. Communication to Resident/Applicant

Was the request granted?

- Yes. Send Approval form. Check all that apply:
 - Form #MFH012 (Approval of Request for Reasonable Accommodation)
 Date sent to Resident/Applicant: _____ Initial: _____
 - Form #MFH014 (Pre-Approval of Request for Reasonable Modification)
 Date sent to Resident/Applicant: _____ Initial: _____
 Go to step 9.
- No. Send form #MFH020 (Denial of Request for Reasonable Accommodation/Modification)
 Date sent: _____ Initial: _____

Step 9. Request for Modification - Post Approval Procedure

- Resident/Applicant signed form #MFH016 (Reasonable Modification Addendum)
 Date Addendum signed: _____ Initial: _____
- Confirm satisfaction of any of the following conditions that apply:
 - Review plans and specs Initial: _____
 - Contractor's license and proof of insurance received Initial: _____
 - Permits received (if applicable) Initial: _____
 - Post "Notice of Non-Responsibility" (front door of unit or near where work to be performed)
 [Include picture of posted notice in file] Date: _____ Initial: _____
 - Set up escrow account (if applicable) Initial: _____

Additional Notes



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 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.)

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 impediments, 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 [24 CFR 100.201].

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 expected.
- 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 filled in above, you may send communications regarding this request to such address.

RESIDENT / APPLICANT SIGNATURE _____ DATE _____



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

ACKNOWLEDGMENT OF RECEIPT OF REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION



EQUAL HOUSING
OPPORTUNITY

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 _____



VERIFICATION FOR A REASONABLE ACCOMMODATION/MODIFICATION BY QUALIFIED INDIVIDUAL



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 _____

Name of person requesting the accommodation/modification: _____

Owner/Agent: Name _____

Address _____

Phone _____ Email _____

I, _____ (print name) hereby certify that I am a health care provider in practice pursuant to the laws of _____ (state) 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 _____ (name) ON _____ (date) 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 impediments, 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 [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's name) to obtain written verification from the following health care provider or other reliable, qualified individual party:

_____ (name) 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 certify that I am voluntarily consenting 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 _____

RESIDENT / APPLICANT SIGNATURE _____ DATE _____



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 such 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 _____



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 _____



**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 _____



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.

1. 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.
2. Owner/Agent's approval is conditioned upon Resident(s) satisfying all of the conditions (the "Conditions") listed on the Pre-Approval.
3. Resident(s) agrees:

- 3.1 No work will commence on the Modifications until all Conditions are satisfied.
- 3.2 No changes will be made to the approved plans/specifications without Owner/Agent's prior written consent.
- 3.3 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.
- 3.4 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 during, or as a result of, said Modifications.
- 3.5 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 valid license numbers of any contractors hired by Resident to perform any work of improvement to the Premises are as follows:

| | | |
|-------------|---------------|----------------------|
| NAME _____ | ADDRESS _____ | |
| PHONE _____ | EMAIL _____ | LICENSE NUMBER _____ |
| NAME _____ | ADDRESS _____ | |
| PHONE _____ | EMAIL _____ | LICENSE NUMBER _____ |

- 3.6 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 mechanics' lien releases from all persons who supplied labor and/or materials to the construction of the Modifications.
- 3.7 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, all at no cost to Owner/Agent. All requirements stated above as to construction of the Modifications shall apply to the restoration.
- 3.8 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.
- 3.9 If a Modification is made to the dwelling unit, Resident is responsible for any necessary maintenance.
- 3.10 If a Modification is made in the common area, maintenance responsibility will be as follows:
 - 3.10.1 If the Modification is used by residents of other units on the property, Owner/Agent will do any necessary maintenance of the Modification.
 - 3.10.2 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.

| | | | |
|----------|------------|-------------|------------|
| X _____ | DATE _____ | X _____ | DATE _____ |
| RESIDENT | | RESIDENT | |
| X _____ | DATE _____ | X _____ | DATE _____ |
| RESIDENT | | RESIDENT | |
| | | X _____ | DATE _____ |
| | | OWNER/AGENT | |



**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/email/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 _____



DENIAL 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 _____

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 X _____

ADDRESS _____

TELEPHONE _____

EMAIL _____