



## Reasonable Accommodation Request Form

Tenant's name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. The following person in my household has a disability, which is a physical or mental impairment that substantially limits one or more major life activities or has a record of or is regarded as having such impairment.

Name: \_\_\_\_\_

2. Because of this disability I am asking for the following specific accommodation: *(Please check all that apply)*

An alteration to my apartment or change to a part of the complex *(Please explain)*:

\_\_\_\_\_  
\_\_\_\_\_

A change in a rule, procedure or policy *(Please explain)*:

\_\_\_\_\_  
\_\_\_\_\_

Other? *(Please explain--this may include a request for audio tapes of any notices, etc.)*:

\_\_\_\_\_  
\_\_\_\_\_

3. This accommodation is necessary so that I or a person in my household can *(Please explain)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I authorize GDPM to verify that I or a member of my household has a disability and has the need for the accommodation that I have requested. In order to verify the information I have provided, I can either provide GDPM with a completed verification form or GDPM may contact the following person(s) *(Doctor, social worker, etc.)*:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Any information obtained by GDPM will be kept in a strictly confidential manner and used only to make a determination as to your request for accommodation.**

Please call \_\_\_\_\_ at \_\_\_\_\_ if you have any questions regarding the status of this request.

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

