

**REASONABLE ACCOMMODATION
REQUEST**

(This form is only used when third party verification is not needed due to obvious disability)

Apartment Community _____

Name of Resident (print) _____

Request for Reasonable Accommodation(s) by Resident

Signature of Resident _____ Date _____

By signing below, site manager acknowledges there is an obvious disability.

Signature of Site Manager _____ Date _____

NOTE: Submit to Home Office for Review.

TO BE COMPLETED BY HOME OFFICE

() Approved () Disapproved

By _____ Date _____

Comments _____

05/29/2014

"This institution is an equal opportunity provider and employer"

EQUAL HOUSING OPPORTUNITY