

## Request For a Reasonable Modification

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If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community as outlined in the overview, please complete this form and submit it to your housing provider. Complete all items that apply and explain your request fully. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: \_\_\_\_\_

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

The person(s) who has a disability requiring a reasonable modification is:

Name of person with disability: \_\_\_\_\_

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

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

I am requesting the following modification/s:

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

I need this modification because:

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

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**\*NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.**

If you are working with an individual and/or agency and would like your housing provider to contact that person to assist them in addressing this request, please complete the following:

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

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

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

Please notify me within ten working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: \_\_\_\_\_

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