



TENANT / PROSPECTIVE TENANT REQUEST FOR REASONABLE ACCOMODATION / MODIFICATION

Tenant / Prospective Tenant Name: _____

Address: _____

Phone: _____

1. A member of my household has a disability defined as "A physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment, or being regarded as having such an impairment."

2. The name(s) of the household member(s) that needs the accommodation / modification are identified as follows:

3. As a result of that disability, I am requesting a change to the rules, policies, and/or procedures of the rental property which are reasonable necessary to allow my household equal opportunity to enjoy the premises.

4. Please specifically describe in detail each and every modification that you are requesting, so that the property management company may evaluate your request for the same, and also, so that your physician can verify your need for the accommodation. I am hereby requesting the following accommodations:

[] Personally Reserved / Assigned Parking Space

[] Service or Medical Animal, as follows: _____

[] Change in the following rule, policy, procedure, or limitation: Please Note: Tenants and/or Prospective Tenants with a household member with a disability must still be able to meet the essential basic obligations of tenancy (i.e. paying rent, caring for their apartment, avoiding disturbing neighbors, etc.)

[] A physical change / alteration to the rental property, such as installation of bars or installation of a ramp, or assistive technology such as a flashing doorbell, etc (Please Specify)

5. I understand that the property management company will ask my healthcare representative / medical provider to submit a "Certification and Verification of Need" form that supports my specific request. I further understand that my request cannot and will not be processed without a completed "Certification and Verification of Need" from my health care representative or medical provider. Please provide the contact information for your health care representative / medical provider who you will use to verify your need for this request.

**Tenant / Prospective Tenant Authorization to Release and Identification of
Healthcare Representative / Medical Provider:**

I hereby authorize the healthcare representative / medical provider listed below (and on the “**Certification and Verification of Need**” form) to complete said form and return it to the property management company, **Premier Property Management, Inc.**. The property management company may use this information only for the purpose of verifying my eligibility for the accommodation request, and the reasonableness of that specific request, and for no other reason. I understand that this request must be submitted and approved by management prior to my obtaining the reasonable accommodation.

Name of Healthcare representative / medical provider Group or Practice: _____

Name of Individual Healthcare representative / medical provider: _____

Phone number for contact named above: _____

Fax number for the contact named above: _____

Tenant / Prospective Tenant Name: _____

Tenant / Prospective Tenant Signature: _____

Date of Request: _____

Notice to Tenant / Prospective Tenant: Approved requests for reasonable accommodation which result in a physical change / alteration to the rental property, are performed at the expense of the requesting Tenant. The requesting Tenant may also be required to the return the property to its original state at the time of move out, at the Tenant's expense.

For property management office use only:

Instruction for management office personnel.

- 1) Obtain Tenant/Prospective Tenant's signature on the *Request for Reasonable Accommodation* form.
- 2) Complete provider cover letter and *Certification / Verification* form and send to the 3rd party provider.
- 3) Upon receipt of signed *Certification / Verification* form, submit to management for review.