

**REASONABLE ACCOMMODATION OR MODIFICATION REQUEST FORM - 3**

Date of Request:

Regarding: \_\_\_\_\_  
(Resident's or Applicant's Name)

To: \_\_\_\_\_  
(Health Care Provider's - Provider's - Doctor's Name)

Company: \_\_\_\_\_  
(Health Care Provider - Provider - Doctor)

Contact Info: \_\_\_\_\_  
\_\_\_\_\_  
(Address, Phone, Fax, and Email)

From: Cornerstone Apartment Services  
(Name, Title, Company, Apartment Community)

Resident's Address: \_\_\_\_\_  
(address or prospective address)

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The resident named above has applied to or is living in our community. The resident has requested our permission to: Waive pet deposit and pet rent.

With respect to the requested accommodation or modification, our lease provides that a \$250.00 pet deposit is required to have a dog at the property. However, if an individual with disabilities requests permission for an accommodation or modification, we must consider that request. We must also verify that the individual qualifies as disabled under federal law and requires the accommodation or modification in order to have an equal opportunity to use and enjoy the apartment and community.

We appreciate your cooperation in answering the questions on this form and returning it to our community. Enclosed is a stamped, self-addressed envelope for this purpose. Or, if you'd prefer please feel free to return it to us either by facsimile to the attention of Shauna at 303-333-5955, or via e-mail to shauna@cornerstoneapartments.com. The resident has consented to the release of the information, as demonstrated by resident's executed release, which follows.

**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 impairment; or is regarded as having such an impairment.

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The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, 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 a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

Major life activities include but may not necessarily be limited to caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A limitation is substantial if it significantly restricts the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.

### Fair Housing Need Defined

Under Fair Housing laws, a person requesting a reasonable accommodation or modification must demonstrate the necessity of the requested accommodation or modification. Courts have held that any accommodation or modification requested must be proximately related to the limitation faced by the disabled person. To preliminarily establish necessity, the disabled individual must demonstrate that the requested accommodation or modification, if effectuated, would ameliorate the alleged limitation the disabled individual endures in the use or enjoyment of his dwelling. In simple terms, the accommodation or modification must serve a disability-related need, i.e. lessen the impact of the disability

### REQUESTED INFORMATION

1. Is the resident disabled as defined above?      \_\_\_Yes \_\_\_ No
2. Based on the applicable legal requirements set forth above, in your professional opinion, does the resident need the accommodation or modification requested in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment or community?      \_\_\_Yes \_\_\_ No

Name and Title of person supplying Information

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Firm/Organization

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Would you be willing to testify in any court action or related proceeding as to the Resident's need for [the accommodation / modification]?

\_\_\_\_ Yes      \_\_\_\_ No

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

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

**Resident's Verification of Information and Release**

TO THE RESIDENT OR PROSPECTIVE RESIDENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE COMMUNITY OR THE HEALTH CARE PROVIDER IS LEFT BLANK

**RELEASE: By signing below, I acknowledge that I have carefully reviewed the foregoing Reasonable Accommodation or Modification Request Form, that the information contained therein is accurate, and that the request for a reasonable accommodation or modification as set forth above is the exact request that I have made of the property or landlord. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the community to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.**

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

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