

REASONABLE ACCOMMODATION REQUEST

Date of Request _____

Name of Applicant/Resident/Participant: _____

Person Requesting the Reasonable Accommodation: _____

Physical Address City/State/Zip Code: _____

Mailing Address, if different: _____

Telephone Number: _____ Email Address: _____

I am requesting the following reasonable accommodation(s) be made and/or allowed so that I may have equal opportunity to use and enjoy the dwelling that I occupy and common areas available to all residents, as afforded by the Federal Fair Housing Act. (Title 42 U.S. Code 3604, 3a/3b)

Ground floor or ADA accessible unit transfer

Assistance Animal

A change in a rule policy

Other _____

Please explain your need and how you could benefit from the accommodation you are requesting:

Signature of Applicant/Resident

Participant Date

NOTE: You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

**AUTHORIZATION FOR RELEASE OF INFORMATION
REGARDING REASONABLE ACCOMMODATION(S) REQUEST**

RE: Household member with disability: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Provider/Knowledgeable Person: _____

Address of Provider/Knowledgeable Person: _____

City/State/Zip Code: _____

Telephone Number of Provider/Knowledgeable Person: _____

Fax Number of Provider/ Knowledgeable Person: _____

I hereby authorize the above provider or knowledgeable person to consult with representatives of Housing Catalyst, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for the sole purpose of this reasonable accommodation request. I hereby authorize the release of information to Housing Catalyst the request for reasonable accommodation described on this form. In addition, I authorize to provide only documentation that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined above. This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability. This Authorization does **not** authorize Housing Catalyst to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability. Any information or documentation released as a result of this Authorization shall be kept confidential and will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

This release shall constitute a limited authorization for the release of information, as described below.

This Authorization solely authorizes the release of information necessary to verify the following:

- 1. Documentation necessary to verify that the above-named individual meets the definition of a "qualified individual with a disability", as defined below;**
- 2. A description of the needed reasonable accommodation(s); and,**
- 3. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(s).**

For purposes of this Release, a “Qualified Individual with a Disability” is defined as a person who has a physical or mental impairment that:

- a. Substantially limits one or more major life activities
- b. Has a record of such an impairment
- c. Is regarded as having an impairment

“A Physical or Mental Impairment” is defined as:

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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, mental retardation, emotional illness, drug addiction and alcoholism. **“Major life activities” means** functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning. **“Major Life Activities” include** functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

“Has a Record of Such an Impairment (mental or physical)” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is Regarded as Having an Impairment” means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities but is treated by a recipient as constituting such a limitation.
2. Has a physical or mental impairment that substantially limits one or more major life activities **only as a result of** the attitudes of others toward the impairment.
3. Has none of the impairments defined by Section 504’s definition of “physical or mental impairment but is treated by a recipient as having such an impairment.

Name of Provider/Knowledgeable Person [Print]

Signature

Title

Relationship to Resident

Date