



Reasonable Accommodation Request

Date:	
Resident/Applicant Name:	
Unit Address:	

- I am requesting the following reasonable accommodation so I may have equal opportunity to use and enjoy the unit and property I occupy as afforded by the Federal Fair Housing Act.
- **I acknowledge that I am a “Qualified Individual with a Disability” which is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities and either has a record of such an impairment or is regarded as having an impairment.**
- I understand that verification of my need/disability may be needed prior to a determination of this request.
 - Verification from a knowledgeable person or medical professional is preferred.
 - Additional verification may not be needed if the need for the request is visually verifiable by Housing Catalyst staff.
 - By signing this document and providing contact information for any applicable knowledgeable persons, I authorize the provided contact to consult with a representative of Housing Catalyst in relation to this request including verifying that I qualify as an individual with a disability and discuss my needs in relation to this request.
 - Any information and documentation will be kept confidential.

Optional provider/knowledgeable person information if relevant for the request		
Name of Provider/Knowledgeable Person:		
Relationship to Resident/Applicant:		
Contact Information (phone or email):		
By signing below, I verify that the information provided on this request is true to the best of my knowledge.		
Signature of Provider/Knowledgeable Person:		Date:





My reasonable accommodation request is for: (Check one and include details)

	I have included a letter from a medical professional that details my request.
	Emotional Support Animal or Service Animal Lease Fee Accommodation Request
What support or service does this animal accommodate? Please list the name and type of animal:	
	Unit Modification Request
Details of specific modification needed:	
	Needs Based Unit Transfer
Details of what unit type will best accommodate needs:	
	Live-In Aide (Please complete the Live-In Aide application and submit it with this request.)
Name of Live-In Aide:	
	Parking Lot Modification Request
Details of specific modification needed:	



	Unit Services Request
Details of specific services requested to support disability:	
	Other Requests
Details of request and the relationship to your need:	

Signature of Resident/Applicant:	
Date:	
	This request is for a minor in the household named: