

Reasonable Accommodation/Modification Request Form

Crossed Arrows will provide reasonable accommodations to all applicants and tenants who need such accommodations to be able to enjoy the benefits of housing provided by Crossed Arrows. In addition, reasonable modifications will be provided to the structure and features of a premise, as well as public and common use areas of the property, should modifications be necessary to provide full enjoyment of the premise for individuals with disabilities.

To request a reasonable accommodation or modification due to a disability, an applicant or tenant must qualify under the following Fair Housing Act definition of disability, meaning such person must:

- Have a physical or mental impairment that limits one or more of the major life activities;
- Have a record of such impairment; or
- Be regarded as having such impairment.

Name: _____ **Date:** _____

As a result of the disability, this person is requesting the following reasonable accommodation(s)/modification(s):

A change in a policy, practice, or procedure: (Please specify.)

A physical change in the housing unit or common space: (Please specify.)

If not readily apparent, describe why this accommodation is needed and how it is related to the disability:

Verification of Need:

You may be asked to allow Crossed Arrows to verify the need for this accommodation or modification. If so, the information Crossed Arrows obtains will be kept confidential and used solely to determine that the accommodation or modification is needed.

Providing the Accommodation or Modification:

If Crossed Arrows cannot provide this accommodation immediately, you will get an answer to this request within 10 working days if there is no verification required or within 14 working days of receiving sufficient verification. If you do not agree with the response, please contact Rob Shank at rob.shank@wycares.com.

Reasonable Accommodation/Modification Request Verification Form

Date: _____

To: _____

Health Care Provider's Name

Health Care Provider's Address

From: _____

Owner's Name

Owner's Address

RE: REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

TENANT'S NAME: _____

ADDRESS: _____

The tenant named above has applied for a property managed by Crossed Arrows Services, LLC. The tenant has requested the following accommodation/modification:

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue administrative and financial burden, threaten other tenants of Crossed Arrows Services, LLC, or fundamentally alter the business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the premises.

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The tenant has consented to this release of information, as shown on the last page.

INFORMATION REQUESTED

- 1. Does the tenant have a “disability,” as defined on this page? Yes No

- 2. In your professional opinion, does the tenant need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, is the accommodation/modification requested necessary to overcome barriers associated with the disability? Yes No

- 3. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? Yes No Explain:

- 4. Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner? Yes No
If yes, please give name and phone number of contact person:

- 5. Please answer any other questions presented about the accommodation/modification requested:

DEFINITION OF "DISABILITY"

Under federal law, an individual has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. In general, a physical or mental impairment includes, but is not limited to, examples of conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.

NAME AND TITLE NAME OF PERSON SUPPLYING INFORMATION:

PHONE NUMBER: _____

FIRM/ORGANIZATION: _____

Signature: _____ Date: _____

TENANT RELEASE

The person named and signing below is an applicant or tenant, or is the adult guardian of a minor child household member of an applicant/tenant of a property managed by Crossed Arrows Services, LLC requesting the information on this form. My signature below authorizes you to provide the information requested on this form about me, or about the minor child, and to answer any follow-up questions related to the requested accommodation or modification.

Print Name: _____

Signature: _____ Date: _____

If information is requested for a minor, print minor's name below.
