

REASONABLE ACCOMMODATION OR MODIFICATION REQUEST FORM

Date of Request: _____

To: _____

(Health Care Provider – Provider – Doctor's Name)

Company: _____

(Health Care Provider – Provider - Doctor)

Contact Info: _____

(Address, Phone, Fax, and Email)

From: **John Herte, Property Manager, Twin Pine Properties, LLC**

(Name, Title, Company, Apartment Community)

Resident's Address: _____

(Address or prospective address)

REASONABLE ACCOMMODATION OR MODIFICATION REQUEST FORM

The resident named above has applied to or is living in our community. The resident has requested our permission to: _____

With respect to the requested accommodation or modification, our lease provides that all requests be in writing and approved by the Landlord. Additionally, animal deposits and animal rents be charged. However, if an individual with disabilities requests permission for an accommodation or modification, we must consider the 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 company no later than _____. Please return it to us via e-mail twinpineproperty@gmail.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.

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 threat to property or safety because of alcohol use.

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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 conditions, 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 modifications, if effectuated, would ameliorate the alleged limitation the disabled individual endures in the use or enjoyment of their 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/home/community?
☐ Yes ☐ No
3. Please identify how long you have treated or provided services to this person:

Name and Title of person supplying information: _____

Firm/Organization: _____

4. Currently, there is no anticipated need for you to testify. However, if called upon to testify in court, would you testify that the answers given in this request form are true and accurate to your professional opinion at the time they were rendered?

☐ Yes ☐ No

Signature: _____ Date: _____

Print Name: _____

License type and number _____

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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 forgoing Reasonable Accommodation or Modification Request Form, that the information contained is therein 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 manager 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: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Landlord/Owner Name: Twin Pine Properties, LLC

Signature: _____ Date: _____

Printed Name: _____