

Request for a Reasonable Accommodation

Name of Requester

Address:

Unit #

Are you an Applicant or a Resident ?

In order for the Property Manager of Georgetowne Homes to evaluate your request for a Reasonable Accommodation, we require specific information. This information is only required to establish the nature of the accommodation requested and its relationship to your disability.

If we have not previously verified that you are disabled in conformance with the legal definition(s), we will need to do so. This will be done using a standard verification form which will be sent to a reliable source with appropriate credentials and knowledge of the individual to make an informed judgment which *you* designate.

We need to know what type of accommodation you are requesting. Does your request for reasonable accommodation concern the following (Please check one or more that apply):

- A physical modification to a unit
- A barrier-free unit (wheelchair accessible)
- A unit adapted for sensory impairments
- A provision of the Community Lease
- A Housekeeping Standard
- Other: _____

Consistent with the Community's Reasonable Accommodation Policy, a copy of which is attached for your information, each request is evaluated on its own merits and the ability of the Community to provide the financial resources requested at the time of the request. No prior action by the Management Agent should be taken as precedent for any single decision concerning a Reasonable Accommodation. Resources available to the Community fluctuate. The ability of the Community to provide flexibility in its program administration varies accordingly.

To the greatest extent feasible, the Community wants to assist an individual requesting a Reasonable Accommodation. We reserve the right to reject any accommodation request should it be established that the accommodation would be *physically infeasible*, an *administrative and financial burden* or a *fundamental change in the nature of the program*. We reserve the right to propose an alternative accommodation to the one requested.

We need to understand how the requested accommodation will permit you to enjoy the full benefits of the programs of Georgetowne Homes.



Please describe below (and on additional pages, if needed) the limitation(s) of the individual for whom the accommodation is being requested and how the accommodation will “make up” for the limitation. (i.e., “I need a visual signal for my intercom because I cannot hear the buzzer when I have a guest” or “I need plastic molding installed on wall corners to protect them from my wheelchair.”).

Signed: _____

Date: _____



Form #2

Authorization to Verify a Disability

(Not for use with the 202 or 811 Programs)

You have either applied for a type of housing or made a request which requires that we verify your disabled status. This is necessary for one or more of the following reasons:

- You are under 62 years of age and have applied for housing in a community whose tenant selection criteria require you to either be over 62 years of age or a disabled individual under 62 years of age;
- You have claimed adjustments to income (allowances) for which your disability status must be verified prior to the allowances being granted; or
- You have requested a Reasonable Accommodation. A request for a Reasonable Accommodation requires that you meet the criteria for an eligible disabled individual under one or more of the following: the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, as amended, or the Americans with Disabilities Act. Being an eligible disabled individual does not guaranty approval of the Reasonable Accommodation Request. It is only a pre-condition for review of your request.

By signing this form you give the Owner/Agent permission to verify your disability status with a third party. You are asked below to indicate the most appropriate individual or organization that can complete the Verification of Disability Form. Unless this form is completed by an appropriate third party, you will not be entitled to any of the program rights for which disabled status makes you eligible.

The Verification of Disability Form does not require that the third party disclose any specific aspects of your disability. The third party will need to indicate that you meet one or more of the pertinent definitions of disability. This verification is done under the pains and penalties for perjury. Should the individual misrepresent information for the purpose of helping you to obtain a benefit for which you are not entitled both you and the individual will be subject to legal sanctions.

I, the undersigned, hereby grant permission to verify my disabled status. I request that you contact the following individual or organization to complete the Verification of Disability Form.

Name of Individual or Organization: _____

Address _____

Telephone Number _____

Fax Number _____

Signature

Date

