

**REASONABLE ACCOMODATION/MODIFICATION REQUEST FORM:**

Date: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Description of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the Connection Between the Request and the Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Tenant: \_\_\_\_\_

Approved by: \_\_\_\_\_

Description the policy change that was permitted (ACCOMMODATION) \_\_\_\_\_

\_\_\_\_\_

OR What modifications to the premises the Landlord will permit the tenant to make at the tenant's expense: \_\_\_\_\_

\_\_\_\_\_

OR What modification the Landlord is willing to pay for: \_\_\_\_\_

\_\_\_\_\_

Who will do the Modification and the estimated time frame for completing the project:

\_\_\_\_\_

\_\_\_\_\_

Denied by: \_\_\_\_\_

What alternative was offered by the Landlord? \_\_\_\_\_

\_\_\_\_\_

Accepted by Tenant \_\_\_\_\_ Rejected by Tenant \_\_\_\_\_