

## **Request for Reasonable Modification Information and Forms**

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A reasonable modification is a modification of the unit or common area that will assist a person with a disability in taking advantage of the full benefits of a property. A housing provider must grant a request for reasonable modification if the modification may be necessary for an individual with a disability to have the equal opportunity to enjoy or use a dwelling.

**Reasonable modifications** can include, but are not limited to:

- ✓ Permitting a tenant to alter the structure of the apartment, house or dwelling by adding ramps, grab bars or widening the doorway at the expense of the tenant.
- ✓ Increasing the font size of typed documents for a visually impaired resident.

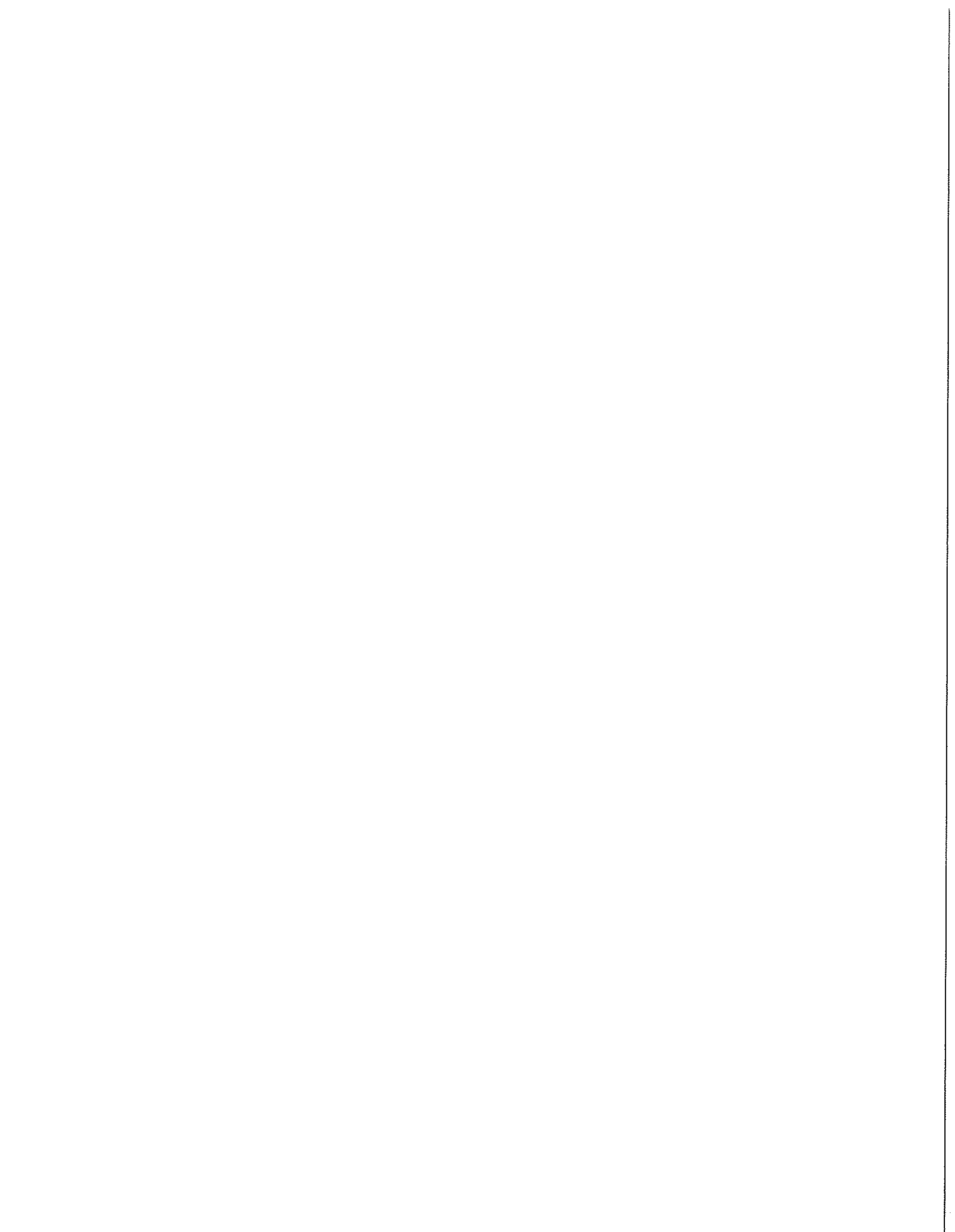
In order to qualify for a reasonable modification under the Fair Housing Act or the Americans with Disabilities Act, the individual must have a verifiable disability. The management is required by law to keep all of the information about the tenant's disability confidential. An individual has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A disabled resident must still be able to meet essential obligations of tenancy such as paying rent, caring for the apartment, and not disturbing the neighbors. However, assistance may be used in order to accomplish these things.

If you are requesting a **reasonable modification**, the following forms apply to you:

- Request for Reasonable Modification
- Verification of Status as a Person with a Disability
- Approval or Denial of Request for Reasonable Modification

TDD phone numbers: 1 (800) 854-7784 (voice to voice), 1 (800) 735-2929 (English-TTY/type to voice), 1(800) 855-3000 (Spanish-TTY/type to voice).

[http://www.ddtp.org/california\\_relay\\_service/how\\_to\\_make\\_a\\_relay\\_call/](http://www.ddtp.org/california_relay_service/how_to_make_a_relay_call/)



**Request for Reasonable Modification**  
**(to be completed by tenant/applicant)**

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If you or a member of your household has a disability and needs a reasonable modification in order to have equal use and access to the complex, house or community, please complete and submit this form to your housing provider.

**Please keep copies of your completed documents for your personal records.**

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

1. Name of tenant or applicant: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

\_\_\_\_\_

Name of person with disability (if different than the previous name)

\_\_\_\_\_

Telephone #: \_\_\_\_\_

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

\_\_\_\_\_

2. I am requesting the following modification so that my household members and I can partake in the full enjoyment and equal access to the property as easily as others do.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Note: The individual requesting the modification may be responsible for the costs incurred in providing the modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to its original condition. The housing provider has the right to request that a licensed contractor be obtained to make the modifications and restorations. The law does not require the housing provider to pay for the requested modifications, but only to allow the individual requesting the modifications to make them at his/her own expense.**

3. I need this reasonable modification because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you know of a company, organization or individual that might be able to help or advise on the changes, please provide the following information.

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Please notify me within **ten days** by completing the attached **Approval or Denial of Request for Reasonable Modification** form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Tenant

**Verification of Status as a Person with a Disability**  
**(to be completed by medical or social service professional or other third party)**

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To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_  
(Name of tenant or applicant)

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

The tenant or applicant for tenancy listed above has sought the reasonable modification described in the attached request. State and federal laws require housing providers to allow reasonable modifications to either the dwelling or other parts of the housing community when the modifications are not unduly burdensome and may be necessary to afford a person with a disability with the equal opportunity to use and enjoy a dwelling

The Fair Housing Amendments Act and the Americans with Disabilities Act define disability as:

- ✓ A physical or mental impairment that substantially limits a major life activity; **or**
- ✓ A record of such an impairment; **or**
- ✓ Being regarded as having such an impairment.

A physical or mental impairment includes:

- ✓ Any physiological disorder or condition; **or**
- ✓ Cosmetic disfigurement; **or**
- ✓ Anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic skin and endocrine; **or**
- ✓ Any mental or psychological disorder such as cognitive delays, organic brain syndrome, emotional or mental illness and/or learning disabilities.

\*\*Drug addiction (other than addiction caused by current illegal use of a controlled substance) and alcoholism (other than caused by current use) are covered by these provisions as are cancer, heart disease, HIV, AIDS and temporary disabilities such as broken limbs or pregnancy.

The medical or social service professional or other third party certifying the disability and need for reasonable modification IS NOT required to reveal the specific nature and/or severity of the individual's disability.

**As a medical/ social service professional or other person with the knowledge necessary to make a determination,** I am able to advise that

\_\_\_\_\_  
(name of client)

qualifies as an individual with a disability as defined above and that the following reasonable modification is consistent with the needs associated with his/her disability:

**Reasonable modification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of certifying person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of certifying person

\_\_\_\_\_  
Title

Please feel free to contact me at the following number if you have any questions:

\_\_\_\_\_

**Approval or Denial of Request for Reasonable Modification**  
**(to be completed by housing provider)**

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To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, you requested the following reasonable modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have:

Approved your request and will provide the following modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The change will be effective upon receipt of this form.

We will provide the modification by the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Before making the modification, we must \_\_\_\_\_  
\_\_\_\_\_

We anticipate that the change will be made by the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, and will notify you in the case of a delay.

If you have any questions or concerns regarding this modification, please contact me immediately.

Denied your request because of the following:

The person requesting the modification is not a person with a disability as defined by federal and/or state law, and management is not required to provide you with a modification.

The modification you requested is not reasonable because:

The modification will cost \$\_\_\_\_\_ and/or \_\_\_\_\_ additional hours of staff time. This poses an undue burden on operations.

Other: \_\_\_\_\_

In reaching this decision, we spoke with the following people: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In reaching this decision, we reviewed the following documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In reaching this decision, we performed the following investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you disagree with this decision or have additional information to provide, you may contact me at the following address and/ or telephone number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_