



REASONABLE ACCOMMODATION / MODIFICATION REQUEST FORM

Date: _____

Tenant's Name: _____

Property Address: _____

Description of request: _____

Description of the connection between the request and the disability: _____

Tenant signature: _____

Approved by: _____

Description of the policy change that was permitted (Accommodation):

OR – Modifications to the premises the Landlord will permit the tenant to make at the tenant's expense:

OR – Modification the Owner is willing to pay for:

Who will perform modification: _____

Estimated time frame for completion: _____

Denied by: _____

Alternative offered by the owner:

Tenant acceptance: _____ (signature)

Tenant rejection: _____ (signature)