



REQUEST FOR ACCOMMODATION/MODIFICATION FORM

You may use this for to request the PEP Housing provide an accommodation to you or any member of your household who has a disability to ensure equal opportunity to access and enjoy your dwelling and common areas of make a modification to your apartment of the apartment community which may be necessary to afford a disabled person full enjoyment of the premises.

For the purpose of this form, a person with a disability includes 1) individuals with a physical or mental impairment that limits one or more major life activities; 2) individuals who are regarded as having such and impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV/AIDS, mental retardation, emotional illness, drug addition (excluding active users of illegal/controlled substances) and alcoholism.

Date of Request:	Telephone Number:
Name of Applicant/Resident:	E-Mail Address (if any):
Person for whom request is being made:	Relationship to the Applicant/Resident:
Address:	
1. I am requesting the following accommodation(s)/modification(s):	
2. The requested accommodation/modification is disability-related in that:	
3. You may verify the existence of a disability and the need for this request by contacting the following individual who is a medical/social service professional or other third party with sufficient knowledge to provide the information necessary to process this request (<i>please include name, address, phone number and e-mail if known</i>):	
4. I give you permission to contact the above individual(s) for purposes of verifying the existence of the disability and the need for the	



accommodation/modification requested as well as to ascertain whether there exists other accommodations or modifications which may also meet the needs of the disabled individual identified above. I understand that the information you obtain will be kept confidential and used solely to process my request.

5. I certify that the information provided in this request is true and correct and that I understand the information I have supplied above is being relied upon by PEP Housing in making decisions relating to the housing of the disabled individual identified herein.

Signature of Applicant/Resident

Date

RECEIVED BY:

Signature of Management Representative

Date



**PEP HOUSING ACCOMMODATION/MODIFICATION
AUTHORIZATION FORM**

Release of Information Third Party Professional:	Address:
Phone Number:	E-Mail:
Fax Number:	

I authorize the above agency/individual to provide information needed to verify that I am disabled as defined by applicable law, that the requested accommodation/modification may be necessary for me to have equal access to housing despite my disability and to discuss possible alternative accommodations or modifications which may also meet my need.

Name of person for which accommodation or modification is being requested:	Relationship to Applicant/Resident:
Description of accommodation/modification being requested:	
Signature of authorizing individual:	Date:

This Authorization does not authorize PEP Housing to examine medical records of the person for whom this request is made, including diagnosis or test results; nor does it authorize the release of detailed information about the nature or severity of the disability on which the request is based. Any information/documentation released in conjunction with this Authorization shall be kept confidential and not shared except as needed in the process of evaluating the validity of the request for reasonable accommodation.