



GDPM REASONABLE ACCOMMODATION REQUEST FORM

Tenant's name _____ Phone: _____

Address: _____ Zip Code _____

1. The following person in my household has a disability which is a physical or mental impairment that substantially limits one or more major life activities or has a record of having or is regarded as having such impairment.

Name: _____

2. Because of this disability, I am asking for the following specific accommodation (*Please check one or more below*).

An alteration to my apartment or change to a part of the complex

A change in a rule, procedure, or policy

Other (*Please explain*)

3. This accommodation is necessary so that I or a person in my household can (*Please explain*)

4. I authorize GDPM to verify that I or a member of my household has a disability and has the need for the accommodation that I have requested. In order to verify the information, I have provided or will provide GDPM a completed verification form; or GDPM may contact the following person(s) (*doctor, social worker, or a reliable third party in a position to know about the disability*):

Name: _____ Title: _____

Address: _____

Phone: _____

Any information obtained by GDPM will be kept in a strictly confidential manner and used only to make a determination as to your request for accommodation.

I give GDPM permission to talk with the above listed individual(s) to verify my disability and the need for this accommodation. In the event that my request is denied, I understand that I have the right to request a grievance hearing on this issue and that the request may be made either orally or in writing.

Signature _____ Date: _____

Please complete this form and return it to the office

GDPM Verification of Requested Reasonable Accommodation



Dear _____:

Enclosed please find a signed form from _____ indicating that they have a qualifying disability (a mental or physical impairment that substantially limits one or more major life activities or has a record of having or being regarded as having such an impairment) and that, because of this disability, the following accommodation is necessary so that they can have the opportunity to equally utilize their apartment.

This person has said that you can verify this disability and as a direct result thereof the need for the requested accommodation.

I do verify that the above named person has a qualifying disability pursuant to the above definition and that the above mentioned changes are necessary for this person to have an opportunity to equally utilize their apartment.

Name: _____ Title: _____

Address: _____

Phone Number: _____

Signature

Please return the signed completed form to: _____

Please complete this form and return it to the office