



REASONABLE ACCOMMODATION REQUEST FORM

Annapolis Property Services is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the manager.

Resident's Name: _____

Address: _____

Date of Request: _____

- 1. Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

- 2. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The impairment must be permanent to be covered by the Fair Housing Act.*

YES NO

- 3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. (If needed, you may write on the back of this form or attach additional sheets of paper.)

- 4. Describe how the accommodation requested is connected to your disability.

- 5. Authorization

I AUTHORIZE MY HEALTH CARE PROVIDER TO DISCLOSE AND PROVIDE INFORMATION NECESSARY TO RESPOND TO THE QUESTIONS BELOW

Signature of Resident _____

- 6. For Completion by Health Care Provider

You have been authorized by the resident listed above to provide the information requested below.



A. Is the tenant disabled according to the following definition:

The Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 define disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.

YES NO

B. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life:

C. Does this resident need the accommodation requested above to be able to live in his/her housing?

YES NO

D. If yes, please describe how this accommodation is necessary for the resident's disability related need:

I certify that the information contained in the responses to these requests is true and accurate to the best of my knowledge, information and belief.

Signature of Health Care Provider

Date: _____

License Number: _____