



Requests for Reasonable Accommodations and/or Modifications

A reasonable accommodation is an adjustment or alteration housing providers make to the rules, services, policies, or regulations. These adjustments can assist a resident or an applicant with a disability in accessing housing programs or residence effectively. A reasonable modification is a physical change to the property itself that assists someone with a disability to overcome hindrances that affect their use of the property. Both changes are necessary and essential for an individual with a disability to enjoy the same housing benefits as others.

If you, someone in your household, or a person connected to you needs reasonable accommodation or modification, please complete this form, and return it to your housing provider. Fill out all sections that apply. If you need assistance in completing this form, you may have someone assist you. Remember to retain copies of all documents you submit to your housing provider.

Name of Tenant or Applicant: _____

Date: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting the following adjustments to a policy, procedure, rule, service, or regulation or a modification so that a household member, guest, or myself can be provided with the same equal opportunities as others:

I need this reasonable accommodation/modification because:

If you are working with a company, organization, or an individual that may be able to assist or advise the housing provider on the accommodation request, please provide the following information:



Name: _____

Address: _____

Phone Number: _____

Verification of Status of a Person with a Disability

Expected duration of disability: Lifetime Specify length if not lifetime: _____

Describe major life activities that are limited by the disability that specifically relate to this reasonable request for accommodation/modification:

Describe how this reasonable request for accommodation/modification will specifically assist in the major life activities referenced above:

Signature of Tenant, Applicant or Guest: _____

Date: _____

Approval/Denial of a Reasonable Request for Accommodation and/or Modification

We have **APPROVED** or **DENIED** the request for the following reasons:

Housing Provider Signature: _____ Date: _____

Title: _____ Address: P.O Box 17312 Missoula, MT, 59808