

REQUEST FOR A REASONABLE ACCOMMODATION OR MODIFICATION

Reasonable accommodation and modification requests may be submitted in writing, verbally, or in any other equally effective means of communication to the housing provider or the corporate office using this form, or in another format. All requests will be reduced to writing and will be dated upon receipt. If you are unable to submit this request yourself, you may have someone to assist you. Alternative formats are available upon request.

Name of Head of Household	Property Name
Mailing Address	Unit Number <i>(if a current resident)</i>
City, State Zip Code	Phone Number

_____, a member of this household, has a disability, defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment. "Major Life Activities" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

I am making the following request(s) and providing an explanation of how the accommodation or modification is necessary to afford the disabled household member the full use and enjoyment of the apartment community.

IMPORTANT: Please DO NOT reveal the specific nature and/or severity of the disabled individual's disability.

- A structural modification to our apartment or another part of the apartment community
Explain: _____
- A change in a rule, policy or procedure of the housing provider
Explain: _____
- An Assistance Animal
Explain: _____
- If requesting multiple Assistance Animals or already have an approved assistance animal in the household, mark this box
Explain why an additional animal is necessary: _____
- Live-In Aide
Explain: _____
- Other
Explain: _____

Verification Options: The requesting party may provide this completed Request form (or a request in another format) to the property identified above, authorizing the property or management company staff to verify the information with the identified Verifier directly, or the requesting party may take their request and the Verification of Reasonable Accommodation or Modification to their Verifier for completion. The reasonable accommodation or modification review process will begin once the completed request has been submitted to the property or management company staff.

Third Party Verifier *(May be a doctor, medical professional, peer support group, non-medical service agency or a reliable third party who is in a position to know about the individuals disability.)*

Name of Verifier	Phone Number	Fax Number	Mailing Address	City, State Zip Code
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By signing below, I authorize my/our Verifier to provide the information requested on the Verification of Reasonable Accommodation or Modification form or in writing, verbally or in any other equally effective means of communication to the property or management company staff regarding the disabled individual identified above.

Resident/Applicant Signature	Date
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This institution is an equal opportunity provider



VERIFICATION OF REASONABLE ACCOMMODATION OR MODIFICATION

Name of Applicant/Resident: _____

Return to: _____

Date of Birth: _____

Address: _____

Requested Reasonable Accommodation or Modification (see attached): _____

City, State: _____

Disabled Individual: _____

Email: _____

The individual named above is an applicant / resident and has given authorization for you to verify the need for their request for Reasonable Accommodation or Modification on the attached Request form. State and federal laws require us to make reasonable accommodations and/or modifications to the apartment, apartment community and/or policies, procedures, services, or regulations when such changes do not cause an undue financial and administrative burden or a fundamental alteration to the nature of the program and are necessary because of a disability of a member of a resident / applicant household allowing them equal opportunity to use and enjoy their housing or the facilities. Note: Verifiers may provide this information to us on this form or in another format; in writing, verbally, or by any other equally effective means of communication. Alternative formats are available upon request.

IMPORTANT: The verifier certifying the disability and need for an accommodation and/or modification IS NOT required to reveal the specific nature and/or severity of the individual's disability.

PLEASE RESPOND TO EACH OF THE FOLLOWING ITEMS and return the completed form to the property identified above as soon as possible so we can continue to process this request.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>As a doctor, medical professional, peer support group, non-medical service agency or a reliable third party with the knowledge necessary to make a determination, I can advise that the individual named above meets the following definition of disability; and</p> <ul style="list-style-type: none"> • Federal regulations under the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define "disability" as: A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; being regarded as having such an impairment. The term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others. • A physical or mental impairment includes but is not limited to (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term <i>physical or mental impairment</i> includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.(b) <i>Major life activities</i> means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.(c) <i>Has a record of such an impairment</i> means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.(d) <i>Is regarded as having an impairment</i> means:(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation; (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or (3) Has none of the impairments defined in paragraph (a) above but is treated as having such an impairment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The individual named above requires the requested accommodation and/or modification to be able to have an equal opportunity to use and enjoy the apartment or apartment community.</p>

Please provide the nexus or relationship between the requested accommodation or modification and this individual's disability. If the individual is requesting multiple items (such as multiple assistance animals), please provide the disability related need for each.

Signature

Date

Print Name and Title or Relationship to Individual

Telephone Number

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Tracie Lindgren, at 2929 3rd Avenue North, Suite 538, Billings, MT 59101; tlindgren@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance.

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