

Request for a Reasonable Accommodation

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If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____ Date: _____

1. The person(s) who has a disability requiring a reasonable accommodation is:

Myself

A person associated with me (such as a household member or guest).

Name of person with disability: _____

Phone#: _____

Address: _____

2. I am requesting the following change or changes in a policy, procedure, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide:

Name: _____

Address: _____

Phone Number: _____

(continued)

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3. I need this reasonable accommodation because:

Please notify me within ten working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: _____

Address: _____

This package of reasonable accommodations/modifications is courtesy of the Fair Housing Council of Orange County and its attorneys.

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California Southern Cities
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