

Application / Request for Reasonable Accommodation Form A

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 fully enjoy the premises or have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please complete this form and return it to your property manager. Check all items that apply and explain fully. The property manager will assist you in completing this form, and will answer this request in writing within two weeks (or sooner if the situation requires an immediate response).

Name of Tenant or Applicant: _____

Address: _____

*Phone Number: _____ Email: _____

Signature of Tenant or Applicant: _____ Date: _____

If person who is requesting accommodation is different from resident please complete the following:

Name of person with Disability: _____

Relationship to Tenant: _____

Address: _____

*Phone Number: _____ Email: _____

*By providing your phone number, you agree to receive text messages from Vooch Investments LLC DBA VP Management regarding general communications and updates. Reply STOP to opt-out anytime. Message and data rates may apply. For mor information please read our Privacy Policy and Terms of Service available at www.VP-Management.com

I am requesting the following changes in rule, policy, or practices so that I and persons associated or living with me can live here with equal opportunity to use and enjoy the premises.

1. I need the following changes:

2. I need the reasonable accommodation because:

3. If you are requesting permission to have an assistance animal in your apartment, please complete the following:

a. Is it readily apparent that the assistance animal is a trained service animal (for example, an animal trained to assist you with a visual impairment or similar disability)?
_____ Yes _____ No

b. If your answer to 3a above was No, please complete the following:

i. Type of Animal

i. Is the animal required because of disability? _____ Yes _____ NO

ii. Does the animal perform work or do tasks for you because of your disability?
_____ Yes _____ No

IF THE ANIMAL PERFORMS WORK OR TASKS FOR YOU, PLEASE PROVIDE THE FOLLOWING:

(1) A statement from a health or social service professional indicating that you have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities). You may use, but are not required to use, Form B.

(2) An explanation of how the animal has been trained to do work or perform tasks that ameliorate one or more symptoms or effects of your disability or, if the animal lacks individual training, how animal is able to do work or perform tasks that ameliorate one or more symptoms or effects of your disability.

(3) Please provide proof of current vaccination and/or license for the assistance animal requested according to local code

IF THE ANIMAL DOES NOT PERFORM WORK OR DO TASKS FOR YOU, BUT PROVIDES EMOTIONAL SUPPORT OR AMELIORATES ONE OR MORE EFFECTS OF YOUR DISABILITY, PLEASE PROVIDE THE FOLLOWING:

(1) A statement from a health or social service professional indicating: (a) that you have a disability; (b) the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability; and (c) how the animal ameliorates the symptoms or effect(s). You may use, but are not required to use, Form B.

(2) Please provide proof of current vaccination and/or license for the assistance animal requested

4. If you are requesting a different modification or accommodation, please describe it here:

Requester signature _____ Date: _____

Apartment manager signature _____ Date: _____