**ABC HOMEOWNERS ASSOCIATION**

**REASONABLE ACCOMMODATION REQUEST FORM**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMEOWNER INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Information |  |

**STATEMENT OF DISABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and a member of the ABC Homeowners Association for \_\_\_\_\_\_\_years. I am a qualified individual with disability under the:

|  |
| --- |
| ⬜ Fair Housing Amendments Act of 1988 |
| ⬜ Americans with Disabilities Act of 1990 |
| ⬜ Others *(Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

I would like to request for the following reasonable accommodations:

|  |
| --- |
|  |

The abovementioned accommodations were prescribed by:

|  |  |
| --- | --- |
| Name |  |
| Title/Position |  |
| Contact Information |  |

Please provide additional information to better understand the nature of your disability and the reasonable accommodations you have requested.

|  |
| --- |
|  |

Are you available to discuss these accommodations with a member of the Board of Directors or a representative of ABC Homeowners Association? \_\_\_\_\_\_YES \_\_\_\_\_\_\_\_ NO

If so, please indicate your preferred schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach any important documentation relevant to your request for reasonable accommodation. Thank you.

***\*For association use only***

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**