**<ASSOCIATION NAME>**

<address>

<telephone number>

<email address>

**INSTRUCTIONS TO REQUEST FOR REASONABLE ACCOMMODATION**

To: <resident’s name>

 <address>

Date: <date>

Dear <resident’s name>,

The <association name> (“Association”) always does its best to comply with federal and state laws, including the Americans with Disabilities Act (ADA). In accordance with this act, you may request for reasonable accommodation to be provided due to your disability. This includes any or all of the following:

1. Amendments to the Association’s policies or procedures
2. Changes or repairs made to your residence
3. Changes or repairs made to other parts of the community
4. Modification of the Association’s method of communication with you

We would gladly try to accommodate your request, provided that it is reasonable, not too expensive, and within the Association’s capabilities. You may fill out a Reasonable Accommodation Request Form or communicate your request with us in a different way.

We will review your request and come to a decision as soon as possible. Once approved, we will try to complete your request at least within 30 days. An extension of time will be requested if necessary. We will also inform you should we need verification or more details.

Rest assured that we will explain our decision in the event that we turn down your request. In that case, we may ask you for additional information or discuss with you about other possible ways to accommodate your needs.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

The Board of Directors

<association name>

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<name, position>