



APPENDIX 3



OPTIONAL REQUEST FORM FOR REASONABLE ACCOMMODATIONS AND/OR FOR AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY

If you have questions or need help to complete or submit the Request Form, please contact the Property Management staff below:

Property Management Staff Name:

Title:

Address:

Phone Number:

TTY/TDD Number:

Email (if available):

We encourage you to use this Form, however it is not required. You may make an oral, email, or written request without using this Form.

REQUEST FORM

If you or anyone in your household has a disability and, as a result of that disability, require **Reasonable Accommodations and/or Auxiliary Aids Pursuant to the Effective Communication Policy**, please provide the following information:

Date of Request:

Tenant/Applicant Name:

Name of Household Member(s) with a Disability:

Address or Unit Number:



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Phone Number:

TTY/TDD or VP Number:

Email (if available):

Preferred Language:

Preferred Method of Communication:

Check the type of request you are making and describe what you need. Check all that apply. If you need more space, write on the back of this form or attach other sheets of paper.

- Reasonable Accommodations** (Change in policies, procedures, rules, or physical changes in unit or public or common use areas)
Examples: “I need a parking space closer to my unit,” “I need someone to pick up the rent check from me every month,” or “I need the door handle and lock to my unit changed.”

Describe the Reasonable Accommodations you need:

- Auxiliary Aids** (Alternate forms of communication) Examples: Large print or Braille documents, reading documents to you, sign-language interpreter, video relay service, notetakers, or exchange of written notes.



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Describe the auxiliary aids you need:

How is your request related to your disability?

(Note: It is not necessary to provide a diagnosis, names of medications, or other medical information about your disability. Examples: “I have difficulty hearing, so I would like to have a flashing doorbell installed in my apartment” or “I can’t walk long distances, so I need a closer parking space.”)

Additional Information May Be Needed

We will tell you if we need more information. If your disability or need for the request is not clear, we may ask you to provide more information about the need for the request. We will only seek limited information needed to evaluate your request, which may include information from someone else who knows about the need for the request. Any information we receive will be kept confidential.



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**Please return this Request Form to Property Management staff:
(Owner/Property Manager to complete)**

Property Management Staff Name:

Title:

Address:

Phone Number:

TTY/TDD Number:

Email (if available):

See Tenant Handbook Section 3.15 for more information



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Receipt for Request for Reasonable Accommodations and for Auxiliary Aids Pursuant to Effective Communication Policy

To Be Completed by the Property Management

The attached Request for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to the Effective Communication Policy was made:

- Orally on _____ and I filled in the attached Request Form at the request of the individual.
- In the attached email or alternative written format, which was submitted on _____.
- On the attached standard Optional Request Form, which was submitted on _____.

This Receipt must be provided to the individual requesting the reasonable accommodations and/or auxiliary aids AND a copy must be retained in the Housing Development's records and made available for review or provided to the Accessible Housing Program (AcHP) at time of audit or upon request.

Date:

Property Management Staff Name (print):

Signature:

Title:

Phone Number:

TTY/TDD Number:

Email: