

LACONIAHOUSING

We put our residents first.

APPLICANT/RESIDENT'S REASONABLE ACCOMMODATION REQUEST FORM

Laconia Housing is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the manager.

Resident's Name: _____

Address: _____

Date of Request: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

1. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

YES _____ NO _____

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community? (If needed, you may write on the back of this form or attach additional sheets of paper.)



Please return this request to the office with the signed Verification Form that we will send to the professional third party verifier identified below: **Do Not answer the questions on the Verification Form or bring to the professional third party verifier yourself. Please return to the office.**

Name: _____

Position: _____

Address: _____

Telephone: _____