REQUEST FOR A REASONABLE ACCOMMODATION (RA)

Resident/Applicant Information
Name, address, phone number of person needing the reasonable accommodation (RA)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name, address and phone number of person completing this form, if different than person needing
the RA. ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Relationship with the person needing the RA______________________________

A person must meet the following definition in order to be considered for a reasonable
accommodation: Has a physical or mental impairment that is expected to be of long, continued and
indefinite duration; substantially impedes his or her ability to live independently; has a developmental
disability as defined in 42 USC 6001; and the disability is of such a nature that the ability to live
independently could be improved by more suitable housing conditions or accommodations.

1. Does the person in need of the RA meet this definition? Yes_____ No______

2. Change(s) Being Requested
   a. What is the specific change to the apartment, development or policy that is being
      requested?
      ________________________________
      __________________________________________________________

   b. Please explain how the change(s) will enable the person to live as successfully as a
      non-disabled resident. The requested change must have a clear connection to the effect(s)
      of the disability.
      ________________________________
      __________________________________________________________
3. **Verification by Knowledgeable Professional**

If needed, BHP will contact the person listed below to verify that the person requesting the accommodation has a disability, that the requested accommodation is necessary, and to discuss possible alternatives.

Please cite below one non-related third party who is a knowledgeable professional with respect to the specific disability(ies). Give complete information that is readable.

Name, Address and phone__________________________________________________
_______________________________________________________________________
_______________________________________________________________________

In order to contact the above individual, BHP needs to have your permission. Please sign below if you agree with the following statement:

*I give you my permission to contact the person listed above for the purpose of verifying that I have a disability and must have the reasonable accommodation stated above. I understand the information you obtain will be kept confidential and used solely to determine if you will provide an accommodation.*

Signature_________________________________________Date_____________

If the above is signed by someone other than the person needing the accommodation, complete the following:

Name and Address__________________________________________________
_________________________________________________________________
_________________________________________________________________

Relationship to person needing accommodation and indicate your legal right to sign on their behalf______________________________________________________________

Please give any addition information which will be helpful in responding to this request: