REASONABLE ACCOMMODATION

REQUEST FOR MODIFICATION

RENTAL ADDRESS:	
CITY:	OREGON, ZIP:
DATE REQUESTED:	
COMPLETED BY: APPLICANT/TENA	ANT OWNER/AGENT

APPLICANT/TENANT INFORMATION			
APPLICANT/TENANT NAME: CHECK IF SUBMITTED BY AN APPLICANT AND LIST APPLICANT'S CURRENT ADDRESS:			
APPLICANT ADDRESS: CITY:		STATE:	_ ZIP:
PHONE:EMAIL ADDRESS:			
REQUEST DETAILS			
WHAT IS BEING REQUESTED? (Check which applies):			
☐ I am requesting that you make the following change to a policy, pract	ice, rule, or service ('	"Reasonable Acc	ommodation"):
☐ I am requesting approval to make the following modification(s) to my fully usable and/or accessible ("Reasonable Accommodation")	dwelling unit or the	common areas t	o make them more
If not readily apparent, please explain why the accommodation/modificatio dwelling and/or common areas:	n described above is	s necessary for yo	ou to fully enjoy your
*If you require additional space, please attach additional written informaation to this document.			
DEFINITION OF DISABLED: Under federal law, an individual is disabled if he/she has a physical or has a record of such an impairment; or is regarded as having such an impairment. The term physic conditions as orthopedic, visual, speech and hearing impediments, cerebral palsy, autism, epileps; human immunodeficiency virus infection, intellectual disability, emotional illness, drug addiction, currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or	cal or mental impairment i y, muscular dystophy, mult and alcoholism. This defini	includes, but is not lim tiple sclerosis, cancer,	nited to, such diseases and heart disease, diabetes,
If I am requesting a reasonable modification, I understand:			
- Unless otherwise required by law, these modifications are to be made at my own expense and the affect the next residents to their original condition at the time of move-out.	nat I may be required to re	estore any modificatio	ns that would negatively
- I may be required to pay into an interest-bearing escrow account adequate funds to assure that	t the modifications can be	e restored to their orig	ginal condition.
- I am responsible for the work to be accomplished in a workmanlike manner, that if permits are rework, and that I am responsible for any damage caused by the modification.			
- Work cannot begin until a binding lease/rental agreement and a modification addendum have l	peen fully executed.		
If an email or other electronic address is filled in above, you may send communications regarding	this request to such addre	ess.	
SIGNATURE:		DATF:	

