

## REQUEST FOR REASONABLE ACCOMMODATION AND/OR MODIFICATION VERIFICATION OF DISABILITY-RELATED NEED

Date: \_\_\_\_\_

Resident/Applicant/Guest Name: \_\_\_\_\_

Resident/Applicant/Guest Address: \_\_\_\_\_  
\_\_\_\_\_

The resident, applicant, or guest named above is requesting the following accommodation and/or modification:

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State and federal laws afford persons with disabilities the right to request reasonable accommodations or modifications from housing providers. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided the accommodation does not impose an undue hardship or require a fundamental alteration of operations.

In open market housing, persons with disabilities must be allowed to make reasonable modifications to their dwelling units and common areas though the housing provider can impose those expenses on the household, and require the household to coordinate with local officials and the housing provider. The modifications may also be subject to restoration if the modifications interfere with the use of the unit by persons without disabilities.

Housing providers receiving federal funds are also covered by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. These providers should be familiar with the requirements of these Acts, which limit the information that can be obtained for requests, and impose additional requirements for the housing provider.

Housing providers, including HOAs and other entities, have a right to verify that the individual making a request for an accommodation or modification qualifies as a person with a disability and requires the accommodation or modification in order to have an equal opportunity to use and enjoy the dwelling and common areas.

### **DEFINITION OF DISABILITY:**

A person is deemed to have a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term **“major life activity”** means those functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working ([24 C.F.R. § 100.201\(b\)](#)). This list is not all inclusive. The factors considered when determining if a person is **substantially limited** in a major life activity are the nature and severity of the impairment, the duration or expected duration of the impairment, and the expected permanent or long term impact of the impairment ([29 C.F.R. § 1630.2\(j\)\(2\)](#)).

1. Does the resident/applicant/guest have a disability as defined above? Yes No
  
2. Are the limitations of the disability expected to be of long-term, continual and indefinite duration, causing substantial barriers to the resident's/applicant's/guest's ability to live independently? Yes No

3. In your professional opinion, does the resident/applicant/guest need this accommodation or modification in order to limit barriers arising from the disability, ultimately providing an equal opportunity to use and enjoy the dwelling unit, and all common areas? Yes No
4. Is there any other accommodation that may be as effective as the requested accommodation or modification? Yes No

If applicable, please describe what other options may be as effective in providing an equal opportunity:

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**REQUESTS FOR ANIMALS:** There is no registry required for service or assistance animals. Persons with disability-related needs for animals must request an accommodation for waiver of policies prohibiting animals or fees/costs for animals, receive approval prior to bringing the animal to the site, and once approved to have the animal on site must comply with applicable local laws and site rules applicable to animals. Sites receiving federal funds should be familiar with Section 504 of the Rehabilitation Act and the Americans With Disabilities Act prior to implementing policies for requests for accommodations and/or modifications.

**Service animals** are animals that are *individually trained, or in training*, to do work or perform tasks for people with disabilities. The work or task an animal has been trained to provide must be directly related to the person's disability. (Examples: guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack.) Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. Additionally, the ADA limits service animals to dogs or miniature horses. The public accommodations of the Montana Human Rights Act, applying only within the state, does not impose this limitation.

**Assistance animals** do not require training to meet the disability-related needs of the individual, such as animals needed for comfort or emotional support.

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Signature of Healthcare Provider

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Printed Name & Title

Health Care Provider's Address: \_\_\_\_\_

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Health Care Provider's Phone: \_\_\_\_\_