

**REQUEST FOR A REASONABLE ACCOMMODATION
 DUE TO A SAFETY REASON**

To be completed by the Resident:

Name _____ Phone _____
 Address _____

1. The following member of the household has a safety issue: _____
2. What is your accommodation request? _____
3. Explain your reason for the request: _____

I understand that I must still abide by the current signed lease, and that my accommodation request is only to ask for an exception to a part of the lease, and that is contingent on a one time or a permanent basis as decided by the Accommodation Team.

 Resident Signature Date

To be completed by Advocate or Referral:

1. The following member of the household has a safety issue: _____
2. Explain in detail the changes needed. _____
3. Please verify the safety necessity of the Reasonable Accommodation _____
4. Provide a detailed explanation of the requested accommodation. _____
5. Please describe how the accommodation will allow the resident to fully use and enjoy the premises. _____
6. Please identify how long you have treated or provided services to this person, and also indicate if your relationship with this person is of an on-going nature. _____
7. Please provide 3rd Party verification ie: restraining order, police report, letter from advocate with case plan: _____

 SIGNATURE OF PROFESSIONAL PHONE

 PRINT NAME OF PROFESSIONAL DATE

(NOTE: Such changes must NOT be just something the person desires, but rather, they MUST be changes that are necessary for the person to have equal access and enjoyment of the housing and its programs. By signing, you are indicating that you believe the accommodation is NECESSARY and will achieve its stated purpose.)