LS Property Management
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Guidance You Can Trust

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Request for a Reasonable Modification

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community, please complete this form and give the form back to LS Property Management Check all items that apply and explain fully. Use the other side of this form if you need more space.

Name of Resident or Applicant: _____ Date: _____

The person(s) who has a disability requiring a modification is:

Myself ☐ A person associated with me (such as a household member). ☐

Name of person with disability: _____

Address of Property: _____

Street Unit# City State Zip

Best Call Back Phone No.: _____

I am requesting the following modification/s:

_____

_____

I need this modification/s because:

_____

_____

***NOTE: Any person renting, leasing, or otherwise providing real property for compensation shall not refuse to permit an individual with a disability, at that person's expense, to make reasonable modifications of the existing rented premises if the modifications are necessary to afford the person full enjoyment of the premises. However, any modifications under this paragraph may be conditioned on the disabled tenant entering into an agreement to restore the interior of the premises to the condition existing prior to the modifications. No additional security may be required on account of an election to make modifications to the rented premises under this paragraph, but the lessor and tenant may negotiate, as part of the agreement to restore the premises, a provision requiring the disabled tenant to pay an amount into an escrow account, not to exceed a reasonable estimate of the cost of restoring the premises.**

These forms must be ***completely*** filled out by you and your professional/ health care provider. All forms that require a signature must have ***original*** signature, no copies or stamp will be considered.

Signature: _____ Date: _____

Current Address: _____

Verification of Status as a Person with a Disability

To: _____

_____

_____

RE: Name of resident, applicant: _____

The resident, or applicant for tenancy listed above has sought the modification described in the attached Request for a Reasonable Modification Form.

State and federal laws require housing providers to make reasonable modifications when such changes are not unduly burdensome and are necessary for the resident, applicant, or household member with a disability to have equal opportunity to use and enjoy the housing and/or facilities.

In determining whether the person requesting the change is disabled for the purpose of a reasonable modification, the California Fair Employment and Housing Act provides that a person is disabled if they have a physical or mental impairment that limits one or more of the person's major life activities.

IMPORTANT: The medical/social service professional certifying the disability and need for a modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.
As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that

_____
(Name of client)
qualifies as an individual with a disability as defined above and that the following modification is consistent with the needs associated with his/her disability.

Modification**:** _____

_____

_____

Expected duration of disability**:** _____

List major life activities that are limited by the disability**:** _____

_____
These forms must be ***completely*** filled out by you and your professional/ health care provider. All forms that require a signature must have ***original*** signature, no copies or stamp will be considered.

_____ _____
Signature of Professional Printed Name and Title

Date**:** _____ Phone: _____ Fax: _____

Address: _____

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