Approval/ Denial of a Request for a Reasonable Accommodation
and/or a Reasonable Modification

To: __________________________________________

__________________________________________

__________________________________________

On __________________ (DATE) you requested the following reasonable accommodation and/or modification:

______________________________________________________________________

We have:

☐ APPROVED your request and will provide the following accommodation and/or modification:

______________________________________________________________________

The change is effective (DATE) ______________________________

To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by ____________________________ (date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

☐ DENIED YOUR REQUEST. We have denied your request because (check all that apply):

☐ You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

☐ The accommodation and/or modification you requested is not reasonable because: ____________________________________________________________
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☐ You do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.

☐ It will cost (fill in amount) $_____________________ and/or _________ hours of staff time to make the change you requested and this is an undue burden on our operations.

☐ The request will fundamentally change the nature of our housing program.

We used these facts to deny your request (list):

______________________________________________________________________

To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

______________________________________________________________________

______________________________________________________________________

If you disagree with this decision or have more information to provide to us, you may contact me at the following address and/or phone number.

Signature: ________________________ Date: __________________________

Name: ___________________________ Title: __________________________

Address: ______________________________________

______________________________________

Phone Number: ____________________________

______________________________________