

**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: _____