



**TENANT / PROSPECTIVE TENANT REQUEST FOR REASONABLE ACCOMODATION / MODIFICATION**

If you or anyone in your household has a disability, and as a result of that disability, require a Reasonable Accommodation and/or Modification (which is an alteration to an existing policy or to the premises), please provide the following information:

**Note: Please let us know if you require an alternate form of communication to complete this request.**

Tenant / Prospective Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- 1. A member of my household has a disability defined under either Washington State law or Federal law.
- 2. The name(s) of the household member(s) that needs the accommodation / modification are identified as follows:  
\_\_\_\_\_
- 3. As a result of that disability, I am requesting a change to the rules, policies, and/or procedures of the rental property which are reasonable necessary to allow my household equal opportunity to enjoy the premises.
- 4. Please specifically describe in detail each and every modification that you are requesting, so that the property management company may evaluate your request for the same, and also, so that your physician can verify your need for the accommodation. I am hereby requesting the following accommodations:

Personally Reserved / Assigned Parking Space

Assistance Animal, whether a Service Animal, or an Emotional Support Animal, as follows:

\_\_\_\_\_  
\_\_\_\_\_

Change in the following rule, policy, procedure, or limitation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- [ ] A physical change / alteration to the rental property, such as installation of bars or installation of a ramp, or assistive technology such as a flashing doorbell, etc (Please Specify)

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5. Please answer the following:

**How is your request related to your disability? (Please do not provide a diagnosis or other medical information, but describe why the change would be helpful. Ex. “I can’t walk long distances, so I need a closer parking space.”).**

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**Additional Information May Be Needed**

We will tell you if we need more information. If your disability, the need for the request, or the connection between your disability and request is not visibly obvious, or you have not provided verification of need from your healthcare representative or medical provider to support your request, we may ask you to provide more information so we can verify the information. This is usually sending a form to a healthcare representative / medical provider familiar with your disability and the need for the request to have them verify the information. To provide support for your request, you may use our **Release and Identification of Healthcare Representative / Medical Provider** form below to obtain a **Certification and Verification of Need** form from your provider and we will submit the forms directly to your provider for you.

If an accommodation is denied, it will be in writing, and an alternate accommodation will be discussed with you whenever possible. We will approve or deny your request in a timely manner once we have all the necessary information.

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Tenant / Prospective Tenant Signature

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Date

**Tenant / Prospective Tenant Authorization to Release and Identification of  
Healthcare Representative / Medical Provider:**

I hereby authorize the healthcare representative / medical provider listed below (and on the “**Certification and Verification of Need**” form) to complete said form and return it to the property management company, **Premier Property Management, Inc.** The property management company may use this information only for the purpose of verifying my eligibility for the accommodation request, and the reasonableness of that specific request, and for no other reason.

Name of Healthcare representative / medical provider Group or Practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Individual Healthcare representative / medical provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number for contact named above: \_\_\_\_\_

Fax number for the contact named above: \_\_\_\_\_

**Tenant / Prospective Tenant Name:** \_\_\_\_\_

**Tenant / Prospective Tenant Signature:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

*Notice to Tenant / Prospective Tenant: Approved requests for reasonable accommodation which result in a physical change / alteration to the rental property, are performed at the expense of the requesting Tenant. The requesting Tenant may also be required to return the property to its original state at the time of move out, at the Tenant’s expense.*

**For property management office use only:**

Instruction for management office personnel.

- 1) Obtain Tenant/Prospective Tenant’s signature on the *Request for Reasonable Accommodation* form.
- 2) Complete provider cover letter and *Certification / Verification* form and send to the 3<sup>rd</sup> party provider.
- 3) Upon receipt of signed *Certification / Verification* form, submit to management for review.