



Accommodation/ Modification Request Form

Date: _____

To: _____ (Health Care Provider's Name)

_____ (Provider's Address)

From: _____ (Management Company Name)

Request For: _____ (Applicant/Resident Name)

_____ (Applicant/Resident Address)

The applicant/resident above has applied to or is living in one of our properties. The applicant/ Resident has _____
(describe the specific accommodation or modification requested).

Barrett Property Management Inc. rules and regulations prohibit _____. However, If any individual with a disability requests an accommodation, we must consider that request. We must verify that the individual qualifies as disabled under federal law and requires proof of _____ in order to have an equal opportunity to use and enjoy the property that He or She is applying to or living in.

We would appreciate your cooperation answering the questions on this form and returning it to Barrett Property Management Inc. at P.O. Box 85 Nevada City, CA 95959. You may also e-mail this information to team@barrettpm.com. The applicant or resident, has consented to the release of information as shown on the following page.

Information Requested

1. Is the applicant/resident disabled as defined on the following page? Yes No
2. In your professional opinion, does the applicant/resident need the accommodation or modification requested for the property that he or she is applying to or is currently living in, in order to have the same opportunity that a non-disabled individual has to use and enjoy said property? Yes No



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Under Federal Law, an individual is classified as disabled if he/she has a physical or mental impairment that substantially limits one or more of major life activities; has a record of such impairment; or is regarded as having such impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and condition, visual, speech, and hearing impairments; cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. {24 CFR part 8.3, and HUD handbook 4350.3 (Exh. 2-20)}

Name and Title of Person Supplying Information

Firm/Organization

Would you be willing to testify in any court action or related Proceeding as to the applicant/ resident's need for _____? Yes No

Signature: _____

Date: _____

Applicant/Resident Release

**TO THE APPLICANT/RESIDENT:
YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER
THE PROPERTY OR THE HEALTHCARE PROVIDER IS LEFT BLANK.**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require Barrett Property Management Inc. to verify information that is up to 4 years old, which would be authorized by me on a separate consent form attached to a copy of this consent form.

Signature: _____

Date: _____