



## **Requests for Reasonable Accommodations and/or Modifications**

A reasonable accommodation is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. A reasonable modification is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his or her use of the dwelling and/or common areas. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or fully use services offered to the other residents and/or individual dwelling unit.

Reasonable accommodations can include but are not limited to:

- A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling;
- Permitting a seeing eye dog for a household in a community where pets are not allowed, or not charging a deposit for a service animal though the housing provider charges deposits for pets;
- Permitting an outside agency to assist a disable resident to meet the terms of the lease;
- Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance;
- A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment.

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Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
- Altering your apartment so that the unit can be assessed and used by a person in a wheelchair.

**\*Note: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.\***

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability of the resident, applicant, and/or a person associated with a resident or applicant, such as a guest. Housing providers must grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, you have the right to know the reasons in writing.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider is required by law to keep all information about the disability confidential. A person has a disability if he/she has a

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physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. Most serious medically treated conditions are considered to be a disability. A disabled resident must still be able to meet essential obligations of the tenancy – they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

Using the attached forms will help you and your housing provider to better formulate the request and implement any follow up necessary. The attached forms include:

- A Request for a Reasonable Accommodation. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)
- A Request for Reasonable Modification. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)
- Verification of the need for an Accommodation and/or Modification (For your health care provider, such as a doctor, nurse, therapist, or social worker, to complete)
- Approval or Denial of a Request for a Reasonable Accommodation and/or Modification. (For your housing provider to complete)



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## **Request For a Reasonable Accommodation**

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 accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_

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

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

I am requesting the following change or changes in a policy, procedure, rule, service or regulation to that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

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



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## **Request For a Reasonable Accommodation**

I need this reasonable accommodation because:

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If you are working with a company, organization, or individual that might be able to help or advise your housing provider on the accommodation request, please provide the following information:

Name: \_\_\_\_\_

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

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

Please notify me within ten working days on the attached Approval or Denial of a Request for a Reasonable Accommodation and/or Reasonable Modification form.

Signature of Tenant, Applicant, or Guest: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Verification of Status as a Person with a Disability**

Housing provider:    Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   City/State/Zip: \_\_\_\_\_

Name of Tenant/Applicant/Guest Requesting a Reasonable Accommodation or Modification:

\_\_\_\_\_

The tenant, guest, or applicant listed above needs the reasonable accommodation or modification described in the attached Request for a Reasonable Accommodation or Modification form. State and federal laws require housing providers to make reasonable modifications and/or accommodations to either the dwelling or other parts of the housing community and/or to policies, procedures, services or regulations when such changes are not unduly burdensome and are necessary because of a disability of an applicant, a household member, or guest can have an equal opportunity to use and enjoy the housing and/or facilities.

The Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Montana Human Rights Act define "disability" as:

- a physical or mental impairment that substantially limits one or more major life activities;
- a record of having such an impairment;
- Being regarded as having such an impairment.

A physical or mental impairment includes, but is not limited to:

- any physiological disorder or condition;
- cosmetic disfigurement;



- anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine.

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## **Verification of Status as a Person with a Disability**

- Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.
- Drug addiction and alcoholism are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and some temporary disabilities (such as broken limbs or symptoms arising from pregnancy).

The term **“major life activity”** means those functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathin, learning and working (24 C.F.R. section 100.201(b)). The factors considered when determining if a person is substantially limited in a major life activity are the nature and severity of the impairment, the duration or expected duration of the impairment, and the expected permanent or long term impact of the impairment (29 C.F.R. section 1630.2(i)(2)).

**IMPORTANT:** The health care provider certifying the disability and need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual’s disability, **NOR** specific information about treatment.

As a health provider with the knowledge necessary to make a determination, I am able to advise that

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**(name of client)**

qualifies as an individual with a disability as defined above and that the following accommodation or modification is consistent with the needs associated with his/her disability.



**Accommodation/Modification Requested:**

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**Verification of Status as a Person with a Disability**

Expected duration of disability:  LIFETIME  
 Specify Length if Not Lifetime: \_\_\_\_\_

Please describe the major life activities limited by the disability that specifically relate to the need for the request for a reasonable accommodation or modification:

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Please describe how this request for a reasonable accommodation or modification will specifically help ameliorate the limitations of the major life activities referenced above:

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\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Printed Name, Title and Name of Facility





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

Date: \_\_\_\_\_

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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 as outlined in the overview, please complete this form and submit it to your housing provider. Complete all items that apply and explain your request fully. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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

Name of person with disability: \_\_\_\_\_

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

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

I am requesting the following modification(s):



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## **Request For a Reasonable Modification**

I need this modification because:

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**\*NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.**

If you are working with an individual and/or agency and would like your housing provider to contact that person to assist them in addressing this request, please complete the following:

Name: \_\_\_\_\_



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

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

Please notify me within ten working days on the attached Approval or Denial or Reasonable Accommodation and/or Reasonable Modification Request form.

Signature or Tenant, Applicant, or Guest: \_\_\_\_\_

Date: \_\_\_\_\_

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**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.

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### **Approval/Denial of a Request for a Reasonable Accomodation and/or a Reasonable Modification**

**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 accomodation and/or modification.

The accommodation and/or modification you requested is not reasonable because:

\_\_\_\_\_

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 easilly as others without disabilities.



- It will cost (fill in amount) \$ \_\_\_\_\_ and/or \_\_\_\_\_ hours of staff time to make the change your 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):

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**Approval/Denial of a Request for a Reasonable Accomodation  
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To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

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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:

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