



## Reasonable Accommodation Request Documentation Form

Head of Household Name \_\_\_\_\_ Unit Number \_\_\_\_\_

Household Member Requesting Reasonable Accommodation \_\_\_\_\_

Individual making the request (in writing or verbally) \_\_\_\_\_

**Type of reasonable accommodation requested to offset limitations of a disability  
(Please check all boxes that apply):**

Special unit features, physical modifications to common areas, or if a current resident, a transfer to another units to meet needs. Please explain.

\_\_\_\_\_

A change in the following rule, policy or procedure (Note that a change in how to meet the requirements of the lease may be requested, however, the lease's requirements must still be met). Please explain.

\_\_\_\_\_

\_\_\_\_\_

Other: Please explain.

\_\_\_\_\_

\_\_\_\_\_

**Note:** Please refer to Centennial Village's Reasonable Accommodation/Modification Policy for more information.

**For Office Use Only:**

Disability Verification Form: Sent Date: \_\_\_\_\_ Received Date: \_\_\_\_\_

Reasonable Accommodation: **Denied** or **Approved** (circle one)

