



**Reasonable Accommodation/Modification Verification
HUD/LIHTC/MARKET**

Property Name:	<u>Canterbury East</u>	Telephone:	<u>(989) 772-0883</u>
Address:	<u>1517 Canterbury Trail</u>	Fax:	<u>(989) 762-2283</u>
City, State, Zip:	<u>Mt Pleasant, MI 48858</u>	TTD/TTY:	

(Please return this form to the above Property address)

Verifier Name:		Re: Resident /Applicant Name	
Name	<input type="text"/>	Name:	<u>Jacob Palasek</u>
Address:	<input type="text"/>	Address:	<u>11628 Canterbury Trail</u>
City, State, Zip:	<input type="text"/>	City, State, Zip:	<u>48858</u>

#10-0

_____ provides reasonable modifications/accommodations for applicants/residents with disabilities who have a verifiable need for the reasonable modification/accommodation. A reasonable accommodation is a change to a rule that allows a disabled resident to use the community. A reasonable modification is a modification made to an apartment or common area that allows a disabled resident/applicant the ability to use and enjoy our apartment community.

In order to qualify for a reasonable accommodation/modification the need *must be related to a disability* and there must be a nexus between the disability and the request. (For example, a resident, whose arthritis impairs the use of her hands and causes her substantial difficulty in using the doorknobs in her apartment, wishes to replace the doorknobs with levers. There is a relationship between the resident's disability and the requested modification.)

The Department of Justice (DOJ) has provided additional clarification explaining the requirements for providing reasonable accommodations and modifications. If you would like additional information, you can obtain copies of the DOJ joint statements from the following web sites: http://www.usdoj.gov/crt/housing/jointstatement_ra.htm
http://www.usdoj.gov/crt/housing/fairhousing/reasonable_modifications_mar08.pdf

Description of request: _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROPERTY NAME OR THE VERIFIER 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 the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ Date _____





Reasonable Accommodation/Modification Request Form (HUD/LIHTC/MARKET)

Date: <u>2/26/2026</u>	Property Name: <u>Canterbury East</u>
Tenant Name: <u>Jacob Palasek</u>	Unit #: <u>10 - 0</u>
Home Phone: _____	Cellular #: _____

1.) List the reasonable **accommodation** (exception to our usual policy) or **modification** (alteration to physical premises) the resident is requesting: _____

2.) Does the resident consider themselves to be disabled? Yes No

The Fair Housing Act & Section 504 defines disability as a 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. In order to qualify for a reasonable accommodation the need must be related to a disability and there must be a nexus between the disability and the request.

3.) Please describe how the requested accommodation is necessary for the residents use and enjoyment of their home and the community in which they live. If needed, you may attach an additional sheet. _____

IMPORTANT: resident/applicant must provide a professional third-party verifier information i.e. such as a health care provider contact information below. Failure to provide this data may result in delaying your request.

Verifier's Name: _____ Phone #: _____
 Position/Title: _____ FAX# _____
 Agency: _____ Address: _____

OFFICE USE ONLY: Manager check box and initial when applicable.

Disability is obvious to management and third party verification not required MGR initials: _____

I understand that final permission to make this accommodation to the current policy or rule will be based on a review of the request for reasonable accommodation/modification and a review of possible alternatives. I further understand that this is a preliminary request and that written permission must be obtained prior to any change of policy by the landlord.

Tenant Signature: _____	Date: _____	Manager Signature: _____	Date: _____
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PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

