



Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Dear \_\_\_\_\_,

This packet is in response to your request for a reasonable accommodation. To assist us in processing your request please complete the following;

1. Please read the attached Reasonable Accommodation Policy for Persons with Disabilities on Page 2;
2. Complete the attached Reasonable Accommodation Request Form on Page 3;
3. We may need to verify that you have a disability that is covered by the Fair Housing Act or whether the requested accommodation is related to a covered disability. Therefore, please list your name, your reasonable accommodation request and sign the attached Reasonable Accommodation Verification Form on Page 4;
4. Return all completed documentation to Alliance Asset Management.

Once Alliance Asset Management receives all documentation required and completed in full we will process the request as follows;

1. If necessary, send the Reasonable Accommodation Verification Form to your verifying source;
2. Review all documentation provided and make a determination;
3. Submit to you written notification of the decision within 10 days following the date we receive the completed forms.

If you have any questions or concerns regarding the above our attached please feel free to contact me at \_\_\_\_\_.

Sincerely,

Resident Service Coordinator  
Alliance Asset Management, Inc.

CC: Reasonable Accommodation File



Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reasonable Accommodation Policy for Persons with Disabilities

The Federal Fair Housing Act requires that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. HUD's regulations implementing Section 504 of the Rehabilitation Act of 1973 require that a recipient of Federal funds shall make reasonable accommodations to otherwise qualified applicants and residents with disabilities; unless the recipient can demonstrate that the accommodation would impose an undue financial and administrative burden or would result in a fundamental alteration of its program or activity. If a prospective resident, resident or member of a prospective resident or resident's household has a disability, he/she may request a reasonable accommodation. Reasonable accommodations are changes, exceptions, or adjustments to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

It is preferred that all reasonable accommodation requests be submitted in writing to Alliance Asset Management, Inc. Request forms for reasonable accommodations are available at the management office, or online at [www.alliancenh.com](http://www.alliancenh.com). If a prospective resident, resident or household member has difficulty filling in the form, Alliance Asset Management, Inc. will assist him or her in completing the form. Oral requests for reasonable accommodations will be recorded and processed in accordance with this policy.

Alliance Asset Management, Inc. shall notify the requester in writing of the decision regarding the request within 10 days of the completed written or oral request. If Alliance Asset Management, Inc. cannot grant the request made, Alliance Asset Management, Inc. will engage in open discussions and/or engage in the interactive process with the resident or prospective resident in an effort to provide an alternate accommodation that satisfies the request. In the event that, after a reasonable amount of time, the interactive process is unsuccessful, resulting in the denial of the request, an explanation of the basis for such denial shall be included in a written notification. If a person with a disability believes that a request has been denied unlawfully or that the response is delayed unreasonably, he or she may file a complaint with:

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 Seventh Street SW  
Washington, DC 20410  
(800) 669-9777  
<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, intellectual disabilities, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.





Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reasonable Accommodation Request Form

Alliance Asset Management, Inc. is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices or services, when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the office.

Resident's Name: \_\_\_\_\_

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

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

1. Please describe the accommodation (Exception to our usual rule or policy) that you are requesting:

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2. Do you consider yourself to be disabled?  YES  NO

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community (if needed, you may write on the back of this form or attach additional sheets of paper):

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Please return this request to the office with the signed Reasonable Accommodation Verification Form that we will send to the professional third party verifier identified below:

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

Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_





Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reasonable Accommodation Verification Form

Alliance Asset Management, Inc. provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies **made necessary because of a disability** for the resident to use and enjoy an apartment community. The resident has authorized you to provide the information requested on this form. The information requested does not include providing a diagnosis or requiring copies of medical records.

Name of Resident (print): \_\_\_\_\_

Request for Reasonable Accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Resident: \_\_\_\_\_

*This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident. Please answer the following questions:*

**1. Is this resident disabled:** Yes No I Don't Know

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

**2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his/her daily life:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Does this resident need the accommodation requested above to be able to live in his/her apartment community:** Yes No





Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**4. If YES, please describe how this accommodation will enable the resident to use or enjoy this apartment community:**

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Name and position of verifier:

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

Name (Please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

