



Request For Accommodation

Dear Prospective Tenant:

You have requested that Grid make an accommodation for your disability at a property managed by Grid Property Management, LLC. ("Grid").

Grid is required by law to provide reasonable accommodations/modifications to disabled persons that will provide them with equal opportunity to use and enjoy their unit and/or common areas. However, Grid does not provide an accommodation/modification when the request is a matter of convenience or preference only.

In order to confirm the legitimacy of your request, we need you to take the following steps using the attached *Reasonable Accommodation/Modification Request/Verification* form:

Step 1: Please complete the form starting at the top of the page where it says "Date of Request". Please complete all blanks on the upper half of the form. Sign and date the form under "Household Member Release". (Do NOT complete any portion of the form below the line that begins with "Definition of Disabled".)

Step 2: Please provide us with the following information for the qualified medical professional you would like us to contact to verify your disability:

- a.) Name: _____
- b.) Professional Title: _____
- c.) Organization: _____
- d.) Phone Number: _____
- e.) Fax Number: _____
- f.) Email Address: _____

Step 3: Please fax this page and your signed *Reasonable Accommodation/Modification Request/Verification* form (completed as noted above) to 503-321-5140. No fax cover sheet is required.

Alternatively, you can scan and email these two pages to leasing@gridpropertymanagement.com

Thank you!

Grid Property Management, LLC
975 SE Sandy Blvd.
Suite 200
www.GridPropertyManagement.com
503-321-5140 Extension 1, 2

Please be aware that providing false information or making false claims on this request, as on any other part of your rental application, is grounds for immediate rejection of your rental application.



REASONABLE ACCOMMODATION/ MODIFICATION REQUEST/VERIFICATION



DATE OF REQUEST _____ PROPERTY NAME / NUMBER _____
 RESIDENT NAME _____
 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ EVENING PHONE _____

1. Name of disabled person requesting the accommodation/modification: _____
2. Please describe the accommodation/modification you are requesting:

3. If not readily apparent, please explain why the accommodation/modification described above is necessary for you to fully enjoy your dwelling and/or common areas:

(If you require additional space, please attach additional written information to this document.)

HOUSEHOLD MEMBER REQUEST AND RELEASE

Request: I hereby request the reasonable accommodation described in section 2 above.

Release: In the event my landlord or its agents need additional information to process this request, I hereby authorize my health care provider, or other Qualified Individual, to provide to my landlord or its agents, information directly related to this request for a reasonable accommodation/modification.

Signature _____ Date _____

DEFINITION OF DISABLED

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

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impediments, 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 definition doesn't include any individual who is currently using illegal drugs or is a current user of alcohol who poses a direct threat to property or safety [24 CFR 100.201].

HEALTH CARE PROVIDER INFORMATION

To: Qualified Individual (e.g., counselor, social worker, doctor, rehabilitation center, service agency, self-help group, clinics)

The person listed above has requested that his/her landlord provide the accommodation/modification listed above. The landlord is required by law to provide reasonable accommodations/modifications to disabled persons that will provide them with **equal opportunity to use and enjoy their unit and/or common areas. The landlord does not provide an accommodation/modification when the request is a matter of convenience or preference only.**

I, _____, certify that _____
NAME OF QUALIFIED INDIVIDUAL (PLEASE PRINT) NAME OF PERSON REQUESTING ACCOMMODATION

Please check one: is is not disabled as that term is defined above and that the requested accommodation/modification

Please check one: is is not necessary for the person requesting the accommodation/modification to fully enjoy his/her dwelling and/or common areas as any non-disabled person would.

Signature _____ Date _____

Professional Title _____ Daytime Phone _____

Address _____