EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION

BUILDING HEALTHY, VIBRANT AND SAFE NEIGHBORHOODS

REASONABLE ACCOMMODATION/MODIFICATION REQUEST

Property Name:	______________________	**Head of Household (HOH):**	______________________
Address:	______________________	**Unit #**	______________________
City, State, Zip:	______________________	**Phone:**	______________________
		Email Address:	______________________
Requestor *(if not HOH):*	______________________	**Date of Birth:**	______________________

The Household Member listed above, has a disability as defined below:

An individual with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities. The term physical or mental impairment may include, but is not limited to, conditions such as visual or hearing impairment, mobility impairment, HIV infection, mental retardation, drug addiction (except current illegal use of or addiction to drugs), or mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working.

The Disability is: ☐ Permanent ☐ Temporary, if so, how long: ______________________

I am asking for the following change(s) so that I, or the disabled member of my Household listed above, may live at the property to have an equal opportunity to use and enjoy the housing (check all that apply):

☐ A change to a Rule, Policy, Practice, or Service:

- ☐ Assistive/Companion Animal ☐ Live-In Aide ☐ Unit Transfer
- ☐ Other: ______________________

☐ A Physical change to a Unit or Common Area:

- ☐ Flooring (specify): ______________________ ☐ Grab Bars (specify): ______________________
- ☐ Other: ______________________

☐ Other (specify): ______________________

Please state why the change(s) is necessary:

____

You may verify that I, or the disabled Household Member listed above, has a disability that is the basis for this request by contacting my Physician or Health Care Provider at:

Name:	______________________	Title:	______________________
Address:	______________________	Email:	______________________
Phone:	______________________	Fax:	______________________

<u>Authorization by Applicant/Resident to release information:</u>

I hereby request the Managing Agent at the property listed above, to verify the Certification of Need for Accommodation or Modification, related to this request.

______________________ ______________________

Applicant/Resident Signature **Date**

East Bay Asian Local Development Corporation [EBALDC] does not discriminate based on race, color, religion, sex, national origin, disability, familial/marital status, ancestry, gender identity, gender expression, medical condition, source of income, age, genetic information, or and any other arbitrary basis

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REASONABLE ACCOMMODATION/MODIFICATION CERTIFICATION OF NEED

Certifying Organization:	________________	**Resident/Applicant:**	________________
Address:	________________	**Address:**	________________
City, State, Zip:	________________	**City, State, Zip:**	________________
Phone:	________________	**Social Security #:**	________________
Fax:	________________	**Date of Birth:**	________________

To Health Care of other Third Party Professional:

I have asked my Landlord for the following change in their policies, procedures, or services:

I hereby request that you complete the following certification of need for accommodation or modification at the property named above related to this request.

Authorization by Applicant/Resident to release information:

____________________________ ____________________________

Applicant/Tenant Signature **Date**

<u>**Upon Completion, Please Return Form To:**</u>

Attention: **Section 504 Coordinator**

Address: 1825 San Pablo Avenue, Suite 200
Oakland, CA 94607

Phone: (510) 287-5353
Fax: (510) 763-4143

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