

REASONABLE ACCOMMODATION REQUEST

The **Fair Housing Amendments Act of 1988** (hereafter "the Act") prohibits local governments from making housing opportunities unavailable to people with disabilities through discriminatory land use and zoning decisions. The Act creates an affirmative duty to **"make reasonable accommodations in rules, policies, practices, or services when accommodation may be necessary to afford such person[s] equal opportunity to use and enjoy a dwelling."**

When the jurisdiction considers an application or proposal for the siting, funding, development or use of housing in which people with disabilities are likely to reside or when the jurisdiction applies existing codes, regulations, or other standards to such housing, the jurisdiction must comply with all applicable fair housing laws and administer local policies, procedures and practices in a manner that affirmatively furthers those laws. (1)*

1. Name of applicant: _____ Phone number: _____

2. Address of dwelling at which accommodation is requested: _____

3. Accommodation being requested pertains to a need for a change or variance to existing Set-back rules, policies, practices, etc., as required for the attached plan which addresses the installation of the following:

Minor Home Modification (Please check all that apply)

- Temp. Hospice Ramp Temp. Nursing Home Transition Ramp Permanent Wooden Ramp
 Other: _____

Reasonable Accommodation is requested under the: **Fair Housing Amendments Act of 1988**, specifically, 42 U.S.C. 3604(f)(3)(A) & (B), **Americans with Disabilities Act of 1990**, Title II, 42 U.S.C. §§ 12131–12165, **Section 504 of the Rehabilitation Act of 1973** and **O.R.C. 4112.02(H)(18)(a) & (19)**.

4. Reason the reasonable accommodation is necessary is for you to use and enjoy the dwelling.

Note: You do not need to tell the name or extent of your disability.

- I am a qualified individual with a disability seeking a minor home modification that will allow me continued use and enjoyment of my dwelling.

(Please check all that apply)

- The accommodation will provide me safe ingress and egress to and from my home.
 The accommodation assist in ensuring that I am able to make it to medical appointments.
 The accommodation being sought will allow me to maintain Independent Living.
 Other: _____

I hereby give my permission to the Zoning/Building Inspection Professional and _____ (Assisting Agency) to discuss my reasonable accommodation request. Please accept the attached information as verification of my limitation that has necessitated this accommodation request.

Signature of Applicant _____ Date _____

(1) http://housingrights.com/pdfs/rarequest_zoning.pdf *In addition, please see Joint Statement from The Department of Housing and Urban Development and The Department of Justice "Reasonable Accommodations under the Fair Housing Act", specifically page -3-.