



# Request for Reasonable Accommodation

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you own the residence? ☐ Yes ☐ No If no, when does the lease expire? \_\_\_\_\_

Is the owner aware of your request? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Is the request for the applicant? ☐ Yes ☐ No If no, who? \_\_\_\_\_

Will there be a cost to the Association? ☐ Yes ☐ No If yes, how much? \_\_\_\_\_

## Reason For request

Explanation: Please describe the disability and the requested accommodation or modification and the disability-related need for the request.

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Signature \_\_\_\_\_



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## For Office Use Only

Was the application complete? ☐ Yes ☐ No If no, was additional information requested? \_\_\_\_\_

Confirmation letter sent? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Was the Board notified? ☐ Yes ☐ No If no, why? \_\_\_\_\_

Turned over to attorney? ☐ Yes ☐ No If no, why? \_\_\_\_\_

BOD meeting & decision? \_\_\_\_\_

Decision letter sent? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

## Appeals Process (If Applicable)

Appeal letter received? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Appeal hearing scheduled? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Association attorney present? ☐ Yes ☐ No If yes, name? \_\_\_\_\_

Final BOD decision? \_\_\_\_\_

Decision letter sent? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Additional comments/information:

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## Doctor Confidential Certification Letter

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**I declare that the following statements are true and correct to the best of my knowledge:**

1. \_\_\_\_\_, ("Patient") is my patient whose address is

\_\_\_\_\_

2. My name, business address, and business telephone number are as follows:

\_\_\_\_\_

\_\_\_\_\_

3. I am duly licensed \_\_\_\_\_ in the Commonwealth of Virginia.

4. I am also certified in the following medical specialty(ies), if any:

\_\_\_\_\_

5. The Federal Fair Housing Act defines a person with a disability as one who has "(1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment." I hereby certify that Patient has a disability in accordance with the Fair Housing Act due to the following condition or the following reasons:



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6. If you have certified that the Patient is disabled in No. 5 above, can this condition be treated to prevent any substantial limits in any of the Patient's major life activities? Explain any qualifications to your answer.

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7. If your answer to No. 6 above indicates that the condition is treatable, is the Patient's condition being treated to prevent any substantial limits in any of the Patient's major life activities? Explain any qualifications to your answer.

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8. I am aware that my Patient is requesting an accommodation to rules, regulations, or policies of Montclair Property Owners' Association or is requesting a modification to Association common area or the dwelling that requires Association approval.

9. I hereby certify that my patient's request reference in No. 8 above alleviates or mitigates Patient's disability described in No. 5 above or otherwise assists Patient in using and enjoying Patient's home or the common facilities in the MPOA for the following reason(s):



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10. I understand that this information is solely for the internal use of the Association, will be kept confidential, and will be provided only to authorized representative of the Association who periodically may need to verify and re-validate that this information is still correct.

I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this declaration.

Signature\_\_\_\_\_