

**REQUEST FOR REASONABLE ACCOMMODATION**

**(RULE OR POLICY – TO BE PROVIDED BY LANDLORD UPON REQUEST)**

THIS REQUEST FOR REASONABLE ACCOMMODATION, is submitted on \_\_\_\_\_, 20\_\_\_\_  
 (“Effective Date”) in accordance with a lease (“Lease”) between \_\_\_\_\_  
 \_\_\_\_\_ (“Landlord”) and \_\_\_\_\_  
 \_\_\_\_\_ (“Tenant/Applicant”) for the lease of Premises: \_\_\_\_\_  
 \_\_\_\_\_

Premises shall be made available without regard to race, color, religion, sex, handicap, familial status or national origin as well as all classes protected by the laws of the United States, the Commonwealth of Virginia and applicable local jurisdictions, and/or by the REALTOR® Code of Ethics.

**Instructions:** Tenant /Applicant must complete this form to request a reasonable accommodation in a rule, policy, practice, or service of Landlord and/or designated representative(s).

**The following information to be completed by Tenant/Applicant:**

Name of Tenant/Applicant: \_\_\_\_\_

Name of person with disability, and relationship to Tenant/Applicant: \_\_\_\_\_  
 \_\_\_\_\_ (the “Requester”)

If the requester’s disability is not readily apparent, and/or if the disability-related need for the requested accommodation is not readily apparent, please attach a complete “Verification of Disability” form.

1. Detailed description of requested reasonable accommodation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please describe the disability-related need for the requested accommodation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For reasonable accommodation requests for assistance animals, please complete the information below. If this request is for more than one assistance animal, please attach additional sheet(s) answering this question for each animal:

Name of requested animal: \_\_\_\_\_

Type/Breed\_of requested animal: \_\_\_\_\_

Will the animal work, provide assistance, or perform services for the requester?  YES OR  NO

Will the requested animal provide emotional support that alleviates one or more of the identified symptoms or effects of the person's disability?  YES OR  NO

If "Yes" was answered to either question above, please provide specific details: \_\_\_\_\_

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

Tenant acknowledges and understands that some requests may require an addendum to Lease be executed.

**TENANT/APPLICANT:**

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

**TENANT/APPLICANT:**

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



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