



Under One Roof, Inc • 60 Gregory Boulevard, Norwalk, Connecticut 06855
203.854.4660 • 203.854.4650 fax underoneroofinc.org

RESIDENT’S REASONABLE ACCOMMODATION REQUEST FORM

The Marvin provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies *made necessary because of a disability* for the resident to use and enjoy an apartment community.

Instructions For The Resident:

If you and your physician are requesting such an accommodation, please have your physician complete this form and return it to the Resident Services Coordinator.

Resident’s Name: _____

Apartment Number: _____

Signature of
Resident: _____

This signature authorizes the physician to provide answers to the questions below to the best of his/her knowledge of this resident.

Instructions For The Physician:

Please answer each question below as fully and completely as possible. All of the following information is necessary so that The Marvin may completely review requests for accommodations and ensure compliance with all federal and state laws.

Date of Request: _____

Doctor Name: _____

Doctor Address: _____

Doctor Telephone: _____

1. Does this resident have a physical or mental condition that limits one or more major life activity? (See below for additional information,)

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

*The Americans With Disabilities Act indicates an impairment is **not a physical characteristic** such as eye color, left-handedness, or height/weight within normal range. An impairment is **not a personality or character trait** such as irritability, chronic lateness, poor judgment or stress. An impairment is **not an environmental, cultural or economic disadvantage** such as a lack of education or a prison record.*

An impairment rises to the level of a disability if it substantially limits a major life activity such as walking, breathing, speaking, seeing, hearing, reading, learning, caring for oneself, sleeping, sitting, standing or communicating.

YES NO

If No, then please skip to the end, sign and date.

If Yes, then please proceed to item 2.

2. What is the physical or mental condition that limits one or more major life activity?

3. Please list each major life activity that is limited by the physical or mental condition and describe how it is limited:

4. Please state if this condition is short terms (90 days or less), long-term, or permanent. Circle one.

Short Term

Long Term

Permanent

5. If long-term, please indicate when you expect this physical or mental condition to no longer affect major life activities.

6. Please identify accommodations (exception to our usual rule or policy) that may enable this resident to more fully use and enjoy The Marvin. If there is more than one accommodation that may be appropriate, please list all of the accommodations. The Marvin will make the determination of whether an accommodation is reasonable.

7. Please describe how the requested accommodation is necessary for their use and enjoyment of The Marvin

5. If necessary, will you be willing to testify in a court of law concerning the information provided in this form? YES NO

Date Submitted: _____

Doctor Signature: _____

Please return this form to:

The Marvin
Under One Roof, Inc.
60 Gregory Boulevard
Norwalk, CT 06855
Fax 203-854-4650

FOR OFFICE USE ONLY

Date Received: _____

Reviewed by: _____