

APPLICATION FOR REASONABLE ACCOMMODATION

Complete this form if you have a disability and would like to request an accommodation. If you require assistance completing this form, or wish to make this request orally, please contact Big Ten Property Management LLC at (319) 354-0028.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Person requesting accommodation (if different from resident). Indicate relationship to resident:

1. Please describe the reasonable accommodation you are requesting:

2. Please explain why this reasonable accommodation is needed. You need not provide detailed information about the nature or severity of the disability.

3. If you are requesting permission to have an assistance animal in your apartment, please complete the following:
 - (a) Is it readily apparent that the assistance animal is a trained service animal (for example, an animal trained to assist you with a visual impairment or similar disability)?
 Yes No

 - (b) If your answer to 3(a) above was No, please complete the following:
 - i. Type of animal: _____
 - ii. Is the animal required because of a disability? Yes No
 - iii. Is your need for the animal related to your disability?
 Yes No

PLEASE PROVIDE THE FOLLOWING:

(I) A statement from a health or social service professional indicating: 1) that you have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities), and 2) that the need for the animal is related to that disability. You may use, but are not required to use, the Request for Assistance Animal as a Reasonable Accommodation in Housing: Health Care Professional Form, which is available on our website.

(II) Proof of current vaccination and/or license for the assistance animal requested

(III) If you are requesting a different modification or accommodation, please describe it here:

Please note, your request will be reviewed and a response issued to you within ten days. Additional information may be requested before an approval can be issued.

Applicant Signature: _____

Date: _____