

REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

Tenant Name: _____

Tenant Address: _____

I have a disability as defined by the fair housing laws. As an accommodation for my disability, I request that you:

Option 1

Waive your "no pet" policy

Please list the type of animal (cat, dog, etc), breed and weight. _____

Option 2

Waive your pet deposit or fees

Option 3

Other

Please explain your request in detail: _____

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation.

For NWPMG Use Only

NWPMG approval & date

Owner approval date