



REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

Date of Request:

Date of Receipt of Request by Manager:

Full Name:

Phone:

Current Address:

Address Requesting Modifications For:

POLICY: It is Altisource Rental Homes' policy not to discriminate against any person because of that person's race, color, religion, sex, sexual orientation, national origin, age, marital status, military status, disability, or any other protected status. You may ask Altisource Rental Homes to consider any reasonable accommodation you need because of a disability. Email this form to leasing@altisourcerentalhomes.com. Please allow 5 business days for an initial response.

1. I have, or a member of my household has, a disability as defined below:

A physical or mental impairment that substantially limits one or more major life activities such as walking, climbing, talking, breathing, hearing, seeing, etc.

Name of household member with disability: _____

2. Because of the above-named person's disability, I request the following reasonable accommodation(s) so that the person listed above has an equal opportunity to use and enjoy the dwelling. Please be as specific as possible.

3. Please provide any other information you think would be useful in evaluating your request:

4. If the disability of the person listed above is not obvious or otherwise known to Altisource Rental Homes' staff, or if the need for the requested accommodation is not readily apparent or known to Altisource Rental Homes' staff, Altisource Rental Homes may verify that I have a disability or a member of my household has a disability and our need for this disability-related accommodation by contacting the following doctor or other medical professional, peer support group or non-medical service agency:

Title: _____
Address: _____
Phone: _____

I give you permission to contact the above individual(s) or organization(s) for the sole purpose of verifying that I have or a member of my household has a disability and needs the reasonable accommodation requested above. I understand that such information will be kept confidential and will not be shared with other persons unless they need the information to make or assess the decision to grant or deny a reasonable accommodation request or unless disclosure is required by law.

Signed: _____ Date: _____

Altisource Rental Homes' staff will consider this request and provide a written answer to you within a few days but no longer than 14 calendar days of the date the Manager received this request. Altisource Rental Homes may deny a request for a reasonable accommodation if providing the accommodation is not reasonable.

