

**Approval or Denial of Reasonable Accommodation  
and/or Reasonable Modification Request**

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To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_, 20\_\_ (date) you requested the following reasonable accommodation and/or modification:

We have:

☐ approved your request. We will provide the following accommodation and/or modification:

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

☐ The change is effective immediately.

☐ We will provide the accommodation by: \_\_\_\_\_

☐ To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by: \_\_\_\_\_ (date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

☐ denied your request. We have denied your request because (check all that apply):

☐ You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

☐ The accommodation and/or modification you requested is not reasonable because:

☐ you do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.

(continued)

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☐ it will cost (fill in amount) \$\_\_\_\_\_ and/or \_\_\_\_\_  
hours of staff time to make the change you requested and this is an undue  
burden on our operations.

☐ it will fundamentally change the nature of our housing.

We used these facts to deny your request (list): \_\_\_\_\_  
\_\_\_\_\_

To make this decision, we spoke with the following people, reviewed the  
following documents, and performed the following investigation:

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

If you disagree with this decision or have more information to provide to us, you may contact  
me at the following address and/or phone number.

Sincerely,

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

***This package of reasonable accommodations/modifications is courtesy of the Fair Housing Council of  
Orange County and its attorneys.***

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California Southern Cities  
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