

# LRG Realty Management

62 W. Kingfield Road – Kingfield, ME 04947  
(207) 265-4006 / (TTY) Dial 711 / Fax (888) 511-0927  
kingfield@lrgmanagement.com / www.LRGManagement.com

## Request for a Reasonable Accommodation

Question 1 through 4 to be completed by the Resident:

Name of Property \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

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

1. The following member of my household has a disability: \_\_\_\_\_
2. Please provide the following change(s) so that the person listed above can live here as easily or successfully as the other resident. Check the kind of change(s) you need.  
( ) A change in my apartment or other part of the housing complex.  
( ) A change in the following rule or way things are done.
3. What specifically are you requesting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How will the requested reasonable accommodation allow you an equal opportunity to use and enjoy the housing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### HOUSEHOLD MEMBER'S RELEASE

YOU DO NOT HAVE TO SIGN THIS FORM IF THE PROVIDER IS LEFT BLANK

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. These are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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



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## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION OR MODIFICATION

Please complete and return this form as soon as possible to benefit the person requesting the accommodation.

### QUESTIONS 5-7 to be completed by Qualified Medical Professional:

**By signing this Request, you are verifying** that the applicant specified in Line I (above) meets the definition of disability defined as follows:

Physical or mental disability means: A.) A physical or mental impairment that: (1.) substantially limits one or more of a person's major life activities; (2.) significantly impairs physical or mental health; or (3.) requires special education, vocational rehabilitation, or related services; B.) Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; mental retardation; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury; C.) With respect to an individual having a record of any of the conditions in paragraph A or B; or D.) With respect to an individual being regarded as having or likely to develop any of the conditions in A or B.

For purposes of this section: A.) The existence of a physical or mental disability is determined without regard to the ameliorative effects of mitigating measures such as medication, auxiliary aids, or prosthetic devices; and

B.) "Significantly impairs physical or mental health" means having an actual or expected duration of more than 6 months and impairing health to a significant extent as compared to what is ordinarily experienced in the general population.

Exceptions. "Physical or mental disability" does not include: A.) Pedophilia, exhibitionism, voyeurism, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or tobacco smoking; B.) Any condition covered in section 4553, subsection 9-C; or C.) Psychoactive substance use disorders resulting from current illegal use of drugs, although this may not be construed to exclude an individual who: (1.) Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs or has otherwise been rehabilitated successfully and is no longer engaging in such use; (2.) Is participating in a supervised rehabilitation program and is no longer engaging in such use; (3.) is erroneously regarded as engaging in such use but is not engaging in such use; or (4.) In the context of a reasonable accommodation in employment, is seeking treatment or has successfully completed treatment."

5. Is the applicant disabled within the meaning of the above definition? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is the requested accommodation related to their disability? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you believe the accommodation is necessary for the person listed above to live in their apartment complex as easily or successfully as the other residents and will achieve its stated purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Medical Professional

\_\_\_\_\_  
Phone with area code



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