

REASONABLE ACCOMMODATION/ **MODIFICATION REQUEST/VERIFICATION**

MULTIFAMILY NW

The Association Promoting Quality Rental Housing

Professional Title_

Address

DATE OF	REQUEST	PROPERTY NAME /				
RESIDEN [*]	T NAME					
UNIT NUN	MBERS	TREET ADDRESS				
CITY				STATE	ZIP	
		EVENIN				
1. Nam	ne of disabled person re	equesting the accommo	dation/modification			
	•	modation/modification y				
	ot readily apparent, plea r dwelling and/or comm		nmodation/modific	ation described	above is nece	essary for you to fully enj
HOUSE	equire additional space	please attach additiona	al written informati	on to this docu	ment.)	
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