

LS Property Management 8152 Painter Ave., Suite 200D Whittier, CA 90602

**Guidance You Can Trust** 

Phone (562) 696-7001
Fax (562) 696-7008
E-mail Customer1@ LSPropertyManagement.net

www.LSPropertyManagement.net

## **Request for a Reasonable Modification**

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community, please complete this form and give the form back to LS Property Management Check all items that apply and explain fully. Use the other side of this form if you need more space.

Name of Resident or Applicant:		Date:		
The person(s) who has a disability requiring a modification	on is:			
Myself A person associated with me (such	as a household member).			
Name of person with disability:				
Address of Property:				
Street	Unit# City	State	Zip	
Best Call Back Phone No.:				
I am requesting the following modification/s:				
I need this modification/s because:				
*NOTE: Any person renting, leasing, or otherwise pr	rouiding roal proporty for company	tion shall not refuse	to normit an	
modifications are necessary to afford the person ful paragraph may be conditioned on the disabled tenant condition existing prior to the modifications. No admodifications to the rented premises under this paragrapt restore the premises, a provision requiring the disable reasonable estimate of the cost of restoring the premises	to make reasonable modifications of I enjoyment of the premises. How entering into an agreement to restore Iditional security may be required of aph, but the lessor and tenant may ne led tenant to pay an amount into a	the existing rented pever, any modification the interior of the period and account of an electrical expension account of an electrical expension account of the expension account of the expension account of the exist of the exi	remises if the ns under this remises to the ction to make agreement to	
These forms must be <i>completely</i> filled out by you a signature must have <i>original</i> signature, no copies or	, ,	provider. All forms t	hat require a	
Signature:		Date:		
Current Address:				

## **Verification of Status as a Person with a Disability**

To:		<del></del>
		<del></del>
The resident, o	sident, applicant: r applicant for tenancy listed odification Form.	above has sought the modification described in the attached Request for a
burdensome a		riders to make reasonable modifications when such changes are not unduly esident, applicant, or household member with a disability to have equal d/or facilities.
California Fair	-	ing the change is disabled for the purpose of a reasonable modification, the act provides that a person is disabled if they have a physical or mental erson's major life activities.
required to rev	eal the specific nature and/o	rofessional certifying the disability and need for a modification <b>IS NOT</b> severity of the individual's disability. the knowledge necessary to make a determination, I am able to advise that
•	individual with a disability and with his/her disability.	s defined above and that the following modification is consistent with the
Modification: _		
Expected durat	ion of disability:	
List major life a	ctivities that are limited by th	e disability:
		by you and your professional/ health care provider. All forms that require a opies or stamp will be considered.
Signature of Pro	ofessional	Printed Name and Title
Date:	Phone:	Fax:

LS Property Management, 8345 Sargent Ave, Unit D, Whittier, CA 90605 Phone: (562) 696-7001 Fax: (562) 696-7008 Email: Customer1@LS Property Management.Net 2 of 2