

_____, A Preservation Partners Management Group Community, is committed to the letter and spirit of the Fair Housing Act and Section 504, which, among other things, prohibits discrimination against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations are necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the community administrator at the above address.

If you would like to ask the management agent for an accommodation or modification of a housing unit to help afford you with full enjoyment of the premises because of a disability, please complete this form. It is not necessary that you use this form to make a reasonable accommodation request. For example, you could make a request in a letter or by email or verbally. Completing this form may also help the management agent understand your request and appropriately respond to it.

If you would like help with this form or with making your request, you may speak with the property manager.

You can also send this form to:

504 Coordinator
21515 Hawthorne Blvd., Suite 150
Torrance, CA 90503
310.802.6670 T
310.802.6680 F

Preservation Partners Management Group may also need information from a health care provider or other persons who can explain or verify your needs. It is not the responsibility of the owner or management agent to determine whether or not you have a disability; but, Preservation Partners Management Group may request verification from a medical provider or other person who is qualified to make that determination. For this purpose, this form asks you to name this individual and allow them to share some limited information with us which will be used to evaluate your request (See attached verification form)

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

I/We _____ of _____
Apartments, residing in Unit # _____, is/are hereby requesting a reasonable accommodation/modification
request due to reason(s) specified below:

Please note: the request for the accommodation must relate directly to the disability and enable the Resident to have the same use and enjoyment of the premises as a non-disabled Resident.

- | | | |
|---|---|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> A handicap accessible unit | <input type="checkbox"/> One-level unit |
| <input type="checkbox"/> Unit for vision-impaired | <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Unit on 1st floor |
| <input type="checkbox"/> a live-in aide | <input type="checkbox"/> service animal | <input type="checkbox"/> Physical Modification to the unit |
| <input type="checkbox"/> other [specify]: _____ | | |

1. Do you consider yourself to have a disability?
For the purposes of Federal civil rights laws, a person with a disability is one who has physical or mental impairment that substantially limits one or more major life activities or one who has a record of having such impairments or one who is regarded as having such impairments. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives. Applicable state law may be broader.

YES NO If "NO" is checked, skip 2 and 3.

2. Are you requesting a specific animal to provide assisted services to you because of your disability?

YES NO

If yes, please describe the animal that you are requesting as a reasonable accommodation:

Type of animal (i.e., dog, cat): _____ Name of animal: _____

Breed (if dog): _____ Height: _____ Weight: _____

Length of time you have owned this animal: _____

Number of other animals currently residing in household: _____

3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment and the community? (If needed, you may write on the back of this form or attach additional sheets of paper.) If you are requesting an animal, please describe why this specific animal is necessary because of your disability.

Please provide the contact information for a professional third-party verifier to whom we will send the required verification form. Please complete as much information as known.

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

Name: _____

Title/Position: _____

Agency/Clinic/Facility Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

I/We understand that the information obtained by management will be kept completely confidential and used solely to make a determination on my reasonable accommodations request. I/We do hereby certify that the information is true and correct to the best of my/our knowledge. I/We hereby understand the request above will not be processed until I/we have furnished all required documentation. If further documentation is required, I/We can be reached at (Phone) _____.

Resident's Signature

Date

Manager's Signature

Date

This property does not discriminate on the basis of race, color, religion, creed, national origin, sex, age, handicap, membership in a class, or familial status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988) can be contacted through the office of Preservation Partners Management Group at 21515 Hawthorne Blvd., Suite 150, Torrance CA 9503, 310.802.6670 T

For 504 Coordination Use Only

- The above request has been approved.
- The following accommodation and/or modification is approved:

- We offered you a different option, but you did not accept it. The option offered was as follows:

- The above request has been denied due to the following reason(s):

You have 14 days to respond in writing or to request a meeting to discuss this decision. Should a household member have a disability which prevents you from reporting in writing, management will provide a reasonable accommodation.

504 Coordinator

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).