

Request for Reasonable Accommodation

(to be completed by Tenant/Applicant)

If you or a member of your household has a disability and needs a reasonable accommodation in order to have equal use and access to the complex, house or community, please complete and submit this form to Mangold Property Management, Inc.

Please keep copies of your completed documents for your personal records.

Date: _____

1. Name of Tenant or Applicant: _____

Telephone Number: _____

Address: _____

Name of person with disability (if different than the previous name)

Telephone Number: _____

Address: _____

2. I am requesting the following change(s) in a rule, policy, practice, or service so that my household members and I can live here as easily as others and equally enjoy and participate in housing:

3. I need this reasonable accommodation because (it is not required to reveal the specific nature and/or severity of the disability): _____

4. If you know of a company, organization or individual that might be able to help or advise on the changes, please provide the following information.

Name: _____

Address: _____

Telephone Number: _____

Please notify me within ten days by completing the attached Approval or Denial of Request for Reasonable Accommodation form

Signature

Date

Name of Tenant/Applicant

Mangold Property Management, Inc.

BRE License #10226102

575 Calle Principal, Monterey, CA 93940

(831) 372-1338

