

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_



## Application for Reasonable Accommodation

Pursuant to City Code Chapter 17, Division V “Reasonable Accommodation or Modification for Residential Uses”, the City of Fort Worth seeks to provide a process for consideration of reasonable accommodation requests related to **residential dwellings**. A reasonable accommodation is any modification of the City’s zoning, land use and other regulations, rules, policies and practices to ensure **equal access to housing** and to ensure a person with a disability has an equal opportunity to enjoy a dwelling.

Should you need assistance in completing this application, please ask staff in the Planning and Development Department by calling 817-392-2733 or 817-392-2222, by emailing [boardofadjustment@fortworthtexas.gov](mailto:boardofadjustment@fortworthtexas.gov), or by visiting the department on the lower level of City Hall, 200 Texas Street, Fort Worth, TX 76102.

**PLEASE NOTE: Do not submit information such as Social Security numbers, date of birth, medical records, or lists of medications.**

**No fee is required for an application for reasonable accommodation.**

An application for accommodation may be submitted **at any time** as necessary to afford the person with a disability equal opportunity to use and enjoy the dwelling.

### Applicant and Property information:

1. Address of the property for the accommodation:

\_\_\_\_\_

2. Name of Applicant requesting accommodation \_\_\_\_\_

Relationship to person with disability if not the applicant:

\_\_\_\_\_

May be any person(s) with disability, his or her representative, or a developer or provider of housing for persons with disabilities.

3. Permanent Address of Applicant \_\_\_\_\_

4. Applicant phone \_\_\_\_\_ Email address \_\_\_\_\_

5. If the applicant is applying on behalf of a person with a disability, the name and address of the person with a disability:

Name \_\_\_\_\_ Address \_\_\_\_\_

6. Property Owner name (if different from above): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

7. Identify the reasonable accommodation requested and the specific regulations, policy or procedure from which the waiver or deviation is requested.

\_\_\_\_\_  
\_\_\_\_\_

8. Describe how the person, or persons on behalf of which this application is being made, is considered disabled under the Fair Housing Act and the Americans with Disabilities Act.

\_\_\_\_\_  
\_\_\_\_\_

9. Give the reason that an accommodation may be necessary for the use and enjoyment of the dwelling.

\_\_\_\_\_  
\_\_\_\_\_

10. Please attach any documents that you wish to provide to support your request for an accommodation. In most cases, an individual's medical records or detailed information about the nature of the person's disability is not necessary for this application.

**Note:** The City may request any other information as necessary in order to make the findings required by Section 17-113, in accordance with applicable local, state and federal Fair Housing laws. Any personal information regarding disability status identified by an applicant as confidential shall be retained in a manner so as to respect the privacy rights of the applicant and/or person with a disability and shall not be made available for public inspection.

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**Acknowledgement:**

I certify that the above statements are true and correct to the best of my knowledge.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist for Disability Verification Letters

Individuals with disabilities requesting reasonable accommodations or modifications for their housing will in most cases need a letter written by a professional verifying their need for a reasonable accommodation or modification. This is called a disability verification letter.

The disability verification letter should include the following five items:

- 1. State all credentials and qualifications.

Example: I, [professional person's name] am a [physician, health care professional, other professional] and have the following credentials: [MD, MSW, PhD].

- 2. Explain the nature and duration of the relationship with the individual.

Example 1: I have treated [applicant or tenant's name] since [date]. I have evaluated and/or treated [applicant or tenant's name] [number] times in the last 12 months.

Example 2: I have not seen [applicant or tenant's name] in the last 12 months; the last time I evaluated and/or treated [him or her] was [date]. However, I believe [his or her] condition would not have changed.

- 3. Verify the individual has a physical or mental disability that substantially limits one or more of their major life activities. Examples of major life activities include seeing, walking, reaching, lifting, hearing, speaking, interacting with others, concentrating, learning, and caring for oneself.

You do not need to disclose a diagnosis. Keep the individual's diagnosis confidential with a statement verifying his or her physical or mental disability along with a description of their resulting functional limitations. That is legally sufficient to verify the need for a reasonable accommodation or modification.

Example 1: Mary has a disability that makes it difficult to walk and leaves her unable to carry items such as a bag of groceries or a basket of laundry more than 20 feet.

Example 2: Jim has a disability that makes it very difficult for him to maintain his emotional stability at a level that enables him to function independently in stressful or unfamiliar situations.

Example 3: Alberto's impairment makes it impossible for him to climb stairs.

4. Explain how the accommodation or modification is necessary to give the individual the opportunity for full use and enjoyment of their rental and all amenities. Relate the requested accommodation or modification to the individual's disability-related limitation(s) previously described.

Example 1: My opinion as Mary's treating physician is that Mary requires a designated parking spot next to her apartment so that she is able to do her shopping and other household tasks independently like everyone else.

Example 2: My opinion as Jim's mental health therapist is that Jim requires an assistance animal to keep him company and provide the emotional and psychological support he needs in order to live by himself in an apartment.

Example 3: As Alberto's physical therapist, my professional opinion is that he needs to be allowed to move to a downstairs unit that does not have steps.