



**Reasonable Accommodation/Modification Request Form**

If you or a household member on your lease has a disability and is requesting a reasonable accommodation or reasonable modification in order to have equal use and access to your unit, please provide the information below:

Date of Request:

Lease Holder Name:

Resident's Address:

Name of person with the disability: \_\_\_\_\_

Please describe the accommodation or modification that you are requesting so that you or your household member can equally participate and enjoy your rental unit:

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Please describe why this accommodation/modification is needed (it is not required to name the disability here):

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You should receive a response to your request within five (5) business days after submitting all requested information. If not, please contact the Alltrade corporate office located at 710 Barret Ave #201, Louisville, KY 40204 and request to speak to a Regional Manager.