

**ILLINI TOWER**  
**REASONABLE ACCOMMODATION AND MODIFICATION REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**I. General Information/ Definitions**

**Reasonable Accommodation:** Change in an existing policy or practice that is necessary for a person with a disability to fully use and enjoy the housing.

- Reasonable accommodations are paid for by the landlord of a rental property. A necessary and appropriate reasonable accommodation will be approved unless it causes an undue burden or a threat to health and safety.

**Reasonable Modification:** Alteration to the physical structure of the housing unit or overall property that is necessary for the person with a disability to fully use and enjoy the housing.

- Reasonable modifications, if approved, are paid for by the individual requesting the modification. The requester may, be required to restore the property to its original condition at the requester's cost.

**II. Disability**

Do you have a mental or physical impairment or disability, a history or record of such an impairment or disability, or are you regarded or perceived as having an impairment or disability that substantially limits one or more major life activities?

Yes

No

**III. Description of Requested Accommodation or Modification**

Please describe the reasonable accommodation or modification that you are requesting:

**IV. Necessity of the Requested Accommodation or Modification**

If the need is not apparent or obvious, how is the proposed accommodation or modification related to assisting and coping with your impairment or disability?

**V. Verification**

If your impairment or disability is not apparent or obvious, please provide relevant documentation from your health professional or mental health professional to verify the impairment or disability. *Medical records are not required to be submitted.*

**VI. Submitting the Reasonable Accommodation or Modification Request**

Please complete this Reasonable Accommodation and Modification Request Form and submit to the General Manager of Illini Tower or contact the General Manager if you need assistance completing the form. See contact information below:

Address: Attn: General Manager  
409 East Chalmers Street  
Champaign, IL 61820  
Phone: (217) 344-0400

**VII. Process for Considering the Reasonable Accommodation or Modification Request**

After we receive your reasonable accommodation or modification request along with all required supporting documentation, we will attempt to respond within five (5) business days, unless you have agreed to a longer period of time, to either inform you of our decision regarding your request or to let you know if more information is needed from you.

If we do not approve your request, we will provide explanation and explore with you alternate ways to help meet your needs. You can also provide us with additional information that may assist in evaluating your situation. We will strive to work with you to find a way to accommodate your needs.

**VIII. Confidentiality**

All information you provide to us will be treated as confidential and it will only be used to help provide you with an equal opportunity to enjoy your housing, the common areas, and programs offered on site.

**IX. Disposition**

Approved                       Not Approved                       Alternate Approved

**Agreed:**

By: \_\_\_\_\_  
General Manager

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Resident/applicant

\_\_\_\_\_  
Date