



## HOUSING DISABILITY ADDENDUM

Please help us by answering each of the following questions in terms of how it applies to you as a person who has a disability, or the disabled person whom you are assisting in filing a complaint, or the disabled person with whom you are associated, if you believe you have suffered discrimination because of that association. Your response will remain confidential.

### A. What is Your Disability

1. What is your disability? \_\_\_\_\_

2. Do you have medical documentation describing your disability?     Yes     No

**Note:** *You will need to provide a copy of your medical documentation regarding your disability.*

3. Describe your impairment(s).

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### B. Provider's Knowledge of Disability

1. Was the housing provider or person, you believe has discriminated against you, aware of disability?

Yes     No

2. When did the housing provider or person become aware of your disability? \_\_\_\_\_

### C. Reasonable Accommodation(s) or Modification(s)

1. Did you request the housing provider to change policies or practices, or the physical condition of the dwelling?

Yes    No

2. What changes or accommodation(s) did you request?

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3. Would the changes or accommodations that you requested benefit you in your housing?

Yes    No

4. Did you make this request in writing or verbally? When did you make the request (date) and to whom?

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5. If you did not make the request, how do you believe the housing provider was aware of the need for an accommodation or modification?

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6. Did the housing provider deny, delay or ignore your request for accommodation or modification? What did the housing provider do or say in response to your request?

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7. If the housing provider failed or refused to make the requested accommodation or modification, what reason was given?

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8. If the housing provider offered a different accommodation or modification than what you wanted, why was this accommodation or modification not acceptable to you?

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**D. Disparate Treatment**

1. Are you aware of other residents who received an accommodation or modification by your housing provider? Please explain what accommodation or modification was provided and to whom.

Yes    No

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