

Red Wagon Properties | 17503 La Cantera Pkwy #104-496 | Office@redwagonproperties.com | Phone 210-695-1100

REQUESTER INFORMATION

Preferred Contact: Phone _____ Email _____

REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION

For Third Party Medical Professional- Complete Only When Verification Is Needed

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INDIVIDUAL AND REQUEST**Applicant / Resident Name:** _____**Property Address / Address Applied For:** _____**Specific accommodation/modification requested by the applicant/resident:** _____

Texas fair-housing standard. Tex. Prop. Code § 301.025(c)(2) requires reasonable accommodations in rules, policies, practices, or services when the accommodation may be necessary to afford a person with a disability equal opportunity to use and enjoy a dwelling. Disability is defined at § 301.003(6). For a physical modification, § 301.025(c)(1) applies. Answer only what is needed to evaluate the specific request above.

VERIFICATION

1. To your knowledge, does this individual have a mental or physical impairment that substantially limits at least one major life activity, or a record of such an impairment?

☐ Yes ☐ No ☐ Unable to determine

2. Is the specific accommodation/modification stated above related to the individual's disability and may it be necessary to afford the individual an equal opportunity to use and enjoy the dwelling?

☐ Yes ☐ No ☐ Unable to determine

3. Is there an identifiable relationship (nexus) between the disability-related limitation and the specific accommodation/modification requested?

☐ Yes ☐ No ☐ Unable to determine

Briefly describe the functional relationship between the disability-related limitation and the requested accommodation. Do not provide a diagnosis, treatment records, detailed medical history, or information about the nature or severity of the disability beyond what is necessary to answer this question.

4. If another accommodation would be equally effective in meeting the identified disability-related need, you may identify it here (optional):

PERSON SUPPLYING VERIFICATION

Name / Title: _____ **Organization:** _____

Phone: _____ **Email:** _____

Basis for knowledge of the individual or disability-related limitation: _____

I certify that the information above is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Optional limited authorization: I authorize the person above to provide the information requested on this form and to answer narrowly tailored follow-up questions needed to authenticate or clarify it. This does not authorize disclosure of medical records or unrelated medical information.

Applicant / Resident Signature: _____ **Date:** _____

REASONABLE ACCOMMODATION / MODIFICATION REVIEW

Management Use Only - Do Not Send to Verifier

Keep disability-related information confidential and separate from ordinary leasing records to the extent practicable. Evaluate the request actually made. If the request is ambiguous, clarify it with the requester before deciding.

REQUEST TRACKING

Applicant / Resident: _____ **Property:** _____

Date received: _____ **Received by:** _____ **Request:** ☐ Oral ☐ Written ☐ This form

Disability: ☐ Obvious / known ☐ Verification requested **Need / nexus:** ☐ Obvious / known ☐ Verification requested

IDENTIFY EACH REQUESTED ACCOMMODATION SEPARATELY

Copy the requester's words as closely as possible. If more than one distinct exception or change is requested, list each separately and evaluate each under the same individualized necessity/reasonableness standard.

Accommodation / Modification Requested	Decision	Reason / Notes
1.	☐ Approve ☐ Deny ☐ Alternative ☐ More info	
2.	☐ Approve ☐ Deny ☐ Alternative ☐ More info	
3.	☐ Approve ☐ Deny ☐ Alternative ☐ More info	

ANIMAL-RELATED REQUESTS - INTERNAL REMINDER (IF APPLICABLE)

An animal-related request may contain distinct requested changes - e.g., permission to keep an animal at a no-animal property, waiver or reduction of an animal-related charge, or an exception to another animal rule. Record the request actually made and evaluate each distinct requested change individually. If the requester's words are unclear, seek clarification rather than assuming.

DECISION LANGUAGE

Approval: "Red Wagon Properties has approved the requested accommodation permitting/allowing: _____."

Denial: "Based on the request and supporting information provided, and after an individualized evaluation, Red Wagon Properties determined that the specific requested accommodation of _____ has not been shown to be necessary to afford an equal opportunity to use and enjoy the dwelling. This determination applies only to the specific accommodation identified above."

If an effective alternative is available, document the interactive discussion and the alternative offered.

FINAL REVIEW

Decision date: _____ **Manager:** _____ **Owner approval needed?** ☐ Yes ☐ No

Written decision sent: _____ **Method:** ☐ Email ☐ Mail ☐ Portal ☐ Other

Internal legal references: Tex. Prop. Code §§ 301.002(3), 301.003(6), 301.025(c); 42 U.S.C. § 3604(f)(3). Use current agency guidance and controlling case law for animal-related requests.