



# Request for Reasonable Accommodations

Application Date: \_\_\_\_\_

The City of Beaumont is required by the Fair Housing Amendments Acts of 1988 to provide individuals with disabilities reasonable accommodations (including modifications or exception) in the City’s zoning, building and other regulations, codes, rules, policies and practices to ensure equal access to housing and to facilitate the development of housing for individuals with disabilities, or developers of housing for people with disabilities, flexibility in the application of land use, zoning and other regulations, policies, practices and procedures, including waiving certain requirements, when it is reasonably necessary to eliminate barriers to housing opportunities to ensure a person with a disability has an equal opportunity to use and enjoy a dwelling.

Please print or type:

**Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Site Address where accommodation is requested:**

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of person with disability:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Applicant is (check one)**

- \_\_\_ person with a disability.
- \_\_\_ applying on behalf of a person with a disability.
- \_\_\_ a developer of housing for one or more persons with disability.
- \_\_\_ a provider of residential services for a person with disability.

**Is the specific accommodation requested by the applicant necessary for the person(s) with the disability to use and enjoy the dwelling, or is reasonably necessary to make provision of housing for persons with disabilities financially or practically feasible.**

Yes                       No



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**1. Identify the need for a reasonable accommodation**

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**2. Requested reasonable accommodation**

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**3. The specific regulations, policy, or procedure from which the deviation or waiver is requested.**

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**Owner Declaration: I \_\_\_\_\_, certify, under penalty of criminal prosecution under the laws of the State of Texas that the information provided is true and correct.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

An applicant, or a person on whose behalf an application was filed, may appeal the written decision to deny or grant an accommodation with alterations or conditions or a denial of the accommodation no later than thirty (30) calendar days from the date the decision is mailed. (See Appeal Process)

**FOR CITY USE ONLY**

Approved  Denied

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_