



Reasonable Accommodation Request Form

Please complete this form to request an accommodation. If you require assistance completing the form or wish to make the request orally, please contact the relevant contact residentservices@beamliving.com.

Beam Living's reasonable accommodation policy is available on our website: www.beamliving.com.

Applicant Name (please print): _____

Address: _____

Telephone Number: _____ Email Address: _____

Leaseholder name and relationship to applicant (if different from the person requesting a reasonable accommodation): _____

1. Please describe the reasonable accommodation you are requesting: _____

2. Please explain why this reasonable accommodation is needed. You should explain the connection between the disability (physical or mental impairment) you live with and the accommodation you are requesting. Beyond that, you do not need to provide detailed information about the nature or severity of the disability: _____

3. If you are requesting permission to have a service or emotional support animal in your apartment, unless it is clear or obvious that the animal is a service animal, please answer the following questions.

a. Type of animal (for example, dog or cat): _____

b. Please provide a statement from a health or social service professional substantiating:

- that you have a disability (*i.e.*, you have a physical or mental impairment);
and



- explaining how the animal ameliorates the symptoms or effects of the disability.

4. If you are requesting a physical change to the interior of your unit, please describe the modification or modifications you are requesting.

5. If you are requesting a physical change to the exterior of your unit or to a public or common use area, please describe the modification or modifications you are requesting.

6. If you are requesting a different accommodation, please describe it here:

As stated in our Reasonable Accommodation Policy, we will make a decision on your request within ten (10) business days following the receipt of all required documentation. In the event that additional documentation is required to determine your request, we will request such additional documentation within ten (10) business days of the date of your request.

If you require a determination on an expedited basis, please let us know. We will make every effort to expedite a determination of your request.

Signature: _____

Date: _____