

Attachment #1

Request for a Reasonable Accommodation

A reasonable accommodation is any modification of a zoning rule, policy, or practice if that modification is reasonable and necessary in order to give a person with disabilities an equal opportunity to use and enjoy a dwelling in the City of Baltimore.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this form and return it to the Office of Zoning Administration at 417 E. Fayette Street, Room 147. Please attach additional pages if necessary. If you have questions or need assistance, please contact 410-396-4126.

Name and Contact Information of Applicant:

Name: _____

Address: _____

Telephone: _____

Alternate Telephone: _____

What is the property address for which you are requesting a reasonable accommodation?

Are the people who will live at the dwelling persons with disabilities? Yes. No. If you answered yes, you must submit the verification of disability status form below.

Please describe the accommodation that you need. What rules or policies would you like the City to waive for the dwelling?

Why do you need the accommodation? In other words, why is the accommodation necessary in order for persons with disabilities to live in the dwelling?

* A person with disabilities is anyone who has a physical or mental impairment that limits a major life activity, such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, or working. Anyone who has a history of an impairment that limits a major life activity also is a person with disabilities.

Is the dwelling licensed or certified by the State of Maryland? If so, please identify the type of license or certificate and attach a copy of it.

Please provide the following information if you are requesting an accommodation in order to house more than 4 unrelated people in a single-family dwelling:

Number of residents who will live in the dwelling: _____

Number of staff who will serve the dwelling: _____

Anticipated number of vehicles used by residents and staff: _____

Square footage of the dwelling: _____

Square footage of the living room: _____

Square footage of the dining room: _____

(Please Note: If the living room and dining room spaces are combined, provide the total square footage)

Square footage of kitchen: _____

Number of bedrooms in the dwelling: _____

For each bedroom, please state the square footage of the room and the number and size of each window:

Bedroom #1: _____

Bedroom #2: _____

Bedroom #3: _____

Bedroom #4: _____

[Please add additional sheets if needed.]

Is the number of residents necessary in order for the dwelling to be financially viable? If so, please explain why.

Is the number of residents necessary for the dwelling to be therapeutically beneficial for the residents? If so, please explain why.

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature:

Date:

Please Print Name & Title

Verification of Disability Status
[This verification form must be completed by someone
who knows about the individuals' disabilities.]

Definitions:

Federal law provides that "persons with disabilities" are persons who: (1) have any "physical or mental impairment" that substantially limits one or more "major life activities"; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A "major life activity" is any task central to most people's daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A "physical or mental impairment" includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Verification:

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for a reasonable accommodation do do not meet the definition of "persons with disabilities." I am in a position to know about the person(s)' disabilities because _____

(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

[NOTE: Please do NOT reveal the nature or severity of the persons' disabilities.]

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Print name

Signature Date

Address and Telephone Number