



Application Packet

Application for a Reasonable Accommodation

PURSUANT TO THE FAIR HOUSING ACT, AS AMENDED
42 U.S.C. § 3604 (f) (3) (B)

Name of Subject Facility:	
Address of the Property: <i>Street name, number and zip code,</i>	Address _____ Zip code _____
Street/Parcel Number	
Zoning of the Property:	
Current Use of Property:	
Proposed Use <i>You may attach additional pages if needed to explain the proposal.</i>	_____ _____ _____ _____
Property Owner Information <i>Name, mailing address, email address and telephone number</i>	Name: _____ Street Address: _____ City _____ State ____ Zip code _____ Email _____ Telephone/Mobile _____
Applicant/Provider Information (if different from Owner) <i>Name, mailing address, email address and telephone number</i>	Name: _____ Street Address: _____ City _____ State ____ Zip code _____ Email _____ Telephone/Mobile _____
Owner's Signature I hereby certify that I am the owner or signing on behalf of the owner.	
Applicant's Signature I hereby certify that I am the applicant or signing on behalf of the applicant.	

REQUIRED ATTACHMENTS:

- Articles of Organization or other identification.
- Diagram of the living space showing the sleeping rooms with their dimensions and computation of square feet, and the other rooms with their designations or descriptions. State the number of residents that will occupy each sleeping room. State the total number of residents in the dwelling unit.
- Certification under the pains and penalties of perjury that the Subject Facility is designed and intended for persons with disabilities as defined by the Fair Housing Act. For group homes where effective treatment or services for residents with disabilities requires that all residents have disabilities, the City may require certification that the applicant/Provider will use its best effort to ensure that all residents are individuals with disabilities.
- Certification under the pains and penalties of perjury that the Applicant/Provider will comply with all rules and regulations that are submitted by the Applicant/Provider, to the City of Springfield, in support of this Application.

SUGGESTED ATTACHMENTS:

- Copies of all operating documents including applications, rules and regulations, admission or occupation agreements, program agreements, medication storage agreements and any other agreements or forms that will confirm the operation of the Subject Facility as a facility for persons with disabilities, and a narrative describing the operation of the Subject Facility.
- Description of the procedures that will be implemented by the Applicant/Provider to ensure that issues arising as a result of the reasonable accommodation will be addressed (e.g. if the reasonable accommodation results in a higher number of adults living in a property than would otherwise be permitted in the property under generally applicable zoning laws the Applicant/Provider should describe procedures to address on street parking).
- The Applicant/Provider agrees to discuss conditions to make the Subject Facility compatible with the neighborhood.