



Reasonable Accommodation Request
City of American Canyon
Community Development Department
 4381 Broadway, Suite 201
 American Canyon, CA 94503

For Office Use Only:	
Date Received: _____	By: _____
Case Numbers: _____	
Approved: _____	

Purpose: 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 American Canyon.

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 application form and return it to the Community Development Department at 4381 Broadway, Suite 201, American Canyon, CA 94503. Please attach additional pages if necessary. If you have questions or need assistance please call (707) 647-4336.

PLEASE TYPE OR PRINT:

Applicant's Name _____ Phone number _____

Applicant's Mailing Address _____ E-mail address _____

Owner's Name (if different) _____ Phone number _____

Owner's Address _____ E-mail address _____

Site address _____

Please provide the following information:

- 1) Are the people who will live at the above dwelling persons with disabilities? Yes ____ No ____ . If you answered yes, you must also complete the Verification of Disability Status section of this application.
- 2) Please describe the accommodation that is needed. What rules or policies are you requesting be waived for the dwelling? _____

- 3) Is the dwelling licensed or certified by the State of California? If so, please identify the type of license or certificate and attach a copy: _____

*** 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.**

VERIFICATION OF DISABILITY STATUS

To be completed by a person with direct knowledge of the disabilities of persons living in the dwelling.

Definitions:

Federal 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 a Reasonable Accommodation Request Do _____ Do not _____ meet the definition of “persons with disabilities.” I have direct knowledge of the disabilities of this person(s) because:

(Example: Medical services provider, 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 disability ****

Verifier’s Name

Phone number

Verifier’s Address

E-mail address

Verifier’s Signature

Date

I HAVE READ THE FOREGOING AND HAVE SUPPLIED ALL INFORMATION REQUESTED, OR HAVE PROVIDED A WRITTEN EXPLANATION THAT ACCOMPANIES THIS APPLICATION AND EXPLAINS ANY OMISSIONS.

Applicant’s Signature

Date