APPLICATION FOR REASONABLE ACCOMMODATION

The City of Omaha seeks to provide reasonable accommodation for persons with disabilities seeking fair access to housing in the application of City laws. The purpose of this application form is to commence the process for making a request for reasonable accommodation.

<table>
<thead>
<tr>
<th>FILE NUMBER (to be completed by staff)</th>
<th>RECEIPT #</th>
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</thead>
<tbody>
<tr>
<td>NAME OF APPLICANT/Relationship to person(s) with disability (Please Print)</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>DAILYTIME PHONE NUMBER ( )</td>
<td>DATE</td>
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<tr>
<td>FAX NUMBER ( )</td>
<td>BY</td>
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AFFILIATION OR ORGANIZATION:
(if applicable)

ADDRESS OF PROPERTY:

LEGAL DESCRIPTION OF PROPERTY:

MAILING ADDRESS:
(if different from above)

PROPERTY OWNER: (if different from above)

PROPERTY OWNER’S MAILING ADDRESS:

CURRENT USE OF THE PROPERTY:

1. Request For Accommodation:
   a. Specify any requested accommodations to a code, policy or practice of the City of Omaha. Please cite the applicable code provisions and the accommodation requested from the provision.
   
   b. What is the basis for the claim that the person or persons on behalf of which this application is being made is considered Disabled under the Fair Housing Act?
   
   c. Why is the accommodation necessary to make specific housing available to those persons?

* Please feel free to answer questions on a separate page(s) and use additional pages as necessary.
2. Please provide information regarding each of the following criteria:

   a. Special needs created by the specific disability.

   b. The relationship between the disability and the requested accommodation.

   c. The potential benefit that can be accomplished by the requested modification.

   d. Any potential impact on surrounding uses.

   e. A concise physical description of the property with attached floor plan and site plan, as proposed.

   f. Alternative accommodations which may provide an equivalent level of benefit.

   g. State whether the request is consistent with the land use designation of the property and with the general purpose and intent of the zoning district in which the use is located.

   h. State whether the requested accommodation, if granted, would create a significant risk to the health or safety of others or damage to property.
3. Other Information:

a. Do you have a county, state or federal license or certification with respect to the present or proposed use of property? If yes, attach a copy of all applicable document(s).

   □ Yes □ No

b. Are any alterations planned to the property? If yes, please describe.

   □ Yes □ No

c. Will the property be identified by a name or sign?

   □ Yes □ No

d. Will the property contain a staff office?

   □ Yes □ No

e. Does the property have on-site parking? If yes, how many spaces?

   □ Yes □ No

f. Please describe all services to be offered on the premises:

g. Do you provide services at the property to non-residents?

   □ Yes □ No

h. Proposed maximum number of residents on the property:

   Adults: _______ Children: _______ Typical length of stay for residents: _______

i. Proposed number of staff members:

   Total Staff: _______ Resident: _______ Non-Resident: _______

j. Have any neighbors been contacted regarding this proposal? If yes, describe how they were contacted.

   □ Yes □ No

k. If City officials or neighbors have immediate concerns regarding the operation of the facility, who should they contact?

   Name: ___________________________ Telephone Number: ___________________________

Signature of Applicant ___________________________ Date ___________________________