



REASONABLE ACCOMODATION APPLICATION FORM

The City of Papillion 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.

The following information must be provided for the application to be considered complete:

APPLICANT INFORMATION:

Name: _____ E-Mail: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Relationship to person(s) with disability: _____

PROPERTY OWNER INFORMATION: (If different from the applicant above. Attach a separate sheet if there are multiple owners.)

Name: _____ E-Mail: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____

PROPERTY INFORMATION:

Address: _____

Legal Description: _____

Zoning Designation: _____

Existing Use: _____

Request for Accommodation:

Specify any requested accommodations to a code, policy or practice of the City of Papillion. Please cite the applicable code provisions and the accommodation requested from the provision.

What is the basis for the claim that the person(s) on behalf of which this application is being made is considered Disabled under the Fair Housing Act?

Why is the accommodation necessary to make specific housing available to those persons?

Please provide information regarding each of the following criteria:

Special needs created by the specific disability.

The relationship between the disability and the requested accommodation.

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

Any potential impact on surrounding uses.

Any financial or administrative burdens that would be placed on the City by the requested accommodation.

A concise physical description of the property with attached floor plan and/or site plan(s), as proposed.

Alternative accommodations which may provide an equivalent level of benefit.

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.

State whether the requested accommodation, if granted, would create a significant risk to health or safety of the applicant, residents of the dwelling unit(s), other individuals, or of damage to property.

Other Information:

	Yes	No
Do you have a county, state or federal license or certification with respect to the present or proposed use property? If yes, attach a copy of all applicable documents.	<input type="checkbox"/>	<input type="checkbox"/>
Are any alterations planned to the property? If yes, please describe. _____	<input type="checkbox"/>	<input type="checkbox"/>
Will the property be identified by a name or sign?	<input type="checkbox"/>	<input type="checkbox"/>
Will the property contain a staff office?	<input type="checkbox"/>	<input type="checkbox"/>
Does the property have on-site parking? If yes, how many spaces?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe all services to be offered on the premises:

	Yes	No
Do you provide services at the property to non-residents?	<input type="checkbox"/>	<input type="checkbox"/>

Proposed maximum number of residents on the property:

Adults:	Children:	Typical length of stay for residents:

Proposed number of staff members:

Total Staff:	Resident:	Non-Resident:

	Yes	No
Completed Neighbor Contact Statement Form ?	<input type="checkbox"/>	<input type="checkbox"/>

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

Name: _____ Phone: _____

Owner Signature (or authorized agent) Date