

**REQUEST FOR REASONABLE ACCOMMODATION  
PURSUANT TO THE FAIR HOUSING ACT**

To request a reasonable accommodation pursuant to the federal Fair Housing Act regarding zoning or other matters within the jurisdiction of the Lafayette Consolidated Government Community Development and Planning Department, please complete and return this form to:

Lafayette Consolidated Government  
Community Development and Planning Department/Compliance Division  
220 W. Willow St., Building B  
Lafayette, LA 70501

If more space is needed, please attach additional pages. Please complete every blank, and if inapplicable, write "N/A" or "none."

Applicant Name: \_\_\_\_\_  
Applicant Business Address: \_\_\_\_\_  
Type of person or entity (e.g., natural person, corporation, LLC, unincorporated association, etc.): \_\_\_\_\_

Designated by the IRS as a nonprofit entity? Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_  
Applicant Point of Contact:  
Name: \_\_\_\_\_  
Telephone (office): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_  
Email Address: \_\_\_\_\_

If the Applicant is different from the person for whom the accommodation is being requested (the "Accommodatee"), statement of the names of the person(s) for whom the accommodation is requested; or if the particular names are unknown, description the types of disabilities of such persons (e.g., drug addicts, alcohol addicts, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the operator (or developer) of the facility is different from the Applicant (if the same, specify "same"):  
Operator Name: \_\_\_\_\_  
Operator Business Address: \_\_\_\_\_  
Type of person or entity (e.g., natural person, corporation, LLC, unincorporated association, etc.): \_\_\_\_\_

Designated by the IRS as a nonprofit entity? Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_  
Operator Point of Contact:  
Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone (office): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_  
Email Address: \_\_\_\_\_



If the property owner is different from Applicant (if the same, specify "same"):

Owner Name: \_\_\_\_\_

Owner Business Address: \_\_\_\_\_

Type of person or entity (e.g., natural person, corporation, LLC, unincorporated association, etc.): \_\_\_\_\_

Owner Point of Contact:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone (office): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the Owner consent to the use of the property for which the reasonable accommodation is requested, and to this request? Yes \_\_\_ No \_\_\_

Address of facility for which the reasonable accommodation is requested: \_\_\_\_\_

If applicable, name of facility (if none, specify N/A): \_\_\_\_\_

Nature of the facility (e.g., sober living house): \_\_\_\_\_

If applicable, state all terms, conditions, requirements, or other obligations the Applicant or Operator will impose upon residents: \_\_\_\_\_

Please attach a template of any written agreement or terms for residents (if none, specify N/A: \_\_\_).

Information regarding the Requested Accommodation (please respond on additional pages):

- 1.** Explanation of the nature of and need for the requested accommodation, including:
  - a.** Nature of the operation of the facility (what will be done at the facility).
  - b.** Explanation of the nature of each Accommodatee's handicap, the Accommodatee's major life activities that are impaired by the handicap, and how the handicap impairs the Accommodatee's major life activities.
  - c.** Explanation of the requested accommodation, including reference to the specific LDC or other provisions to which the accommodation is requested to apply, and each waiver, modification, or other deviation from those provisions that is being requested.
  - d.** Explanation of how the requested accommodation would address each Accommodatee's handicap.
  - e.** If different from item (1)(d), explanation of how the requested accommodation would address a need for residential opportunities for handicapped persons.



- f. If relevant, explanation of how and why the economics of the facility's operation require the requested accommodation.
2. Statement whether the Applicant is or the facility will accept the following as residents, and if so as to residents, a statement of the circumstances and conditions under which such persons would be accepted as residents:
    - a. A person who, within three months of anytime that the person is a resident, has used a controlled substance (as defined in 21 U.S.C. § 802, Appendix B) without a valid prescription;
    - b. A person who has been convicted of committing within three years of any time that the person is a resident, or released from incarceration for committing within one year of any time that the person is a resident, any of the following crimes: Felony assault; Felony battery; Domestic Violence; Robbery offense with no weapon involved; Stalking; Felony burglary or breaking-and-entering-related offense; Theft or stolen-property offense (second felony conviction); Felony destruction, damage, or vandalism of property offense; Drug offense involving manufacture or distribution; or Weapons offense (other than use of firearm against a person);
    - c. A person who has been convicted of committing within ten years of any time that the person is a resident, or released from incarceration for committing within five years of any time that the person is a resident, any of the following crimes: Use of firearm against a person; Armed robbery offense; Intentional homicide; Manslaughter; Kidnapping or abduction; Arson-related offense; or two or more offenses listed in Section II(B)(7)(a) above;
    - d. A person who is required to register as a sex offender, child predator, or similar type of offender pursuant to La. R.S. 15:542, 34 U.S.C. § 20913, or a similar statute of any other state; or
    - e. A person whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others (as provided in 42 U.S.C. § 3604(f)(9)).
  3. Statement regarding any other matter the Applicant asserts is relevant to the request for accommodation.

Additional information for Sober Living Homes (SLHs):

1. Maximum number of residents who will live in the SLH: \_\_\_\_\_
2. Maximum number of SLH Operator staff who will live in the SLH: \_\_\_\_\_



3. Size and number of occupants of each bedroom:

Bedroom no.	Size	No. of occupants
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

4. Names of all residents and SLH Operator staff who are living in the SLH on the date of this Request if the SLH is already in operation, or whom the Applicant expects to live in the SLH if the Requested Accommodation is granted if the SLH is not already in operation, and whether they are residents or staff:

1.	_____	_____ resident	_____ staff
2.	_____	_____ resident	_____ staff
3.	_____	_____ resident	_____ staff
4.	_____	_____ resident	_____ staff
5.	_____	_____ resident	_____ staff
6.	_____	_____ resident	_____ staff
7.	_____	_____ resident	_____ staff
8.	_____	_____ resident	_____ staff
9.	_____	_____ resident	_____ staff

5. Types of addictions accepted for residents (substances).

6. Any requirement for participation in or completion of a rehabilitation program, and if so, whether it is required before or after becoming a resident and what supervision of the program or the resident is required.

**Applicant**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Operator** (if different from Applicant)

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Owner** (if different from Applicant)

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_