



730 North Jefferson Street
Jackson, MS 39202
(601) 948-3460 · fax (601) 948-3490
www.BelhavenResidential.com

Accommodation/Modification Request Form

Thank you for bringing your request to our attention. This community provides Equal Housing Opportunity and is committed to upholding Fair Housing laws. It is our sincere desire to provide you with a safe and comfortable home.

Please put your request for modification in writing and be as specific as possible. You may be required to pay for some or all of your request. We will respond to your request with estimated costs and the portion you may be required to reimburse us.

Date of Request: _____

Resident Name(s): _____

Resident Address: _____

Resident Email: _____

Resident Request: _____

Resident Signature: _____

Name of staff member accepting this request: _____

Staff member signature and date: _____