

# Accessible Parking Space Accommodation Addendum

**Date:** [Insert Date]

**Property Name:** [Insert Property Name]

**Property Address:** [Insert Full Address]

**Resident Name(s):** [Insert Resident Name(s)]

**Unit Number:** [Insert Unit Number]

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This document serves as an Addendum to the Residential Lease Agreement dated [Insert Original Lease Date] between the Landlord and the Resident named above.

- 1. Grant of Accommodation:** In response to a request for a reasonable accommodation under the Fair Housing Act, the Landlord hereby grants the Resident the use of a designated accessible parking space.
- 2. Assigned Space:** The designated space is located at [Insert Specific Space Number or Location Description].
- 3. Use Restrictions:** This space is reserved exclusively for the use of the Resident or their designated driver for the purpose of transporting the Resident. The Resident agrees to display any required state-issued disabled person parking permit or placard at all times while the vehicle is parked in this space.
- 4. Nature of Accommodation:** This accommodation is being provided based on the Resident's current need. Should the Resident move to a different unit, vacate the premises, or if the medical necessity for the accessible space no longer exists, this Addendum shall terminate, and the space will be reassigned or returned to general use.
- 5. Maintenance and Enforcement:** The Landlord is responsible for the initial marking and signage of the space. The Resident agrees to notify Management if unauthorized vehicles are parked in the designated space. The Landlord will take reasonable steps to enforce parking regulations but is not liable for the actions of third parties.
- 6. Termination:** This Addendum will automatically terminate upon the expiration or termination of the Resident's Lease Agreement.

By signing below, all parties acknowledge and agree to the terms of this Addendum.

**Landlord/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_