

REQUEST FOR A REASONABLE ACCOMMODATION

NAME _____ **PHONE** _____

ADDRESS _____ **APT#** _____

CITY _____ **STATE** _____ **ZIP** _____

Currently I am:

An applicant on the waiting list

A resident of Section 8 participant

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

NAME _____ **RELATIONSHIP** _____

As a result of his/her disability, the following change(s) are necessary so he/she can have the opportunity to equally participate in the Housing Assistance Programs:

You may verify the disability and the need for this request by contacting the following health care provider or other professional:

NAME & TITLE _____ **PHONE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept confidential and used solely to determine whether or not you will provide the accommodation.

SIGNATURE _____ **DATE** _____

Person with disabilities or Head of Household