

**REQUEST FOR A REASONABLE ACCOMMODATION**

**Please check one:**       Public Housing Applicant       Public Housing Resident

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

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

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

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

Date of Birth: \_\_\_\_\_

2. As a result of his/her disability, the following changes are requested so that the person listed can reside in their unit here as easily or successfully as other program participants. **Check the kinds of change(s) you need. These needs should be verified by your third party provider on page 4.**

- I request a fully modified, wheelchair accessible unit, meeting Uniform Federal Accessibility Standards.
- If you answered yes to the above question, do you require a roll-in shower?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- I do not request a fully modified unit, but require other modifications to my unit as listed below. Please be specific.
- I need other changes to my housing as specified below.

3. I need this reasonable accommodation so that I can:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. You may verify that I have a disability and my need for this request by contacting: (This is the name of the third party professional familiar with your disability)

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

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

Phone: \_\_\_\_\_

**I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This should be signed below by either the member of the household with a disability or the head of household if household member with a disability is a minor.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_