

REQUEST FOR REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

Name:	Telephone:
Address:	

1. The following member of my household has a disability: _____
(Disability may include physical, mental or other)

2. Please provide the following change or changes so that the person listed above may fully access and utilize the housing programs. **Check (✓) the kind of change(s) you need.**

A change in the following policy or practice or the way you do things.
Please tell us what you need:

Other: _____

3. I need this reasonable accommodation because:

4. You may verify the need for this request by contacting:

Name:	
Address:	
Phone:	

I give you permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested.

Applicant/Participant Signature:	Date:
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OFFICE USE ONLY (do not write below this line)

Signature of Reasonable Accommodation Approval:	Date:
Summary of Reasonable Accommodation Approved:	

