



Reasonable Accommodation Request Form

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ Apartment No.: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Current Bedroom Unit Size: _____

Number of Family Members Currently on Lease: _____

Type of Request

_____ Conduct home visits to complete certifications-recertifications.

_____ Modification/alteration to current unit
**Must provide supporting documentation from a medical professional*

Explain: _____

_____ Request to install ramp into dwelling unit-building.

_____ Install visual fire alarm for hearing impaired persons.

_____ Require a Live in Aide/Care Attendant
**Must complete Live in Aide Packet*

_____ Provide a designated handicapped-accessible parking space.

_____ Allowing an assistance animal.
**Must provide supporting documentation from a medical professional*

_____ Other _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Resident Signature

Date

Property Manger's Signature

Date

Manager's Comments: _____

Public Housing Authority Department Head/Designee Only

[] Approved [] Denied

Comments: _____

Signature: _____

Date: _____