



## 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: \_\_\_\_\_