

Request for a Reasonable Accommodation

Name _____ TDD/Phone _____

Address _____

City _____ Zip _____

Currently, I am :

_____ Applying for the Section 8 waiting list

_____ An applicant on the waiting list

_____ A voucher holder looking for a unit

_____ Housed in a Section 8 unit with this housing agency

_____ Housed in a Section 8 unit from another housing authority

_____ Other: _____

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 or a record of having or being regarded as having such impairment): _____

As a result of his/her disability, the following change or changes are necessary so that he/she can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

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 completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature

Date