



REASONABLE ACCOMMODATION REQUEST

COMPLETED BY CLIENT

Person Needing Accommodation		Phone
Unit & Street Address		City, State, Zip
Head of Household		Status: <input type="checkbox"/> On Waitlist <input type="checkbox"/> PHA Resident <input type="checkbox"/> Voucher Participant
Contact Person (if not person needing accommodation)	Relationship	Phone

1 Are you disabled, defined as having a physical or mental impairment that substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such impairment?
 Yes No

2. Please describe the type of accommodation or modification that you need

3. Please explain how this accommodation will help you fully utilize and enjoy housing, in relation to the limitations posed by your disability. Remember, you do not have to disclose the disability.

4. May HRHA may contact your healthcare provider to verify your disability and need for accommodation?

Yes - complete top of Accommodation Certification No

Provider Name	Agency/Facility	
Title/Profession	Fax	Phone
Address		City, State, Zip

I hereby certify that the information provided on this form is complete, true, and correct.

Signed: _____ **Date:** _____

Check here if parent/guardian signing on behalf of a minor child.

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.