



REQUEST FOR REASONABLE ACCOMMODATION

Request Date _____

You may utilize this form to request that the HAFC provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HAFC's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the HAFC's Section 504/ADA Coordinator.

Applicant/Resident/Participant's Name _____

Telephone Number _____

Address _____ City/State/Zip _____

1. I am requesting the following reasonable accommodation(s): **(Please check or specify)**

- Braille documents
- Larger print
- Sign language interpreter/Language interpreter
- Extra bedroom
- Increased utility allowance
- Extra bedroom for live-in aide or equipment
- Assistance from Section 8 Department to locate a suitable apartment
- Increase in current payment standard
- Leasing an apartment from a family member
- Change in HAFC rule, policy or procedure (please specify) _____

Use the voucher for special housing type, e.g. single room occupancy, group home (please specify) _____

Other (please specify) _____

2. I am requesting the reasonable accommodation (s) on behalf of: (name)

3. My reason(s) for requesting this reasonable accommodation:

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The HAFC will work with you to determine how to fulfill your reasonable accommodation request. The HAFC may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

_____ I wish to have modifications made to my current unit only.

_____ I would consider moving to a unit that is currently modified, but only within my current development.

_____ I would consider moving to a unit that is currently modified, even in another development.

Signature of Applicant/Resident/Participant

Date