



Request for a Reasonable Accommodation

Name _____ TDD/Phone _____

Address _____

City _____ Zip _____

Currently, I am: (Please check the appropriate circle)

- An applicant being processed for a voucher
- 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: _____

I or 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 an impairment):

As a result of my/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 this medical professional:

Name _____ Title _____

Phone _____ FAX _____

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 _____