

REQUEST FOR REASONABLE ACCOMMODATION

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.



Making Housing More Affordable
4020 Civic Center Drive
San Rafael, CA 94903-4173

Executive Director
Lewis A. Jordan

NAME: _____

PHONE: _____

ADDRESS: _____

The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment)

Name: _____

1. As a result of this disability, I am requesting the following reasonable accommodation: (Please check one or more boxes below.):

A change in my apartment or other part of the housing development. Please specify:

A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.)

Please specify:

Housing Authority of
the County of Marin

415/491-2525

(FAX) 415/472-2186
(TDD) 1-800-735-2929

www.marinhousing.org

Other (for example, a change in the way the MHA communicates with you). Please specify:

2. This request for reasonable accommodation is necessary so that I can do the following:
(please specify)

3. I authorize the Marin Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the MHA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled, or other expert in the medical field of

(Note: You may present verification directly to MHA in the form of a letter from your doctor)

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any) _____

Address: _____

Telephone: _____

I understand that the information obtained by the MHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the MHA may make a determination on this request.

Signed: _____ Date: _____
[Head of household or authorized representative]

Witness: _____ Date: _____

Please return this form to Ilya Filmus at 4020 Civic Center, San Rafael, CA 94903.

*If on behalf of a minor child, please indicate whether you are the parent or guardian.

If the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.