



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 the 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):

Print household members name: _____

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:

- Home visit Additional bedroom
- Live in aide Other (please specify): _____

You may verify the disability and the need for this request by contacting the following medical professional.

Name: _____ Title: _____

Contact Number _____ Fax Number: _____

Address: _____

City/State/Zip: _____

I give you permission to contact the above individual for the purposes of verifying the 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: _____