

RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION

Top portion to be completed by the Resident.

Name: _____ Phone: _____

Address: _____

Name of household member with a disability: _____

I am requesting the following accommodation (exception to the usual rules, policies or change in the physical structure of the home) so that the person named above can access the program or home successfully: *Please check the applicable accommodation needed*

_____ A change in my apartment or other part of the housing complex.

_____ A change in a rule or the way things are done by the Housing Authority.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes _____ No _____ I don't know _____

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.

2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her housing community? Yes _____ No _____

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this housing community. _____

Signature of Medical Professional*

Date

Print Name of Medical Professional

Phone

**By signing this form you are indicating that the information provided is true to the best of your professional knowledge. Further, if called upon to do so, you would testify to the information you have provided in a court of law.*